

'TRACKS

ILLICIT DRUG USERS MAGAZINE



Volume 3 2006



NOT FOR GENERAL DISTRIBUTION This is a restricted publication available only through Needle & Syringe Programs. It is strictly for illicit drug users only. QuIHN neither condones nor accepts illicit drug use but seeks to minimise the harm that can arise from illicit drug use, in line with Australia's public health strategy.

Unless you have used, it is impossible to explain why – there is no reason on earth that anyone in their right mind wants to become a drug addict. The whole idea of sticking needles in your arm is so foreign to most of us, that it is beyond the understanding of a non-user. We can empathise, sympathise, even think we know – but it is not the same as the rush. Explaining colour to a blind man would be far easier...



USER'S STORY
rush by Jessamy

Believe it or not, the whole process is rather complex, and takes a considerable amount of time, money and an enormous amount of effort. Sometimes I think the ritual itself is more important than the drug. The excitement of knowing there will be relief – and that you will be well – is in itself a rush. The physical act of getting together the money and going to score is addictive in its own right.

Most books don't talk about the drugs themselves, other than as a medical blow-by-blow, but they leave out the thrill. The people you know, the friendships and associations, the sheer exhilaration of using, is ignored as if it was not there at all. They are so busy getting across the message that drugs are bad that they leave out the why – why people choose to be, and are, actively drug addicts.

It is the RUSH. You have obviously spent a day going out and getting the money together, and suddenly you are ten feet high – you can get on. You don't think about the rent, or whether you will have to sleep rough tonight, or if you can feed yourself – there is just this one driving mania – to get high. Don't believe anyone when they tell you they don't feel it anymore, that it's purely an addiction and that if they could, they would choose something else. The truth is you do it because you want to, because it feels good – because of the rush.

So you sit in some dirty little squalid squat or a boarding house with your dirty spoon, a container of water and your fits and sharp safe. You ever so carefully wipe down the spoon with your alcohol swabs so you don't spoil the high with a dirty. You take out your packet from whatever safe place you have put it for transport, and carefully, very carefully open the packet, so that not a single tiny little bit of this precious powder will be spilt. You contemplate it in the spoon with a satisfied smug knowledge that it is yours, truly yours – this miraculous and precious gift of such incredible joy and bounty.

You fill your fit with water, the whole while thinking about how good it will be. You gently, like a lover, put the water into the spoon. Carefully, so as to not barb your fit, you take apart the syringe and use the plunger to gently, ever so gently stir the mix – if it is cloudy or won't dissolve completely, you carefully lift the spoon from the table or book or safe secure place you have it resting, and hold it over a flame, usually a common garden variety Bic lighter.

When it is clear and cooled, you hastily put together the fit, placing the plunger back into the syringe and search wildly for a filter, your excitement getting to the point of a sixteen-year-old on his first sexual encounter – you can no longer wait. You drop the filter into the clear liquid and watch it sink and fill. You get your fit and thrust it into the filter, trying not to barb the tip, and ever so delicately suck up every single drop of the precious fluid, like a lover who must have or know every inch of your body before finally consuming it in a fit of passion.

The moment – our finest hour. You grab either a belt or a tourniquet, or even the strap from a handbag – anything that will restrict the blood flowing through your arm, and you swab, like a bride taking a shower on her wedding night. You are pacing yourself, you want this moment to go on forever. You lift the fit to your arm and gently insert it into a vein. At first it is painful, but you wait, knowing that it won't matter in a few minutes, you search until you get it neatly and cleanly into your vein and you gently push the plunger in...

RUSH, for a moment you are disoriented, you draw back some blood and plunge it back into your vein, so as to not leave behind even a trace of the drug. If you are somewhat of a ritualist, you do this several times, in a complex pattern you have long since developed*.... Rush, your ears ring and for a moment you want to vomit and you think this is it, if I died now I would die happy.

You feel so much, you have a wild and wonderful communication with the world and for one glorious moment you are God. There is nothing else, no feeling, no earth, no lover and no satisfaction from anything else you can do in your entire life that can replace that moment. That one moment. No words, no description or depth of feeling can possibly explain how you feel for that one moment.

Finally you remember to let the tourniquet loose, you feel your body itch and such a sense of wellbeing that no triathlete has ever felt, in perfect shape ready for an Olympic performance. You take the fit out of your arm, and like a used condom, dispose of it in your sharps container. If you are lucky, you spend the next few hours in a happy reverie, dozing and just enjoying the sensation of being alive, truly alive and well. You know it was worth it, was worth everything and you try not to think about the people you loved and whether they still love you as you lie in the arms of another lover.

* The risks of vein damage from this outweigh the tiny amount of mix you may gain - Editor



ISSN: 1832-9675
Address: Tracks Editorial Panel
PO Box 2470
Fortitude Valley 4006
Telephone: 07 3620 8111
Fax: 07 3854 1070
Email: quihn@quihn.org.au
Website: quihn.org.au

This publication does not necessarily reflect the views of Queensland Injectors Health Network (QuIHN). QuIHN chooses not to judge those who use illicit drugs, but welcomes contributions which reflect opinions and issues of those who have used, or are still currently using illicit drugs. It is **not** the intention of this publication, or QuIHN, to encourage people to use illicit drugs or engage in criminal activities, but to reduce harms caused by illicit drug use. The editorial panel reserves the right to edit material submitted and will not be held responsible for the accuracy, or otherwise, of information in this publication. No responsibility will be taken by QuIHN for harm people encountered following actions taken upon reading the contents of this publication. This publication is not intended for general distribution — its target group is those who use, or have used illicit drugs. QuIHN is funded by the Queensland Department of Health and the Australian Government - Department of Health & Ageing.



TRUE LIES

Marijuana inevitably leads to 'hard' drug use. One taste of heroin and you are hooked. Drugs are destroying our nation. Ecstasy is killing our youth. Blah blah blah.

The media and general public often sensationalise and demonise illicit drug use, mostly to no real purpose. I can still remember when the anti-heroin ads came out years ago... angst-ridden teenagers on the verge of death, huge bags painted under their eyes. It was a great joke to many of us injectors as we didn't know anyone like that! Sure, some of us were hooked, but most of us still looked after ourselves and the images were good comedy value, but little else.

A similar approach is still in play. The newspapers talk about ecstasy and speed killing today's youth. The problem is most teenagers know plenty of mates using these drugs and see a huge gap between the horror portrayed by the media, and the actual reality. Of course, illicit drugs can kill people. Licit drugs kill people too, and in far greater numbers. Everyone is familiar with alcohol and nicotine, so shock tactics don't tend to work, therefore the media and government tend to give realistic information on these socially acceptable drugs.

Emotionally based scare campaigns may give middle class families a chance to shake their heads at users and feel self-righteous, but they do bugger all to actually help anyone. If we are doing illicit drugs, we can get informed from the right sources. We can hang on to user magazines like this one for reference, or pass them on. Remember that too much of any kind of drug is going to mess us up, and a few of us may not be able to handle any drug well, booze included. So we can figure out what we want in life and try to balance our drug use with everything else. Or stop using them. Whatever works for each person.

Although the media usually over-dramatises the dangers of injecting, it is still a high-risk activity. There's plenty of info from NSPs on things that will reduce the risks. We can also try alternatives like snorting, smoking, shafting or swallowing depending on which is our fave drug. The media may treat us as though we are brainless, but we can stand tall, get educated and use illicit drugs more safely, or get off the ones we can't handle. So let's give a shit and get educated!



Movie posters celebrating the appeal of public hysteria over reason and facts.

SOME INTERESTING STATISTICS

The proportion of Australians who have used illicit substances decreased from 16.9% in 2001, to 15.3% in 2004. While cannabis remains the most widely used illicit drug, the proportion of people using it between 2003 and 2004 dropped from 12.9% to 11.3%.

National Drug Household Survey

Recent use of cannabis among 14 to 19-year-old Australians has almost halved from 1998 to 2004, and has dropped from 44% among 20-29 year olds in 1998 to 32% in 2004. Adult usage rates are higher in Australia (15%) than in all other English-speaking countries including New Zealand (13.4%), Britain (10.6%) and the US (9.3%). Australia also has higher usage levels than the Netherlands, which has much more liberal drug laws.

The Centre for Youth Drug Studies at the Australian Drug Foundation

QulHN is a statewide service that supports and promotes the health and well being of people who currently use illicit drugs, those who have used illicit drugs in the past, and members of the community touched or affected by illicit drug use.

Needle & Syringe Programs (NSPs) neither condemn nor condone drug use, but aim to reduce harm by providing sterile injecting equipment, disposal containers, free food, welfare assistance and referral to other services. The philosophy of harm reduction is part of Australia's official public health strategy.

Counselling and detoxification services provide different strategies for people wanting to reduce or cease their drug use. Complementary services include psychosocial education, process and recreational groups offering support for people contemplating, making, or sustaining changes to drug use.

Training and education is provided to clients, professionals and the wider community in regard to illicit drug use through peer education, outreach, group education and staff training. Information and resources concerning illicit drug use are provided through QulHN's website, brochures, magazines and NSPs.

QulHN is the Queensland member organisation of the Australian Injecting & Illicit Drug User's League (AIVL), the national peak organisation representing State and Territory-based drug user organisations.

physical dependency for nerds



At last, a super addictive opioid with which I can rule the world! No one can stop me now... ha ha ha!*

Were you a chemistry geek at school? Have you always gone for the complicated explanation? Then here is the advanced explanation for physical dependency on drugs, based on what many biologists call "pleasure pathways" in our brains which evolved to make sure we get into things like sex and food that keep our species going.

*Please note: The mad scientist bent on ruling the world is not meant to be representative. Research indicates that a fair number of scientists are actually quite rational and exhibit only low to moderate levels of inclination toward world domination.

Endorphin pathways have even been found in insects. Endorphins are natural hormones that reduce pain and make us feel good. They like to bind with 'opiate receptors' in our brain, which then stimulate production of dopamine which keeps all those electrical signals going from one brain cell to the next.

Increased dopamine activity is often met by a decrease in the number of receptors sensitive to dopamine, as the brain, like the rest of our body, loves to keep things in balance (or *homeostasis* if big words turn you on sexually).

tolerance

This down-regulation, or decreased number of receptors, tends to result in reduced electrical activity along post-synaptic nerve pathways, unless some behaviour or substance causes a continued high level of dopaminergic stimulation. The absence of a pleasurable sensation, in conditions that were formally sufficient, can cause a mild feeling of let-down after receptors have been down-regulated. The increased requirement for dopamine to maintain the same electrical activity is the basis of both physiological tolerance and withdrawal associated with addiction.

The result? Your body adapts to the drug

with frequent use, so you don't get the same effect anymore. Also, you feel like crap when you stop using.

The middle striatal reward pathway has been most strongly linked with addictive and reward behaviour. This pathway uses dopamine as a neurotransmitter, and receives presynaptic input (from earlier in the circuit — it gets signals from these earlier in the circuit cells) from cells that respond to cannabinoids, nicotine (receptor subtype is nicotinic), and from cells that respond to endogenous opioid substances such as endorphins or enkephalins. Cells that are said to respond to a particular neurotransmitter contain, at the postsynaptic end (receiving area of the cell), receptors for that neurotransmitter. Many scientific boffins believe more neurotransmitters are involved with addiction than just dopamine; such as serotonin, norepinephrine, and the endocannabinoid called anandamide.

withdrawal

In cases of physical dependency on depressants of the central nervous system such as opioids, barbiturates or alcohol, the absence of the substance can lead to symptoms of severe physical discomfort. Withdrawal from alcohol or sedatives such as barbiturates or benzodiazepines (valium-family) can result in seizures and even death. By contrast, withdrawal from opioids,

which can be extremely uncomfortable, is rarely if ever life-threatening. In cases of dependence and withdrawal, the body has become so dependent on high concentrations of the particular chemical that it has stopped producing its own natural versions (endogenous ligands) and instead produces opposing chemicals. When the addictive substance is withdrawn, the effects of the opposing chemicals can become overwhelming. For example, chronic use of sedatives (alcohol, barbiturates, or benzodiazepines) results in higher chronic levels of stimulating neurotransmitters such as glutamate. Very high levels of glutamate kill nerve cells (called excitatory neurotoxicity).

why opiates can be tough

Opioids like heroin and morphine present higher risks of dependency because they are chemically similar to endorphins, causing an up-regulation of dopaminergic receptors without stimulation of the endorphin systems. Cocaine and amphetamines also pose risks associated with physical attenuation, in both cases because they cause increases in the levels of the neurotransmitters dopamine and norepinephrine which acts indirectly to stimulate dopaminergic pathways in the brain. So where possible, try to balance your use with the risks of dependency!



Twinkle twinkle little white
Pity you take up so much might.
Up above the world I fly,
When I inject you in my eye¹.
Now you've really screwed me up,
Cause the case goes up and up.
Out of my head my brain does drain,
When I inflict you upon my vein.
My eyes are bloodshot, my hands do shake,
And in my stomach my food does quake.
Out of my house and into the gutter,
In the cold I sit and splutter.
My health is gone, my life drains away,
I will not sit and see the day.
You may think it is really cool,
You may think it is very cruel.
Twinkle twinkle little smash,
My mind has gone, my life is trash. - anon



Advice for employers: avoid hiring unlucky people by immediately tossing half the CVs into the bin

¹ This is an allegory, of course. Actual eye injection is extremely dangerous and not applicable for illicit drug use - Editor

Positive Changes

Positive changes and relapse prevention
Helps me to relieve some of my tension
Whilst in recovery though hard to do
U end up meeting people in the same boat as u
So taking drugs I do not condone
If you r trying to quit u r not alone
There is a group which meets near the beach
With tools & life skills they r willing to teach

So dealing with stress or coping with cravings
If u do it with heart your life u'll be saving
Time out for yourself
A little each week

Relax chin up, life is not so bleak
With a little help U can go a long way
& experience the light
Of a new day

One with a head as clear as a bell
Understanding yourself will free you from hell
So give yourself the positive change
Do what u can so it is arranged

Andrew

Do you live on the Gold Coast? If you want to reduce your drug use, get off completely, or just want support to stay off, try the Positive Changes group. This poem was written by someone who found this confidential, non-judgmental group helped him to make the changes he wanted.

Want to know more? Call QuiHN at the Gold Coast on 07 5520 7900 or drop in at 2019 Gold Coast Highway, Miami, but use the Cratzman Ave entrance.



R.I.P.



quem di diligunt adulescens moritur dum valet sentit sapit - Plautus

"He whom the Gods love, dies young while he is healthy, perceptive and wise"

Jeff Delandelles 1963- 2006

President of QuiVAA and QuiHN from 1998 to 2006, Jeff passed away in his sleep at 42 years of age. He left the world having truly paid the ferryman. Articulate, compassionate, far-sighted, practical, a great mate and missed by his many friends, acquaintances, Mark (partner), Shirley (mother) and the QuiHN team who worked with him.



Summa cum laude, "with highest praise" and blessed by Tiddalac, the frog who controls the water

Robert Heaton 1943 -2006

Manager of QuiVAA from 1999 to 2003, Bob died after a year long struggle with liver cancer. Strong, systematic, leading by example, principled, a wonderful friend and truly green, Bob died at peace with the world. He is fondly remembered by his extended family, including Tim, Bill, Ross, Mark and Lucy.

While illicit drug users often face discrimination and stigma in life, it is sad that this usually continues with their death as well. QuiHN creates this space to remember those who may be mates, lovers, parents, children and drug users – but above all, human beings worthy of our memories...

If there is someone important to you who has passed away, you can place a message here to remember their life, by contacting us at:

Ph: 07 3620 8111

Email: quihn@quihn.org.au

Fax: 07 3854 1070



Musos are no strangers to horse, whether they have indulged themselves or had mates riding that wild beast (or being ridden by it?). Here are the lyrics to one of the older odes to horse from Nell Young.

smack in rock

THE NEEDLE AND THE DAMAGE DONE

"I caught you knockin' at my cellar door
I love you, baby, can I have some more
Oh the damage done.

I hit the city and I lost my band
I watched the needle take another man
Gone, gone, the damage done.

I sing the song because I love the man
I know that some of you don't understand
Milk - blood to keep from running out.

I've seen the needle and the damage done
A little part of it in everyone
But every junkie's like a settin' sun.

Advice for men: when listening to your favourite CD, simply turn up the sound to the volume you desire - then turn it down three notches. This saves your partner having to do it.

sweet sal, gorilla gaz & safer shootin'



ouch... pointy bit hurt brain!

Yoh Gaz dude! some places you just shouldn't inject! But snorting is a good idea, you get a faster rush, with less chance of bugged veins and infections. If you gotta inject, your NSP can tell you the safest places to put that needle...

Woh Gazza! Like, cool toilet decor, but that water is no go... Best thing is the sterile stuff from your NSP... Next best is tap water boiled for 5 minutes... third option is plain tap water if you are in too much rush to boil it.



Green turd? What did I eat last night?!



Hmmm... so many choices... either infect the heart or cause an abscess?

I wanna shut down a few veins!

Let's get micro, bloke. See these bacteria and fillers in the mix? Nasty little dudes, keen to cause you all sorts of shit. So use sterile water and filter that mix! Best is a wheel filter, or the filter in your NSP kit. Avoid cotton wool, ciggie filters or tampons.

Sweet Sal ain't no Control Freak, she just knows the good stuff on straight shooting. Some other pointers? Rotate your injection sites regularly. Use brand new fits every time. Release your tourniquet before injecting. Don't share your equipment, like spoons or tourniquets, with anyone!

And remember Qui-IN pays people to learn more about safer injecting through their Mixup projects! see p . 2 7

A brave new world of drugs



A UK psychopharmacologist, David Nutt, believes it would be quite easy to create a batch of drugs that would give all the pleasurable aspects of drinking without the negative effects such as aggression, loss of coordination, hangovers and liver disease. Alcohol works by latching on to GABA-A receptors in our brain. The trick is to develop a drug cocktail that latches on to the receptors that give the pleasurable effects but ignore the receptors that cause the problems (and stop you being a complete dickhead too?). There would be many hurdles to seeing a drug like this developed of course. But given our long history of using mind-altering substances, it can seem strange that not more work is being put into developing safer drugs to satisfy this all-too-human urge, whether it is for drinkers, sniffers, smokers or injectors.

DO YOU STILL FEEL

How do you live, tell me where do you roam?
 Do you still see your kids, do you still have a home?
 Are your bills always paid, and your appointments met?
 Or are you too late and still in debt?
 Does your conscience annoy you, when trying to sleep?
 Does your soul never slumber, too many secrets to keep?
 And I wonder when, you've had enough of this shit,
 Will I wait till then, do you accept this is it?
 How many good times, have you managed to steal?
 How many more left, do you think this is real?
 Do you shed tears and still try to heal?
 I just need to know, do you still feel?

Cannabis

Cannabis is the most commonly used illicit drug in Australia. This is the botanical name for the marijuana plant which contains the psychoactive ingredient THC (delta-9-tetrahydrocannabinol). Cannabis is a depressant drug, and is also called grass, pot, dope, hash, mull and weed.

There are three main drug products from cannabis. **Marijuana** is made from the dried leaves and flowers (heads) of the plant and is usually smoked in either hand-rolled cigarettes (joints) or specially designed pipes (bongs). Some users mix marijuana into foods or use it to brew a tea.

Hashish is made from the plant's resin which is made into hard chunks. It is more concentrated than marijuana.

Hashish oil is a concentrated liquid extract from the plant, making it the most potent cannabis product. This form is rarely used in Australia.

Dependence

People who use cannabis regularly can become dependent on it. This means that you may experience withdrawal symptoms if you stop or suddenly cut down your use. The more frequently you use it and rely on it in your life, the greater the chance that you will become dependent. Dependence on a drug can be psychological or physical or both. For some users, cannabis can become so central to the person's thoughts, emotions and activities that it can be difficult to stop using it.

Legal issues

Cannabis is illegal in all Australian States and Territories, but each one has different laws and penalties. People unlawfully possessing, growing, supplying, smoking or trafficking cannabis may be charged, face a heavy fine or be sentenced to prison. Possession of utensils for use in connection with administration, consumption or smoking cannabis is also an offence.

If a person has been convicted of a drug offence, they will then have a criminal record. This can affect future work and travel.

How long do the effects of cannabis use last?

Intoxicating effects occur within seconds to minutes, and can last for three hours. With larger doses, the effects last longer. Effects may include increased appetite, reddened eyes, anxiety or panic, and hallucinations in high doses. Effects on thinking and coordination can last up to 24 hours. Short-term memory loss can last for a number of weeks. Complete elimination of a single dose from the bloodstream can take 30 days or more.



Common effects

Cannabis affects people in different ways. A given amount may affect one person slightly, but have a much greater effect on another person. The most common reaction to cannabis is to feel 'stoned', 'happy', 'bent', 'relaxed' or 'high'. Other effects vary, but can include paranoia, vomiting, confusion, anxiety, loss of concentration and poor coordination.

Effects on lifestyle

It is illegal to drive a vehicle while under the influence of any drug – this includes cannabis. Breaking this law can carry heavy fines, and disqualification from driving.

Cannabis use can significantly reduce the ability to drive safely. It affects a person's motor and coordination skills, vision and ability to judge distance and speed.

Cannabis affects concentration and coordination, so using drugs at work can result in loss of a job, or cause an accident or injury. It also affects memory, concentration, mood, thinking, physical coordination, ability to learn things, your sense of time and the ability to perceive and interpret your surroundings.

If cannabis is used during pregnancy the baby may be born smaller and lighter than other babies, and the low birth weight can lead to infections and breathing problems.

Use of cannabis can sometimes affect relationships with family and friends. Arguments over drug use can make life at home difficult. Legal and financial problems can cause anxiety and conflict within families.

so how dangerous is this weed?!

At present there is little evidence that occasional use of small amounts of cannabis can lead to long-term health problems, but there is evidence that regular or heavy use of cannabis can lead to major health problems. There are some people who should be extra careful when thinking about using cannabis:

- Regular use by some teenagers can lead to higher chances of mental illness
- Epileptics can suffer from fits after using cannabis
- Women who are pregnant or want to get pregnant
- People with schizophrenia or other mental illnesses, as cannabis can worsen their problems.

SMOKING CANNABIS

Cannabis produces more tar than an equal weight of strong tobacco, and cannabis smoke contains higher amounts of cancer-causing agents than does tobacco smoke. A marijuana smoker inhales more smoke, and holds it in the lungs for a longer time than a cigarette

smoker. This means a person who smokes cannabis regularly often has a greater chance of getting lung cancer and bronchitis. A very high proportion of marijuana smokers also smoke tobacco; such smokers are exposing their lungs to the effects of two harmful substances.

LONG-TERM EFFECTS

Research has shown there can be more serious effects if cannabis is used regularly for a long time:

- Higher risk of bronchitis, lung cancer and respiratory diseases
- Loss of interest in activities, loss of energy and boredom
- Lower concentration, memory and learning abilities
- Less sex drive and lowered sperm count for males, irregular menstrual cycles for females
- Possible severe psychotic behaviour – this is more likely if the person already has schizophrenia.



14 billion years ago
The big bang. Birth of the universe. Time begins...

11 billion years ago
Our galaxy is formed

5 billion years ago
Our earth is formed

HISTORY OF THE UNIVERSE (or getting life into perspective)

famfamousillicitdrugusers



SHERLOCK HOLMES

The fictional super sleuth enjoyed his smack, as outlined in *The Sign of Four*. 'With his long, white, nervous fingers he adjusted the delicate needle, and rolled back his left shirt cuff...the sinewy forearm and wrist, all dotted and scarred with innumerable puncture-marks... he sank back into the velvet lined armchair with a long sigh of satisfaction.'

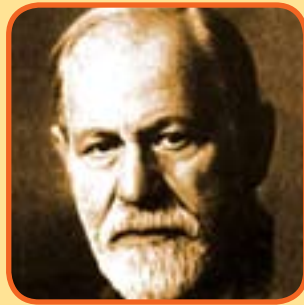
ADOLF HITLER

Genocide and goose stepping can really take it out of you. Adolf had daily meth injections into his buttocks to get him psyched up for sauerkraut and rewriting European maps.



BOB DENVER

Famous character from *Gilligan's Island* is a fan of grass, and was convicted of possessing marijuana and drug paraphernalia. No doubt the skipper would not be happy.



SIGMUND FREUD

Psychiatrist responsible for the genital slip, I mean freudian slip. Wrote of cocaine's euphoria and 'stimulative effect on the genitalia'. Less keen after a friend died from overdose.

COURTNEY LOVE

"This is heroin. I love heroin. I do it all the time. Me and my boyfriend, we do heroin all the time". Unfortunately, Kurt died from overdose but Courtney sings on.



JIM MORRISON

Lead singer of The Doors was largely into LSD and booze, but would take anything he could get his hands on. Died of a probable heroin overdose in Paris. "Come on baby, light my pyre".

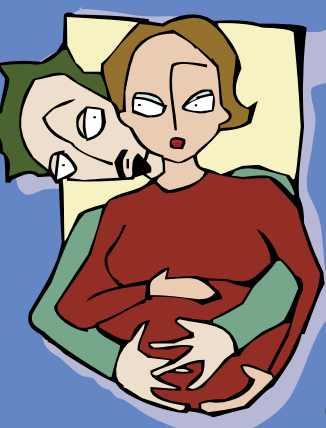


STEPHEN KING

Horror novelist used to do a lot of cocaine and cannot remember writing some of his books. King claims that coke stopped him from drinking himself into an early death.

quotable quote

"I was seized by a peculiar sensation of vertigo and restlessness. Objects, as well as shapes of associates in the laboratory, appeared to undergo optical changes. I was unable to concentrate on my work. In a dreamlike state, I left for home, where an irresistible urge to lie down came over me. I drew the curtains and immediately fell into a peculiar state similar to drunkenness, characterised by an exaggerated imagination. With my eyes closed, fantastic pictures of extraordinary plasticity and intensive colour seemed to surge toward me..." - Dr Albert Hofman PhD, inventor of LSD, 1943



Pregnant? Trying to stay clean?

The AMEND program provides a specialised 12-session relapse prevention intervention to pregnant and parenting women who experience problems related to their use of alcohol and other drugs. Covering Brisbane and the Gold Coast, the program is provided in the home, so it is accessible to women with child care and transport constraints. Harm minimisation education, intervention and workshops are delivered to individuals and groups of women where this can be arranged. The Amend program also offers education and consultancy on drugs, alcohol and mental health issues to internal staff and external agencies working with pregnant and parenting women who use substances. For more information, call 3421 2845 or send an email to: ahaylock@stlukesnursing.org.au

HEADLINES FROM AROUND THE WORLD

- Police begin campaign to run down jaywalkers
- Cold wave linked to temperatures
- Iraqi head to seek arms
- Teacher strikes idle kids
- Miners refuse to work after death
- Juvenile court to try shooting defendants
- Red tape holds up new bridges
- Local high school dropouts cut in half
- Typhoon rips through cemetery- hundreds dead
- Astronaut takes blame for gas in spacecraft

The upshot is - life is short. We can either let this get us down, or choose to make the most of our lives. Give a fuck. Make a difference. Love ourselves and others like there's no tomorrow. Make sure we are doing the things we love, or make a plan to get there, whether it is shooting up, saving the planet or collecting garden gnomes....

drugs in jail

USER'S STORY

My brother got himself in rather a lot of strife years back, and ended up in Long Bay Sydney maximum security unit for a couple of long years. Anyway, he'd been on the dreaded gear, doing break and enters. Got caught basically because he knew he was out of control and left fingerprints, hocked things in his own name, leaving a marked trail for the police to follow to his door.

In his mind, incarceration was the only option he could come up with to stop his crazed drug addiction.

It was sad really, because the police were after him, he knew the inevitable was catching up with him, and everyday he'd be wanting just one more shot, just one more. In the end, my other brother and I had to get him and take him to the police station. It was a very sad and emotional situation. One, he was my bro and two, was the fact that I used too! But unlike my brother, I sold drugs to cover my habit and never indulged in theft. But I'm not going to make a moral judgement here, and I didn't then. I was just concerned for him as he looked like a hunted animal, not the bro I'd grown up with and loved.

Anyway, I was selling the same drug that was destroying him. To cut a long story short, he got two years and he rang asking if I'd I bring him something on Sunday visiting. It was a hard ask, but in light of everything I said "Yeah, I'll see what I can do, mate".

My girlfriend and I trooped off to Long Bay

come Sunday. I'd never been up front and personal at any jail — I was a bit shocked at the strangeness of the place and all the guards, especially with a half weight of freight on my person, phew! The visiting rooms in maximum security are all open with glass, and I've got the gear in my mouth, trying to look as cool as possible, confronted with the tricky process of removing said packet from mouth to my hand, then his hand, before we ran out of time or luck, which ever came first. At the same time, we are trying to make casual conversation and not look around nervously — real James Bond stuff.

This went on for about eight or nine visits, I was actually quite proud of my part, in some black perverse way. Even when I went out to the jail on my own, on leaving I'd say to my girlfriend, "Babe, I may or may not see you later". But of course, after a few frights I was over it. As well, my brother was looking fit and well — in fact he looked better than me with those three square meals a day — and told me how he wasn't using any of the gear I brought him anymore. Obviously he was making some fantastic trades inside,

so I told him that's that then, no more.

He rings me frantically from the hole, telling me "Mate, you gotta bring or I'm gonna get bashed". Shit, what a dilemma. I really felt my luck was running out and the screws were getting suspicious, then on the other hand, I didn't want the shit kicked out of my brother. I told him to explain to his associates that this would be the last as my supply had run out, and set out for the poke.

I had such a bad feeling about it, my girlfriend came and she volunteered to do the exchange. Well lucky me, as I was pulled out of line by detectives and strip searched, but they left my girlfriend alone — I was so lucky! She pretended to be his girl and gave him a big sloppy one and passed the shit over.

I told him what had happened and that I couldn't do any more. He was pretty grateful for the gear and two weeks later, was transferred to a minimum security jail. Phew! So what was the moral for me? Gear in jail is a very dangerous business and avoid it if possible. That's apart from all the pitfalls like hepatitis C, AIDS and veins crapping up! Stay cool. - PW

SMUGGLING BLUES

How do you try to get cocaine into the country when the police and customs officers are only ever one or two steps behind? Whether it is buried deep in a freight container, a batch of coffee beans, or in one of the smellier cavities of a human, the authorities are never far behind. A recent raid in Slovenia turned up the latest trick smugglers appear to be working on. The home lab was full of chemicals and mixers, but the big find was the clear lumps of plastic lying around. Chemical analysis revealed that the main ingredients were cocaine hydrochloride and the chemical used for creating perspex. Authorities suspect that they may now see cocaine being smuggled into countries in any product using clear plastic, such as DVD cases and aquariums.

Advice for rappers: Avoid having to say: "Know what I'm sayin'" all the time by actually speaking clearly in the first place

THE INJECTULATOR MACH II

Sick of bad hits? Abscesses? Overdoses? Get a clean high every time with the improved Injectulator Mach II® from Dod-Gee Brothers Inc.

Filtration system

A staggered triple filter relay can filter particles from 5 through to 0.8 and 0.2 microns for a cleaner mix, reducing the risk of vein damage and bacterial infections

No more overdoses

Precise instruments measure your heart rate and blood pressure. Narcan is released in cases of overdose

Speed regulator

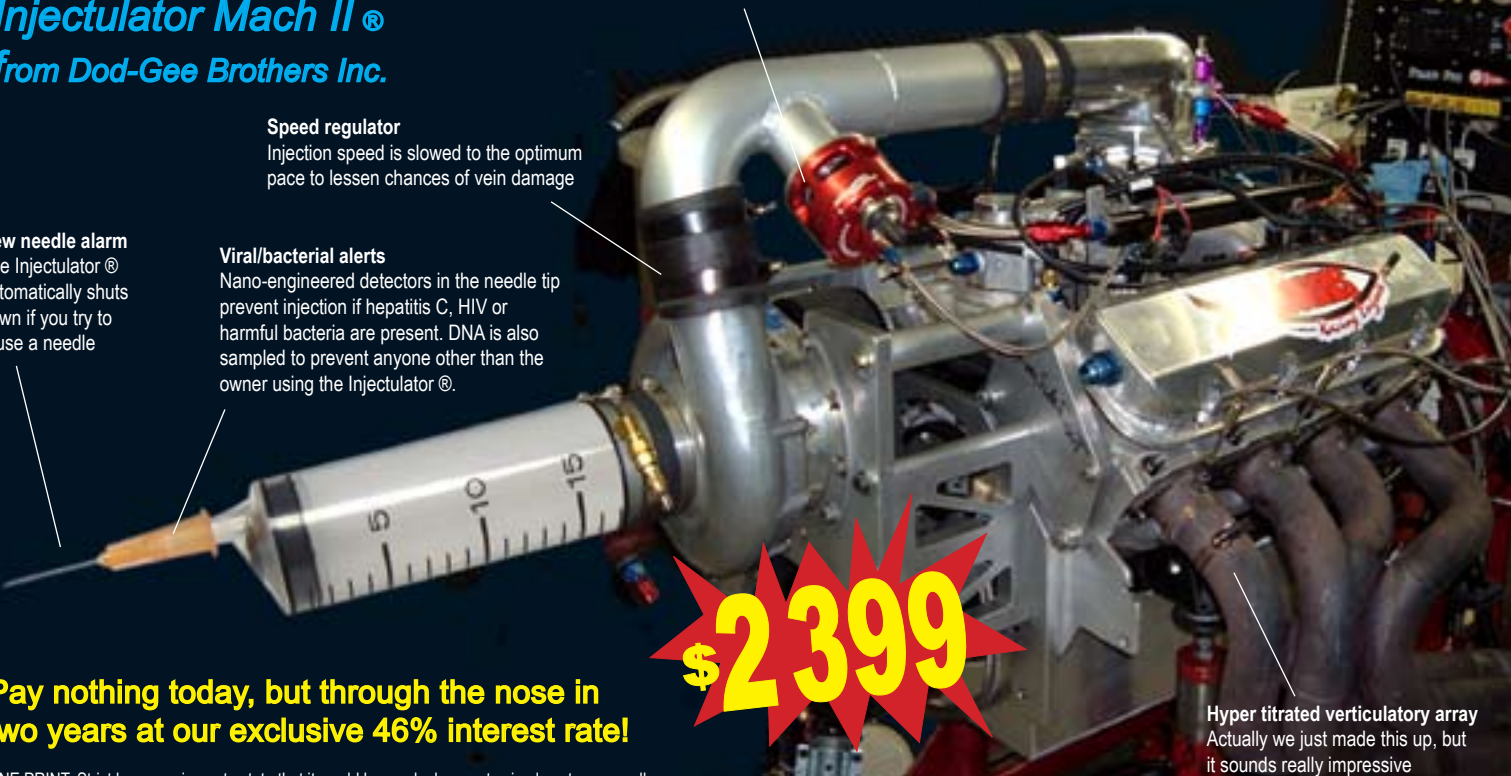
Injection speed is slowed to the optimum pace to lessen chances of vein damage

New needle alarm

The Injectulator® automatically shuts down if you try to reuse a needle

Viral/bacterial alerts

Nano-engineered detectors in the needle tip prevent injection if hepatitis C, HIV or harmful bacteria are present. DNA is also sampled to prevent anyone other than the owner using the Injectulator®.



\$2399

Pay nothing today, but through the nose in two years at our exclusive 46% interest rate!

FINE PRINT: Strict laws require us to state that it would be much cheaper to simply get new needles, syringes, wheel filters and injecting gear from your NSP and exercise proper hygiene and injecting practices. But shit, who reads fine print? And wouldn't the Injectulator® look good in your lounge room?

Hyper titrated verticulatory array
Actually we just made this up, but it sounds really impressive

BUT WAIT... THERE'S MORE! You not only get the Injectulator® and a life-long debt, but a set of cutting utensils for meat-based products. Simply send us your birth certificate, credit cards and pin numbers today.



on the street

SPEED EPIDEMIC ACROSS QLD?

The media seems to be pumping out a constant message in Queensland lately... supposedly there is a rapidly increasing speed epidemic across the State, particularly among young people. While there is obviously a lot of speed around, at Brisbane Youth Service (BYS) we haven't seen any huge increase in speed use, at least around our Needle Syringe Program.

If use is picking up, maybe it is more in the party scene. We are always interested in knowing what is happening, so feel free to call Tara at BYS or drop in to let us know what's happening in your part of the world (see our hours below).

SAFER USE OF SPEED

Injecting will always be the most risky way of doing speed, so make sure you shoot safe — clean fits every time, keep everything clean, don't share injecting gear and don't get on alone. Try to take regular breaks to clear your head, or even better, limit your use to avoid getting dependent on speed. It isn't a lot of fun detoxing once you are hooked!

Smoking cuts out the risk of blood-borne infections, so it can be safer than injecting if it isn't free base — it's actually a quicker high than injecting, but remember you can wind up just as hooked through smoking.

Around here in the Valley, people have been more inclined to get on at home or at a friend's place because of sniffer dogs doing the rounds. It can be tempting to do more in the safety of your own home, but remember it can be easy to overdose. Keep an eye out for each other. If a mate is getting really anxious, paranoid and hallucinating, then it is probably speed psychosis. If trying to calm them down doesn't work, remember to call the ambulance. They are set up with medications to help someone calm down, and they don't call the police even when illicit drugs are involved, unless there is violence.

BRISBANE YOUTH SERVICE 14 Church St Fortitude Valley, Brisbane Ring 3252 3750 or visit www.brisyouth.org

Open weekdays: 9am – 12 and 1pm – 4pm (except for Thursday mornings as we are closed for meetings)

guilt trip

Being a user can really do your head in at most times, but guilt over things you've done can really make you feel lower than shark shit. The guilt trip can really hit during detox — revelations over what a selfish son of a bitch you may have been, driven by a freight train of craving that led you to knowingly break your own rules of conduct or morality.

Feeling guilt is actually a good thing, as it is a realisation your behaviour wasn't the best — the fact that you don't feel good about past decisions shows there is hope, and strength in your own character!

The tricky bit is not to let these feelings drive you deeper into hopeless despair. Most of us have all been in that rut before — when our lives don't seem to be ours anymore, feeling as though we've lost control, with no turning back, and no future ahead. That was me, at least — a nasty afterburner after a binge. I'd think that there was something wrong with me. I was weak, gutless, useless.

Eventually I realised I used and wanted to get off my guts all the time, simply to avoid facing my own demons. At first, it was just partying and going with the flow. But I knew when I'd crossed the line. In fact, I revelled in crossing the line!

But reality bites you on the arse in the end, whether it is through being locked up, fired from your job, estranged from your family or dissed by your friends. Suddenly you are on your own and it is because of the decisions you've made for yourself.

For me, there was no problem until I crashed. Then it became a problem for everyone around me — especially my parents and friends. I'd become defensive, angry, laying blame somewhere else and just generally being uncomfortable. I



USER'S STORY

knew deep down inside that I felt extremely guilty about the shit I wound up in, and what I'd become — trapped in addiction. But that didn't mean I was this bad person — I just couldn't see who I was, feel who I was, or trust who I was.

Here's an example of how I've pissed myself off in the past. I'd been clean for a month and it was payday. I went into town to do some shopping and I'd heard through a friend that such and such was holding blah blah. Now I got to this intersection on the road — left was the supermarket shops and right was such and such. I started to think, "Mate, you're not going to see such and such as you've done so well, pats on the back all round for your good work".

Well, it was as if my feet had a mind of their own, walking me right, me thinking to myself, "You weak bastard", over and over all the way to the spoon. Look, we all (sorry, "I") bust every now and again. Don't panic. Don't guilt yourself about it too much, it's just not worth it. I did for years and the laugh is I spent the money just to feel like shit afterwards.

Guilt has a nasty way of making you think detox isn't worth trying. Wrong!! It's amazing how your mind can play shitty little tricks on you. What about all the other times when you detoxed and felt strength from your own achievement, getting over the painful hurdle of dependency? Of course, if you are on a program, there is always help and advice, but you know how sometimes you can get the best advice and you know inside it's all great, but you just can't feel it. Then you go out against this advice knowingly doing the opposite. Really does your head in — it did mine in for a longer time than I care to remember.

You are good, you don't want to hurt anybody, it's only ... you hurt yourself and the rest is just the flow-on effect. Being able to share your own inner feelings is hard — for me, as a bloke, it took years. At first, it just crept me out. Even going to NA for example (not knocking!), but hearing about other people's despair or their successes and just generally talking about drug dependency made me want a shot even more. Sorta like denial, I suppose.

You really have to prepare yourself for facing up to things. It took me a while anyway. And not feeling bad about everything, and guilty or angry. It is, or it just was. Time to move on and be yourself again. Look, I'm just sharing my thoughts and I hope that something here might ring true for someone out there. We're all good, we've all done stuff but hey, that's life! Love to youse all.



WILL AUSTRALIA'S MOST COSTLY DRUG PLEASE STAND UP?

A new Australian study indicates that the social costs of cigarettes are three times higher than any other drug, and still cost more than all other drugs combined! The study included a wide range of factors including crime, litter, passive smoking, absenteeism from work, hospital care, road crashes, loss of productivity and tax revenue, policing, pain and suffering. Smoking accounted for 62% of the total, with alcohol running second at 22%. Illicit drugs came in a poor third, with this group including cannabis, opiates, stimulants, hallucinogens, and anabolic steroids.

Go to <http://bmj.bmjournals.com/cgi/content/full/326/7383/242/a> for more information.

If you do want to quit the weed, try calling the Quitline on 13 7848. They've got heaps of info and support for anyone facing the tricky process of getting off the durries.

ALL ABOUT METH

Methamphetamine, or “meth”, is a synthetic stimulant drug used for both medicinal and recreational purposes. Medical uses include treatment for ADHD, obesity and mood disorders. Meth is chemically very similar to amphetamine but has much stronger effects. While this means a more intense high, it also means the negative effects are increased too.

Like most stimulants, meth can cause a strong feeling of euphoria. The euphoria can drain a person physically and make the user have a “come-down” when the drug’s effect wears off. This can create a desire to consume more, increasing the potential for dependency.

AVAILABILITY

Illicit methamphetamine comes in a variety of forms. Most commonly it is a colourless crystalline solid, sold on the street under a variety of names, such as crystal meth, crystal or ice.

It is also sold as a less-pure crystalline powder, or in crystalline rock form. At its most impure, it is sold as a crumbly brown or off-white rock.

Meth found on the street may be pure, or adulterated with chemicals that were used to synthesise it. In some instances, it may be diluted or cut with non-psychoactive

substances, or it may be mixed with other psychoactive drugs.

HOW IT IS MADE

Meth is structurally similar to methcathinone, amphetamine, and other stimulants, and it may be produced from ephedrine or pseudoephedrine. Most of the necessary chemicals are readily available in household products or over-the-counter medicines. Production appears to be a mix between large-scale operations and small home-based ones.



HOW IT WORKS

Meth is a potent central nervous system stimulant. It affects neurochemical mechanisms responsible for regulating heart rate, body temperature, blood pressure, appetite, attention, mood and responses associated with alertness or alarm conditions. The user will experience

an increased focus and mental alertness, and decreased fatigue and appetite. Higher doses can lead to feelings of well-being, intelligence, and power.

Prolonged use can lead to dependency, anxiety reactions, skin rashes, weight loss and/or amphetamine psychosis – paranoia, hallucinations, exhaustion, sleepiness and depression. In cases of neurotoxicity, there can be long-term damage of brain function.

Other side effects include dry mouth, twitching, repetitive behaviour, and jaw clenching or teeth grinding. People regularly using meth can have dental problems due to a lack of saliva, teeth grinding, effects of the chemicals used to make meth, and in some cases, poor dental hygiene.

Formication can occur. This is the sensation of one’s skin crawling with bugs. It is possibly associated with compulsive picking and subsequent infected sores.¹

The risks of sexually transmitted infections can be higher as users will tend to be more impulsive in sexual encounters.

Being stronger, it is even easier to overdose on meth compared to normal amphetamines. A National Drug and Alcohol Research Centre study in 2005 found a 58% increase in drug-induced psychosis since 1999. Users should be careful in the doses they take, as psychosis can be a nasty experience, with

so how addictive is meth or ice or whatever you want to call it?

A lot of documentaries and media coverage have painted meth as so addictive you only use it once and you are hooked. Is this the usual scare campaign, or is there some truth to it?



As usual the truth is somewhere in the middle. There is still no drug that is ‘instantly’ addictive — and the one that probably comes closest to this is nicotine! Some people can use meth for a night on the town once a week and leave it at that level, for years on end. At the other extreme, others will spiral down into a life dominated by the drug. And of course plenty of us fall somewhere in between.

Dependency on a drug has two faces; physical and psychological.

Meth can easily lead to **physical dependency** with regular use. Your body adapts to the regular presence of the drug, so you need more to get the same effect. Eventually stopping the use will lead to nasty withdrawal symptoms. The problem is that meth is stronger than normal amphetamines so this physical dependency develops faster, with worse withdrawals on stopping. And as anyone who has detoxed from speed knows, it can be a nasty enough experience — meth is just that much nastier than normal speed if your body gets hooked.

Psychological dependency can happen quickly for many users too. Once the effects wear off, you often get the rebound – the opposite of the drug’s effects. You go from feeling great to lethargic and down. It is easy to just keep taking more to keep the good feelings going.

While it takes a while for physical dependency to kick in, for some users this psychological dependency can happen very quickly. The high is more intense than normal amphetamines, so some users can crave another hit after their first time, which may contribute to the ‘addicted after one shot’ myth.

For those with a heavy degree of dependency, staying off meth can be really tough. Going clean usually results in slowed thinking, feeling emotionally flat and depressed. Research indicates that there is less dopamine in the brain, even months after someone has detoxed, so these negative feelings can last a long time. It can be pretty tough to avoid meth when life seems pretty flat (with our without Twisties), and knowing you can feel good for a few hours with another hit.

hallucinations, anxiety and violence.

WAYS OF GETTING INTO YOU

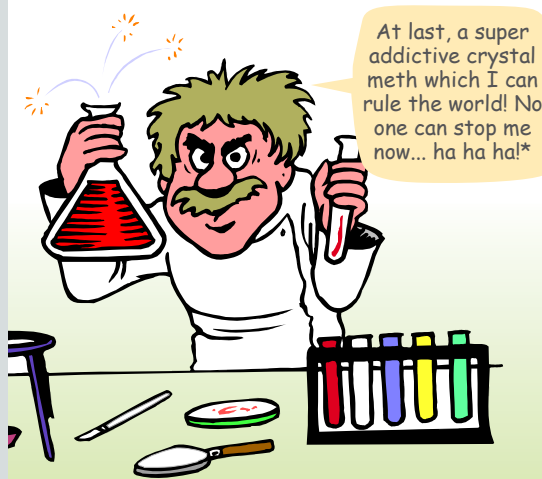
Methamphetamine can be swallowed, snorted, smoked, dissolved in water and injected, inserted anally (with or without dissolution in water), or into the urethra. As with most recreational drugs, the potential for dependency is greater when it is delivered by methods that cause the concentration in the blood to rise quickly. The desired effects are felt quicker and with a higher intensity than through a moderated delivery mechanism.

The safest method of taking meth is by mouth. The effects are moderated over time to a greater degree, and neither teeth, skin, nor nasal passages are directly exposed to potentially harmful chemicals. Although the effects lasts longer, the less-intense high may make this a less popular current choice for administration.

This article is licensed under the GNU Free Documentation (www.gnu.org/copyleft/fdl.html). It uses material from the Methamphetamine article at <http://en.wikipedia.org/wiki/Methamphetamine> which we advise you check out!

1 Compulsive picking and infected sores were seen frequently in QulHN NSPs some years back when base became common in Queensland. This is rarely seen now, possibly as users are not taking such high doses.

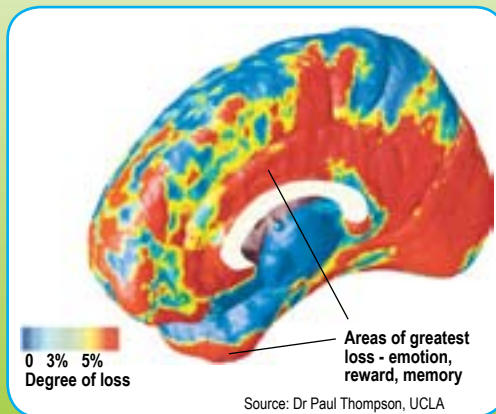
what the boffins are saying...



With all the new hi tech gear around nowadays, scientists have been able to see how the brain reacts to heavy regular use of meth. A 2003 study¹ found that loss occurs to the brain's memory, emotion and reward systems of chronic methamphetamine users. Even six months after last use, the damage still appears to be there, which may partially explain why it is so hard to stay off meth, when effects such as depression or emotional flatness can last for months.

There is some good news. Recent animal and human studies² suggest that neuronal changes associated with long-term methamphetamine use may not be permanent, but may partially recover with prolonged abstinence.

As with many drugs (such as alcohol), any brain damage that occurs will be worsened by chronic use. Further research is needed to know which long-term effects are permanent, but the studies so far certainly suggest it pays to keep your use of meth to low levels if you are going to use.



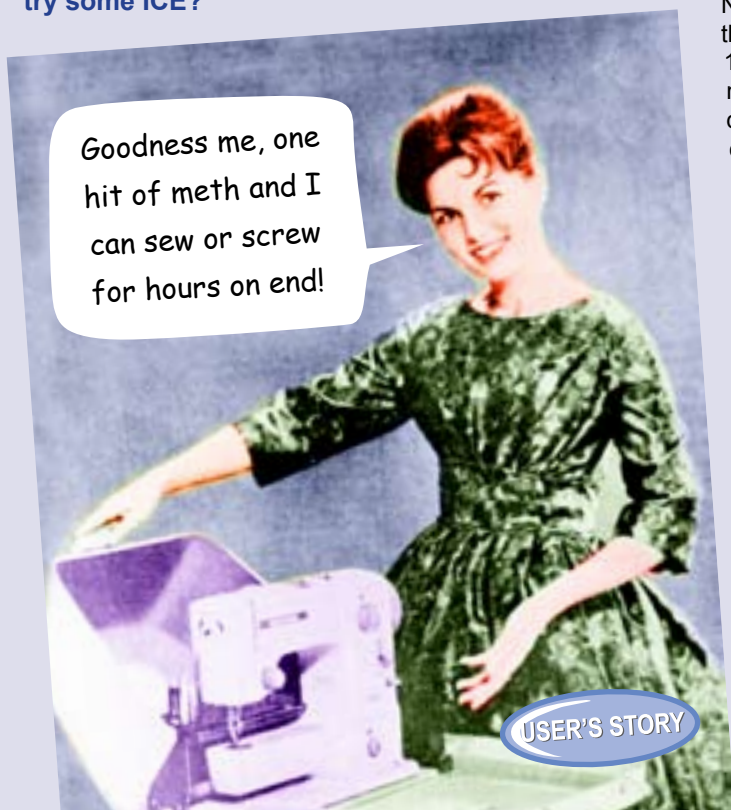
Source: Dr Paul Thompson, UCLA

¹ Structural Abnormalities in the Brains of Human Subjects Who Use Methamphetamine, The Journal of Neuroscience, June 30, 2004
² Methamphetamine Users in Sustained Abstinence, Archives of General Psychiatry, April 2005

*Please note: As before, this second mad scientist bent on ruling the world is not meant to be representative. But it is quite surprising how many are though. Why don't they get elected and go through the normal process? We suggest, for your own safety, that you avoid people who wear white lab coats in public.

ICE ON A SUNNY DAY

Just as I thought I was a recreational user of just about every drug ever known to man/woman, along comes ICE. At 38 years of age, I thought I had my life under control and managed with drugs. I was introduced to ICE one sunny Queensland day, a friend called in and said "would you like to try some ICE?"



USER'S STORY

I replied "yes of course". That was the start of the absolutely worse period of my life. Not sure what happened next, but suddenly every 20 minutes I needed another pipe. Then I couldn't leave the house for long periods because of the separation and anxiety. For the next 12 months there was a roller coaster of three days awake then the three days down.

During the time feeling up, it was just about impossible to do any normal things, and then the three days down would consist of eating high carb/sugar foods and sleeping for 12 or 13 hours straight, popping Stilnox (a medication for sleeping) and Valium — my body would scream out for nothing else but more ice! until I scored more.

Nothing, I mean nothing, would cut it! ICE was such a new drug on the Australian shores, no one seemed to know a lot about it. After 12 months of the roller coaster I'd had enough! A user friend and myself spend four days ringing hospitals, drug rehab centres, local doctors, anyone that might have had some insight into ICE. We finally contacted the Palm Beach Currumbin Drug and Alcohol Hospital at Currumbin on the Gold Coast.

They said it would be \$4,000 for one week and I booked in. The whole hospital was full of loonies. I attended all classes, just wanting to meet someone that may have walked down this lonely road of ICE. I started doing head stands up against the wall within two hours. I was doing them without any help from the wall, from then on I took back some kind of control of my life, I stayed one night, returning to the head of the hospital and convincing him that I would stay straight and be responsible for my life, he signed the release form.

I stayed straight for one year. Then came the relapse — never expecting to go down that road again... I did! Another roller coaster ride, this time it only lasted three, maybe four months. This time I discovered a book only available on the internet at www.nomoreaddiction.com so I downloaded *The Game of Life*. It made sense to me I was a drug addict, or I could be a recovering drug addict, or I could LIVE LIFE, and so I did.

I have studied for a Licence that has enabled me to find full-time work in a industry that I love... My message to anyone battling the strongest drug I have ever had, is to never stop giving up on giving up — there is no SAFE way to take this drug. - L.

is there much difference between methadone and bupe when it comes to getting off smack? - fb

Methadone and bupe (short for buprenorphine, its trade name is Subutex) are synthetic opiates to treat dependency on heroin. This info is only a guide; ideally you should check with a health professional for full details.

Both drugs are meant to act as a maintenance treatment, reducing the cravings associated with heroin use. They block the high from heroin, but do not provide the euphoric rush. Effects of methadone last longer than heroin, and a daily dose is normally taken in orange juice or a syrup. Bupe is a tablet that dissolves under your tongue.

The idea of 'maintenance' treatment is to allow someone to make changes to their lives without worrying about getting their next hit of heroin. Both drugs may have side effects, which can vary from person to person (check out www.quihn.org.au/methadone_treatment_experiences.htm for good examples of this variation of effects).

Possible side effects for methadone include nausea, drowsiness, dizziness, headache, lower sex drive, tooth decay and constipation. Possible side effects for buprenorphine include nausea, drowsiness, dizziness, headache and constipation.

Withdrawals from methadone take much longer than those from heroin or bupe. Going 'cold turkey' is not recommended. Bupe has the added advantage of being not only a maintenance treatment, but also useful for getting through withdrawals with less hassle than those from heroin or methadone.

Bupe is a partial opiate agonist and antagonist. This means that it binds with the same receptors in the brain that other opiates use, but with less of the opiate effect. It also means that it partially stops the effects of opiates such as heroin. If you've got a lot of heroin or methadone in your system, the 'antagonist' nature of bupe means it will replace the other opiate in your brain's receptors and may cause a precipitated withdrawal.

Pregnant women and people with acute liver conditions, respiratory illness, or operating/driving machinery should check with their health professional about how either treatment will affect them.

AIVL put out an excellent booklet about bupe for those looking at using it for treatment. You can ring them on 02 6279 1600 or check out the website at www.aivl.org.au



Send your questions for the quacks to PO Box 2470 Fortitude Valley 4006 or by email to hqmb3@quihn.org.au. You can also check the Drug Info page of our website at www.quihn.org.au for answers to many of your questions. Remember your NSP guys usually know of non-judgmental doctors in your local community who know the go with illicit drugs so have a chat with them to get your health issues sorted.

We take no liability for harms arising from your actions on any of this information – it is only a guide. Always get to your doctor to discuss your medical and health issues before embarking on any action!



do things go better with coke?

Our NSP statistics show that cocaine use is on the increase, at least in our Brisbane NSP. We'll bring you a full article next issue, but wanted to give a few tips on safer use! Whether things go better with coke will depend on how you use it...

How fast can you get dependent on it?

Cocaine, also called coke, is a strong stimulant with relatively short-lasting effects. The body can develop a tolerance to the drug within hours, so need to do more each time in a long coke session. Like other stimulants such as speed, regular use does lead to dependency, with withdrawals upon ceasing use.

Potential problems with injecting cocaine

As with most drugs, there are various ways to get it into you. Injecting has the most risks with the usual dangers of viruses, bacterial infections and vein damage. Use of a 0.2 wheel filter is strongly recommended to lower the chances of bacteria and fillers in the mix from getting into your blood stream. Cocaine can be cut with substances that are toxic in your blood stream, so these filters are a really good idea if you insist on injecting. Cocaine is cardiotoxic, or bad for your heart, so large doses and/or long-term use can lead to heart damage and heart attacks. If you have any heart problems, avoid cocaine completely, or at injecting it.

Cocaine is a vaso-constrictor, meaning it makes blood vessels narrow. It is important to make sure you don't miss the vein, as a missed hit can cause serious tissue damage by shutting down small blood vessels. Repeated injecting in a binge means your veins get harder to find too, with higher risks of vein damage.

As with many illicit drugs, you don't know the strength till you try it.

Don't inject alone, and try a small taste first.

Deaths from cocaine use aren't as common as those from heroin, as coke is a stimulant, but there have been occasional deaths from strokes, heart attacks and seizures.

A speedball is a mix of cocaine with heroin, a very dangerous mix that has killed off quite a few celebrities over the years. The best remedy, as with all drugs, is don't mix them.

As the high is quite brief with injecting, users tend to hit up again. While drug-affected, you can make mistakes with infection control practices, and you may pick up hep C, HIV or bugger your veins. Remember too, you need much less than if you are snorting. If you have to start injecting, try tiny amounts first.

Safer ways to do coke?

Free base cocaine, or crack, can be smoked. There is less chance of overdose by this method and it still delivers a rapid, though short-lived, high without the risks of bacterial and viral infections. Hollywood has popularised the snorting of cocaine, which is a safer method than injecting or smoking, although regular use can have bad effects on the nasal membranes. These membranes are very delicate, so you can pick up infections from snorting. Don't share snorting gear, and make sure the preparation area is clean.

By mouth is the safest method. Though less intense, the effects last longer and the risk of infections is minimal. Swallowing will have minimal effect, but the powder can be rubbed on the gums and then absorbed into the blood.

no offence, but i've never been keen on doctors and the western approach to treating hepatitis c. what is your view on alternative medicines and complementary therapies? - rose

No offence taken, Rose. Complementary therapies have been used to treat hepatitis C symptoms but, to date, there have been few research trials in Australia to study their antiviral effectiveness. Certainly though, many people report positive benefits in managing the symptoms of infection and coping with the side effects of therapy.

Natural therapists use acupuncture, homeopathy, herbs or other methods, aiming to improve the overall health of their patients. Good results have been reported by some people using complementary therapies but others have found no observable benefits - and, as with any treatment, it is important to remember that wrongly prescribed medicines can be harmful, and that people can also have bad reactions to correctly prescribed medications.

Some people choose complementary therapies as a first or a last resort. Others may not use them at all. Some may use them in conjunction with pharmaceutical drug treatments. Whichever way you choose, you should be fully informed. You could consider asking the following questions:

- Is the treatment dangerous if you take it the wrong way?
- How have complementary or natural therapies helped people with hepatitis C?
- What are the side-effects?
- Is the practitioner a member of a recognised natural therapy organisation?
- How much experience have they had working with people with hepatitis C?
- How have they measured the outcomes of their therapy?
- How do they intend to help you?
- What negative side effects could be expected?

Remember, you have the right to ask any reasonable question of any health practitioner and expect a satisfactory answer. If you are not satisfied, shop around until you feel comfortable with your practitioner.

Costs

You cannot claim a rebate from Medicare when you attend a natural therapist. Some private health insurance schemes cover some complementary therapies. It pays to ask your natural therapist about costs before you visit them. Many will come to arrangements about payment, particularly for health care card holders.

Choosing a practitioner


If you decide to use complementary therapies, it is vital that you see a practitioner who is properly qualified, knowledgeable and well-experienced in working with people who have hepatitis C.

It is also advisable to continue seeing your regular doctor or specialist. Talk to them and your natural therapist about the treatment options and alternative treatments that you are considering, and continue to have your liver function tests done.

It is best if your doctor, specialist and natural therapist are able to consult directly with one another. If a natural therapist suggests that you stop seeing your medical specialist or doctor, or stop a course of pharmaceutical medicine, you may want to consider changing your natural therapist!

Healthy herbs?

Many people worldwide have found an increase in well-being through using complementary treatments, whether they have hepatitis C or not. Although specific natural therapies have been used for chronic hepatitis C infection and the associated symptoms, there haven't been many scientific trials to investigate their effectiveness. With the currently limited



Just focus on the crystals, dude!

information available, it is difficult to make any formal recommendations about which kinds of complementary treatments would be most beneficial.

CH100 - a Chinese herbal preparation. Although it does not clear the virus, in some cases, the treatment has been shown to decrease symptoms and normalise elevated liver function. A six-month randomised trial of CH100 was conducted at the John Hunter Hospital in Newcastle, NSW.

Overall, the patients who received the herbal treatment had an improvement in liver function tests (LFT's) and symptoms. This was not seen in the patients who did not receive the herbs.

Common herbal remedies suspected of being toxic to the liver

Herbal remedies, like conventional medications, carry a risk of adverse reaction. There are many factors that contribute to the potential toxicity of herbs. Some of these include:

- Misidentification of the plant source
- Variables in the time and place of collecting the plant source
- Use of the wrong part of the plant source
- Incorrect storage
- Contamination during preparation
- Inconsistency in labeling of the final product.

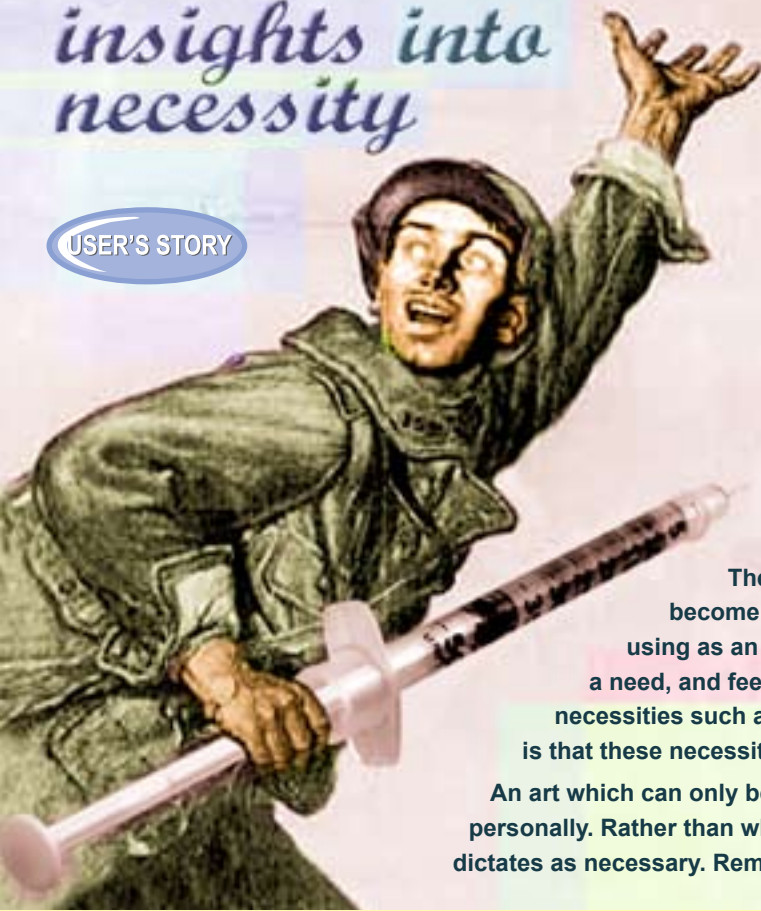
Research suggests that there are a number of herbal medicinal products which are known to cause liver disease and in some cases liver failure. These include:

- Chaparral (*Larrea tridentata*)
- Comfrey (*Symphum officinale*)
- Germander (*Teucrium chamaedrys*)
- Greater celandine (*Chelidonium majus*)
- Jin Bu Huan (*Lycopodium serratum*)
- Kombucha tea (*Kombucha mushroom*)
- Mistletoe (*Viscum album*)
- Mixtures of valerian and skullcap (*Valeriana officinalis* and *Scutellaria lateriflora*)
- Pennyroyal oil/squawmint oil (*Labiatae spp*)
- Sassafras (*Sassafras albidum*)
- Senna (*Cassia angustifolia*)
- White chameleon (*Atractylis gummifera*)
- Kava

Many thanks to the Hepatitis Council Queensland for permission to reproduce this information from their website. Go to www.hepatitisc.asn.au for more information.

insights into necessity

USER'S STORY



Sometimes when I'm broke, I think about all the money I've spent on drugs over the years. It would amount to a very pretty penny indeed. Of course if I hadn't bought drugs I would have spent it on something else. Still all that money. It amounts to a hell of a lot of something else.

On the other hand, if I didn't have a habit (a necessity) to feed I wouldn't have put all that time and energy into getting the money in the first place. And what a lot of time and energy. Being a junkie is hard work. You have to admire the dedication and ingenuity involved. It is an art in a way. The art of spending more than you earn without getting into debt. This art involves pleading and giving, borrowing and lending, wheeling and dealing. It's a juggling act on a treadmill which requires teamwork and co-operation with friends.

I know there are some users who become desperate and selfish. They lie and steal and cheat. Sadly they have lost the plot. Using has become their life rather than part of it. Personally I could never use my using as an excuse to lie, steal or cheat my friends. Sure a habit can become a need, and feeding that need can become a necessity. However there are other necessities such as friendship, self-esteem and eating good food. What I'm saying is that these necessities need to be juggled all at the same time. It's an art.

An art which can only be achieved through insight into what is necessary for you personally. Rather than what the world at large (read advertising, capitalist values etc) dictates as necessary. Remember, fellow users – freedom is the insight into necessity.

getting to know sexually transmitted infections . . .

GENITAL HERPES



The herpes simplex virus is very common and causes Genital Herpes. There are many types of herpes viruses. Both herpes simplex type 1 (HSV1) and herpes simplex type 2 (HSV2) can infect the genital area. Around one in five people with have type 2 although many never realise this.

Herpes simplex virus (HSV) type 1

Commonly causes 'cold sores', these tend to occur in the upper half of the body, mainly around the lips and mouth. HSV 1 can also infect the genital area.

Herpes simplex virus type 2

HSV 2 is more commonly the cause of genital herpes. Both viruses are passed from one person to another by close body contact.

For example, a cold sore on a lip could spread to the genital area through oral sex.

Oral sex may allow genital herpes to be passed on to the mouth of a sexual partner, although this is not very common. Genital herpes can also be spread through the rubbing of genital skin that occurs during sexual activity.

The risk of herpes spreading from person to person is high just before, during and for the week following an outbreak of herpes. However, the herpes virus can be passed from person to person without any active ulcer or blister being present.

This means that even when a person is free of symptoms the virus can still spread to others, if the infected person happens to be 'shedding' herpes virus at the time of sexual intercourse.

How will it affect me?

If you are exposed to HSV 1 or HSV 2 during sexual or intimate skin to skin contact, there are three possible outcomes.

First, in most cases there will be no signs or symptoms. You will not know that you have the herpes virus, and will never experience outbreaks of herpes blisters in your genital area. If this happens, you may pass on the virus without knowing.

Second, you may get what is called a primary episode of genital herpes. This can be painful, and you may feel generally unwell. Sometimes people have fevers and pains in the joints. Some may have painful blisters in their genital area which can turn into ulcers. It can be painful to piss, shit or wipe your bum.

Third, some people will not experience the high level of discomfort and illness of a primary episode. However, there will be a smaller outbreak of blisters and irritation in the genital area. An outbreak of herpes usually occurs in several stages over seven to ten days.

What should I do if I've got it?

It is important to get enough sleep, have a healthy diet and to keep your stress levels at a manageable level. Presently there is no cure for herpes. However there are medications available to treat herpes. Antiviral tablets can be used to decrease the chances of outbreaks if they happen often.

Where can I get more info or treatment?

Go to the fact sheets on our website at www.quihn.org.au or ask for info at your NSP. Check out p.26 for a list of Sexual Health Clinics across Queensland.

Many thanks to Queensland Health for use of Safe Sex fact sheets and information from www.health.qld.gov.au

dealing with

HEPATITIS C

STRATEGY # 17

- 1 Spread lubricant through hair
- 2 Grasp buttocks firmly and spread
- 3 Take a deep breath
- 4 Insert head between buttocks

The bad news is that around 80% of Australians with hep C have got it through injecting drugs. It can make you pretty sick, and in some cases may lead to liver disease and cancer. The good news? There is treatment and you can take steps to lessen its impact on your life.

LEARNING TO LIVE WITH HEP C

Hepatitis C is one of the most serious types of hepatitis (inflammation of the liver). Injecting drug users are at high risk of having hepatitis C, particularly if they have ever shared injecting equipment in the past. It is usually a good idea to get a free test done as you can have hepatitis C without any obvious signs.

If you have hepatitis C, call the Hepatitis Council of Queensland or a decent non-judgmental doctor can discuss lifestyle changes with you as well (ask at your NSP if you don't know one!).

Avoid alcohol

Alcohol can increase the damage that has already occurred to your liver. Research indicates that alcohol can lead to cirrhosis (death of liver tissue) and liver cancer. If you must drink, make sure it is in very small quantities, and with plenty of alcohol-free days to let your liver recover. Don't try 'saving' your drinks to blow them all in a huge binge once a month.

Eat well

Just having a healthy diet is a great start. Focus on heaps of vegetables, fruits and cereals such as oats, bread, rice, pasta and noodles (get 'brown' over white when possible). If you are a bit of a carnivore, get into lean red meat and the white meats such as fish and chicken instead of the red stuff. Moderate use of dairy products is fine so get into low fat milk and yoghurt. Avoid overly processed foods, or those high in sugar or saturated fats. And remember to drink plenty of water.

When it comes to a specific diet for hepatitis C, discuss this with your doctor. A general rule is to focus on foods rich in antioxidants (ie. dark green leafy vegetables, citrus fruits, raw nuts and garlic)

Avoid medications that can cause liver damage

There are a number of prescription drugs that you should avoid. Discuss this with your doctor.

Look after your fitness

Be sure you exercise regularly, get plenty of rest and eat a healthy diet that emphasises fresh fruits, vegetables and whole grains.

Don't get reinfected

There are different strains of hep C and you can pick up another type as well. If you are injecting drugs, make sure you don't share any of your equipment with others. Remember this means not sharing razors or toothbrushes with others as well. Practising safe sex also minimises the chances of blood-to-blood contact.

HEPATITIS C TREATMENT

The standard treatment for hepatitis C (HCV) in Australia is a combination therapy of ribavirin and a Pegylated interferon. There is also a monotherapy of just Pegylated interferon for people who can't take ribavirin. The combination therapy performs better in helping to clear the body of the virus. The treatments may not necessarily eliminate the virus, but can still reduce the symptoms and prevent worsening of the infection. Injecting drug users are encouraged to be tested for hepatitis C and talk to a health professional about treatment options if the test is positive.

Pegylated interferon

Your body creates proteins called interferons that help to fight infections. Pegylated interferon is a man-made compound that mimics these. It is taken as an injection under the skin once a week, for either 24 or 48 weeks. Common side effects may include fewer white blood cells and platelets, anemia, nausea, diarrhoea, fever, chills, muscle and joint pain, difficulty in concentrating, thyroid dysfunction, hair loss, sleeplessness, irritability, mild to serious depression, and in some cases, suicidal thoughts.

Pegylated interferon may also cause, or make worse, life-threatening neuropsychiatric, autoimmune, ischemic, and infectious disorders. If you decide to go on treatment, your doctor should monitor you closely with periodic clinical and laboratory tests. Patients with persistently severe or worsening signs or symptoms of these conditions should stop therapy. In many, but not all cases, these conditions resolve after stopping therapy.

Ribavirin

Ribavirin is another man-made compound used to fight viruses. The pills or capsules are taken twice a day. Side effects may include nausea and anemia. Anemia caused by ribavirin is usually easily treatable. Ribavirin can also cause birth defects.

Length of treatment

There are different types of HCV. Treatment normally lasts for 48 weeks, but genotypes 2 and 3 of HCV are treated for 24 weeks. Blood tests may be taken at the 12 and 24 week marks to see if the amount of virus in your bloodstream has fallen. It should be stressed that complete clearance of HCV is not guaranteed with either combination or monotherapy. You should talk with your doctor or health professional about finding out more about HCV treatment and your eligibility for treatment.

You can call the Hepatitis Council Queensland for info, support groups or a chat, on 07 3236 0610 or visit their website at www.hepatitisc.asn.au

99% of injectors agree - shooting clean & fucking safe are better than a head up your arse!



In homage to that great evolutionist, Charles Darwin, the Darwin Awards celebrate true stories of less-than-intelligent people who improve human evolution by killing themselves off. Each year, an award is made (posthumously of course) to who lost out in the survival of the fittest...

CONVINCING THE JURY

Clement Vallandigham was a well-known Northern Democrat who campaigned for states' rights during the Civil War. In 1863 Vallandigham was convicted of treason for his speeches attacking the administration of President Lincoln. He was banished to the South, where he continued to voice his political views.

After the war, Vallandigham became a lawyer. In his last appearance in the courtroom, he represented a client on trial for murder. The accused man's defense was that the victim had drawn his own gun in a fashion that caused it to fire, killing himself. To prove the defense argument, Vallandigham demonstrated the victim's method of drawing a gun--using the loaded evidence gun as his prop. The firearm went off, and he lost his life--but proved his case.

BOTTOM OF THE BARREL

(11 July 1920, Niagara Falls) To support his wife and 11 children, Charles Stephens, 58-year-old "Demon Barber of Bristol," needed more money than he could make giving shaves and haircuts. Even his sideline as a daredevil, performing high dives and parachute jumps in England, barely helped cover the bills. He needed something big, something to make his reputation. There was nothing bigger and more daredevil-ish than going over Niagara Falls in a barrel. Only two people had ever done it, and lived.

It didn't matter that one, Annie Taylor, was living in abject poverty or that the other, Bobby Leach, was trying to talk him out of using his heavy Russian oak barrel without first sending it on a test run. Leach's friend, William "Red" Hill, a daredevil whose sideline was rescuing people from Niagara's treacherous waters, also tried to dissuade Charles.

But Charles believed that if he strapped his arms to the side of the barrel and his feet to a large anvil as ballast, he would pop up out of the foam at the bottom of the cataract, safe, and right side up. He knew what he was doing and he was going to do it.

He launched his ungainly craft early one morning, and floated minutes through the rapids toward Horseshoe Falls on the Canadian side. 45 minutes after launch, the heavy barrel flew over the brink of the falls. So far, so good. But when Charles hit the water below, the anvil plunged through the bottom of the barrel, carrying most of Charles to the bottom with it. The barrel became stuck behind the falls. It wasn't until much later that the barrel's battered remains floated out into the mist. Attached was Charles' right arm, still strapped down, with his tattoo visible: "Don't Forget Me Annie."

Reprinted with the kind permission of Darwin Awards. Visit www.darwinawards.com for more real life stories, cartoons, awards and runner-ups.

USER'S STORY



Close shave!

One arvo, I went to see a mate who sold pot. He was a good bloke and knew of my habits. I tried to do the bite on him as I had a whole zoo on my back.

So bless the bugger, he gave me a bag of shake with a whole lot of nice nuggets in it. Thanx mate! I made a few foils up at his place and headed to the city to try my luck... but not until sharing a big spliff with my mate. Uh oh, problem number one. I head to the Cross and sell a couple straight off — cool! Then race to a mate's place down the road and double cool — he's having a good day and sells me a whopper deal off H.

Problem number two, he had no sharps so I'm back up the road to the Cross to get some at the chemists in Victoria Street with my girlfriend. At this time, I'm feeling Dr Strangelove hanging out with THC rattling my nerves. I've got the fits, standing in the street with heroin burning a hole in my pocket, discussing where we can have our shot when the law drives past. Pot in one pocket, smack in the other. Someone once had told me to carry it in your hand to make it easier to chuck, so I grabbed my stash in both hands as the cops pulled up.

"You look nervous, buddy. What's up?"

"Being pulled by the law makes anyone a bit jumpy", I say.

He's like fair enough, sitting in the driver's seat with me leaning in since he called me over. He starts to get out of the car, and I remember how people usually look down then up as they get out. I take my hands out of my pocket and throw the stash at his feet just as he's looking up! He doesn't see the two foils at his feet so I move back to lead him away from the stash.

Well he did the business, search, name and so on. But now I was freaked because I didn't want him to find the smack on the ground as by this time, the zoo was getting very hungry. I should have read my stars that day, as the cop got back into his car, not noticing the foils on the road — bugger me how he didn't!

Trained to be observant hey? As soon as they drove off, I grabbed the foils and we were off down a side lane. Around half a dozen guys had watched the whole thing go down across the road. They cheered and whistled us so I briefly stopped to acknowledge their appreciation of slydoggedness! Then off to my mates to have my medicine, knowing how close I came... - PW

The wondrous world of soap and swabs



Why is soap so good at getting rid of germs when doing your drug preparation? Because it does a tricky double act of being attracted to water but also repelling it!

These means that soap binds with dirt and bacteria in droplets of water, which are then easily washed away. So soap doesn't necessarily kill bacteria, but is very effective at moving them off your hands, preparation area and spoon.

So what about swabs? Bacteria are actually killed as the alcohol from the swab evaporates on your skin or mixing spoon. This is why scrubbing away with your swab is not a good idea – all you do is move bacteria on your skin around in a circle. The trick is to just wipe once, in one direction only and let the evaporation do its work.

Swabs are also handy to wipe once over your fingers if you haven't got access to soap for washing.

Before trying to remove stubborn stains from a garment, circle the stain with a permanent pen so that when you remove it from the washing machine you can check the stain has gone.

hepatitis B

While rates of HIV/AIDS infection are very low in the injecting community, hepatitis C is very common. Hepatitis B is a nasty cousin that also deserves some attention.



Hep B is another serious type of hepatitis. When a person is first infected with hepatitis B they have what is known as an acute infection. After the acute infection, some people do not get rid of the virus from their body. It can stay for many years and can be passed on to other people.

Most carriers are well, but some carriers have ongoing disease in the liver. Other people will clear the virus and become immune and non-infectious. This means that they can not get it again, and they can not pass it on to others.

How do you get hepatitis B?

You can get it through body fluids during sex, whether it's vaginal, oral or anal.

You can get it sharing needles and injecting equipment, or direct contact with infected blood. Sharing items like toothbrushes or razor blades can also result in infection.

Infants can contract hepatitis B at birth, from mothers who are carriers.

How would you know if you've got it?

Most children and up to half of the adults with hepatitis B have no symptoms at the time they are first infected. Others do get sick and some are very unwell and may need to be admitted to hospital. The early signs of infection include:

- Pain in the abdomen
- Nausea
- Vomiting
- Weakness, tiredness
- Loss of appetite
- General aches and pains
- Fever.

This may be followed by:

- Skin and eyes looking yellow (jaundice)
- Urine may become dark in colour
- Faeces (shit) can be pale-coloured.

Many of these symptoms can be caused by other reasons, and are not always caused by hepatitis B. It can take up to six months after contact with hepatitis B for the infection to develop.

Up to a quarter of people who are carriers of hepatitis B develop chronic hepatitis B infection. They may feel and look well, although the virus may be slowly

damaging their liver. Over many years the liver may become scarred and shrunken, a condition called cirrhosis. People with chronic hepatitis B are also at risk of developing cancer of the liver.

How can you test for hepatitis B?

Blood tests can be taken to check for hepatitis B. Blood tests show if a person has had hepatitis B in the past, has an acute infection, is a carrier, or has chronic infection. Tests of the liver can also show if there is any damage to the liver.

If you find out that you have hepatitis B or you are a carrier of hepatitis B, close contacts including sexual contacts may need to be tested.

How can you be treated for hepatitis B?

There is no cure for hepatitis B. People with acute hepatitis B are advised to:

- Rest
- Drink plenty of fluids
- Avoid fatty/oily foods
- Avoid alcohol
- Go back to their doctor for check-ups.

There are treatments available for chronic hepatitis B. People with chronic hepatitis B may be referred to specialist liver doctors to discuss treatment choices, such as the drug alpha interferon which can halt the disease in about 30% of cases. Antiviral drugs (drugs which help destroy viruses) are also useful in treating chronic hepatitis B.

How do you avoid getting hepatitis B?

There is a reliable and safe vaccine available to prevent the spread of hepatitis B. A vaccination is an injection which stimulates your body to produce these antibodies, protecting you from hepatitis B. A course of three injections provides long term protection.

Practise safe sex and always use condoms or dental dams. Injecting drug users should be blood-aware and shoot safely. Always have a clean preparation area and use new fits each time. Never share gear and dispose of used equipment safely.

Key points for injecting drug users

Get tested for hep B and consider a vaccination

Always use sterile needles, syringes and equipment

- Never share injecting equipment and dispose of it properly

Practise safe sex - always use condoms or dental dams

Don't share razors or toothbrushes

Tattoos and body art should be done by qualified practitioners

Get more info from your NSP or Hepatitis Council Queensland Ph: 07 3236 0610

HEP C SUPPORT GROUPS

'Hep Cats' Support group is for hepatitis C positive people, their families, friends, carers and significant others. Living with hep C can be tough – fatigue, depression and feeling run down. Come learn about hepatitis C transmission, treatment, harm reduction strategies, health maintenance and practical strategies for living a healthy lifestyle.



**Sunshine Coast 07 5443 9576 Gold Coast 07 5520 7900
Rockhampton 07 4923 7443**

If you don't get an answer, call our head office toll free on 1800 172 076.

Brisbane residents can call the Hepatitis Council Queensland on **07 3236 0610** for a group held at 30 Herschel Street in the city.

Those who have come to the groups say they've learned a lot about healthy living, treatments, side effect management and other related issues while feeling less isolated.

"This group is great for finding out about treatment"

"Group guidelines... help to reduce fear of discrimination or broken confidentiality"

"It was a really comfortable environment"

Some people want more information on healthy foods, good GPs, natural therapies so we'll see what we can do for you in coming groups and in this magazine!

brunch at the beach

Monthly 'Brunch at the Beach' events were organised at the Gold Coast and Sunshine Coast by QuIHN, to provide an informal fun way to learn about health promotion (e.g. diet, goal setting, self-care, art therapy). Other groups involved were Family Planning Queensland, QuAC, Drug-Arm, Integrated Family and Youth Services (IFYS)



– Youth Team and the HIV, HCV, Sexual Health Zonal Coordinator, Joe Debattista. The other agencies thought it went very well and are keen to help out with future events.

Comments from people on the day included: "I think it was very nice. I would come to every BBQ. It also helps a lot to meet other people, make new friends and most of all get to meet the staff. It really shows that they are there for you no matter what". **"I've talked to staff about some things going on in my life that are very important and they are always there to talk with me about it and give me 100% encouragement and give me more confidence".**

Others requested more games, steak and music. Everyone found the food great so we'll let you know when the next Brunches at the Beach will be on.

Feedback on Tracks and QuIHN services

We aim to please. That's why we invite feedback or complaints to make our services better. You can go to our website at www.quihn.org.au and download the necessary form. You can also ring us on 07 3620 8111 or email to quihn@quihn.org.au to get a form sent out.

Feedback on this magazine to date has been overwhelmingly positive. Comments from users and health service providers have included:

"...absolutely blitzed... popular appeal, heart felt, professional and honest"

"... it's earthy without being patronising. I'm still spinning..."

"Two big thumbs up guys".

Criticisms and suggestions included:

"The cost is too high" (it's now free to all services)

"More safe sex articles" (we'll highlight an STI each issue)

"More lifestyle articles, tips, suggestions on using" (will do)

"... type too small for those with visual problems" and **"Some articles are too long for people who can't read well..."** (we've used bigger fonts and shorter articles in places, but we do need to cover a broad spectrum of readers too).

There was concern on the first article of our last issue showing graphic images of gangrenous fingers from shooting pills without a filter. Some felt this may be relying on shock tactics which have little value. Others thought it was a useful strategy for those with low literacy skills. We are currently seeking more feedback on this from readers.

So please keep sending in your feedback, particularly if you are using illicit drugs. This is your magazine, so we want it to be the most interesting and useful mag on the street. And send in your stories, poems and artwork too!



**Criminalising drugs
and drug-taking
is out of step with
contemporary
culture, argued**

**Gideon Warhaft at the
APSAD conference in
Melbourne in 2000...**

We are gathered here today to discuss the various strategies for dealing with the use and abuse of drugs in our society. What is the best way to administer methadone to patients? Should we have heroin trials? Who should or shouldn't run them? But what vision of society do we have in mind when we talk about all this? What assumptions do we make about the success or failure of drug policy up until this point, and what do we see as being any different in the future? In short, what end game do we have in mind?

The good fight?

We have been fighting the good fight against drugs for the best part of 40 years. If I suggested that it had been a roaring success, you would have a quiet chuckle to yourselves and stop taking me seriously. But if I said that it had been successful on any front, in any way at all, you might still be hard pressed to think of an example. More drugs, of more variety in the country than ever before, more people using them at an increasingly younger age, more deaths — a lot more — than ever before, more people in prison, more hypocrisy as those who fight drugs and those who use them increasingly become the same. And, as far as 'the right message' goes, there are more people inclined to view any official suggestion, as to what is or isn't good for them, with derision and cynicism.

The assumption that drugs are morally wrong comes, of course, from America. There is great pressure from American policy makers on the rest of the world to tow its drug line, and it assumes that most societies, or for that matter the majority of its own constituents, share the values underpinning drug prohibition.

American drug policy has its roots in a puritanical ethic that goes back hundreds of years, and is unique to the American experience. We do not share that early history or those values, and it is surprising how many people, even those who work in drug policy, do not understand the origins of drug prohibition. Indeed, it is amazing the extent to which we accept the status quo of the illicitness of drugs as though it were ever thus.

One of the ways we perpetuate the myth of 'drugs being bad' is to lump all drugs together, creating the idea that marijuana is in the same family as angel dust and crack cocaine. This is dangerous and damaging to an honest debate. In America, illicit drugs are often lumped together under the term 'narcotic,' undermining a specific term describing a kind of drug, and diluting intelligent differentiation and understanding of various drugs, and their effects, themselves.

Drug use and our nature

The most erroneous assumption in Australia's drug policy is that drug use is abnormal, that it is an historical aberration. Nothing could be further from the truth. There is barely a culture in the world that has



A DRUG FREE SOCIETY

Achievable aim or immoral delusion?

not sought and used mind-altering substances of one kind or another. This is because it is part of who we are—the human condition – curious about God, curious about life after death, curious about what is on the other side of that mountain, and curious about what life will look and feel like after I chew, swallow, smoke or inhale that funny looking leaf growing from that tree.

So long as people exist they will desire, pursue and consume drugs. If we deny this, we are seriously deluded. And if we look into our heart of hearts, would we really want to live in a world where, even if not ourselves, someone is not examining and experiencing one chemical or another — playing with, testing, the boundaries of human experience? Risky, yes. Dangerous, perhaps. Like climbing that highest mountain, sending that spaceship to an ever further planet, or driving that car around a track at even more ludicrous speeds. It is in our nature.

Is a drug free world possible?

Even in the most authoritarian, doctrinaire societies, it is a hard task to enforce a drug-free existence. If you think, for example, China has its illicit drug consumption under any semblance of control, you would be sadly wrong – it has illegal drug users counted in millions. But in a society like ours — based on liberal principles whereby the state is supposed to meddle in the lives of individuals as little as possible, where individual expression, choice and consumption of almost anything and everything has all but replaced God as the new idol — the very idea of constructing drugs as immoral, never mind trying to eradicate their material existence, is perhaps the greatest folly we have tried to sell ourselves in the second half of the 20th century. We couldn't have chosen to wage war based on principles more inconsistent with the way we live, if we had tried.

We also live in a society that has all but lost formal rituals marking the passage from childhood and adolescents to adulthood. For the first half of this century, war generally provided what the American

writer Susan Sontag noted as the need for profound experience to mark this passage, something dangerous to enter the realm of adulthood. From the invention of the teenager in the 1950s, attributed to the unprecedented material prosperity in the west, the use of illicit drugs has been exponentially increasing. Indeed, for most Westerners today, the most profound legally-sanctioned experience is the size of their credit card debt, and, frankly, this just doesn't cut it. Drugs, especially whilst they remain illegal, will always be an obvious agent for young people to rebel against society and mark their own way in the world, the one service the illicit status of drugs provides.

Why the war will fail

This is why the war on drugs is not working, and never will. You could probably make a drug-free society if you really wanted to, at least for a time. You could have squads of narcotic militias marching through places like Kings Cross and Cabramatta, summarily executing anyone with small pupils or looking undernourished. You could raise taxes (or print money or something) and finance huge pools of labour to look through every nook and cranny of every container that graced the shores of our country, or, perhaps more effectively still, cease international trade altogether. You could have compulsory urine testing for everyone over the age of three to be conducted by no later than 5pm every Friday, at the risk of severe punishment. If this sounds far-fetched and over the top, it is no more so than the idea that the war on drugs can ever be won, that drugs will ever go away, or that they won't always be embedded within our culture.

This is a vital point. Before we discuss the minutiae of methadone maintenance, of heroin trials, or whatever, we must acknowledge and understand the choices in the overall picture of drug policy in this country. In ten or 20 years time, there will be only three possible

outcomes:

1. We will have won the drug war, and despite everything argued in this talk, drugs will have disappeared from our streets and our consciousness. If you believe this, you've probably been taking something that you shouldn't have.
2. We will be where we are now, except with even more people in prison, more people dead, more people trapped on methadone with no other choices, and more people taking drugs as a generation with even less respect for the law grows older, at the same time as robotically espousing the virtues of a drug-free world. If this turns out to be the outcome, it will be a sad indictment of us all.
3. We will have given up this useless fight and will have made all drugs a commodity to be regulated rather than outlawed — a crucial distinction. The virtues, the pleasures, the dangers will be more honestly discussed, the rhetoric more readily believed. Yes, people will use drugs, they will abuse them, lives will be destroyed by them, just as they are now. But far fewer people will be dead, or alienated, or forced into crime and the criminal justice system. Instead, they will have much more control, many more options, and a great deal more honesty in dealing with these problems.

And the message that we will be sending to our young people is that we have grown up, and that taking drugs, just like drinking, with all its pitfalls, is just another expression of what it is to be human. It is time to make peace with drugs. There is no other achievable end-game.

Gideon Warhaft is the editor of *Users News*, published by our cousins in NSW, NUAA. Check them out at www.nuaa.org.au

Got an opiate dependence that's out of control? Your options for dealing with it are now wider...

Suboxone is the brand name of a new medication used in substitution treatment for opioid dependence. Like buprenorphine (also known as 'bupe' or by its brand name, Subutex), it is in a tablet form that dissolves under your tongue. It has a lemon-lime flavour and contains a 4:1 ratio of buprenorphine and naloxone.

WHAT DO THESE DRUGS DO?

Buprenorphine is an opiate prescription medication used to treat dependency on opiates such as heroin or methadone. It is a partial opiate agonist and antagonist. This means that it binds with the same receptors in the brain that other opiates use, but with less of the opiate effect. It also means that it partially stops the effects of opiates such as heroin. Buprenorphine has a very mild, if any, effect so that everyday activities aren't hampered. Also, buprenorphine withdrawals are less severe so it is easier to come off.

Naloxone (also known as Narcan) is an opiate antagonist, which means it completely blocks the opiate receptors in the brain, so no other opiates can bind. Naloxone is used to treat overdose on opiates as it removes any opiates binding to the brain's receptors.

HOW IS IT SIMILAR TO BUPE?

Dissolving the tablet under the tongue allows the drug to enter your bloodstream. However, like bupe, Suboxone will have reduced effectiveness if you chew and swallow the tablet. The drug loses its effect by passing through the stomach to the liver.

As with bupe, Suboxone can be used during detox to lessen the withdrawal symptoms from opiates, or be used in maintenance treatment to take the place of other opiates such as heroin. People using lower amounts of methadone sometimes swap over to bupe as it is much easier to detox from. Suboxone can be used in this way too, as long as the dose of methadone is not too high.

The potential side effects of Suboxone are very similar to those of bupe. These may include sleep problems, mood swings, headaches, constipation, flu-like symptoms, tiredness, and loss of appetite and sex drive. If any of these symptoms occur, most



Bugger... I didn't think chasing the dragon would be followed by jabbing the dragon!

of these will only appear in the first week or two of treatment.

Both bupe and Suboxone can bring on a precipitated withdrawal. If you have a high level of opiates in your system, the partial agonist effect will remove the existing opiates from your brain's opiate receptors and cause withdrawals to begin.

HOW IS IT DIFFERENT TO BUPE?

Taken correctly, Suboxone should be no different to bupe. The effect of the naloxone only lasts for about 15 minutes so it has no effect if the medication is dissolved under the tongue correctly. However, if injected, it will bring on a precipitated withdrawal by blocking the buprenorphine or other opiates in your body. Typically, the effects of the withdrawal will be severe for about 30 minutes then fade over the next few hours. This deterrent to injecting means Suboxone works well as a take-away medication.

WHO SHOULDN'T USE SUBOXONE?

If you have already tried bupe and had a bad reaction, then Suboxone will have the same effects. Pregnant women, or those breast feeding or planning on becoming pregnant, should be advised there are certain risks with bupe and Suboxone. Discuss treatment with your doctor, or see if methadone is a preferable treatment in each case.

If you are on other medications, using benzos or illicit drugs, or drinking alcohol, then this should be discussed with your doctor prior to treatment.

Injecting room community support

After a NSW Parliamentary Drug Summit, an Kings Cross injecting centre was set up in 2001 to lower overdose deaths and rates of HIV and hepatitis C infections. After five years of operation, a recent evaluation has shown that two thirds of the local community now support the centre. This is quite a surprise given the Australian public's traditionally conservative knee-jerk reaction to illicit drug use strategies. The evaluation by the National Centre in HIV Epidemiology and Clinical Research at the University of NSW found that the community rejected the idea that the injecting centre encourages drug use.

In 2003, the police chief responsible for Kings Cross even defended the injecting room from criticism, saying that it had not resulted in more drug dealing but that crime rates had halved since its opening.

To date, the likelihood of seeing an injecting room trialled in Queensland, indeed in any other State than NSW, is looking very slim.

THE JOYS OF VOLUNTEERING

Did you know most of us are hard-wired to be happier when we are helping someone else? Become a QuiHN volunteer and use your hard-won experience to help others in our NSPs and other services! You can ring our head office on 07 3620 8111 or click on the Volunteers link at www.quihn.org.au to see how you can make a difference...

AFTER A JOB IN DRUGS?

QuiHN is a rapidly expanding service on the lookout for enthusiastic creative people who think outside the box when it comes to supports for people who use illicit drugs. Go to our home page at www.quihn.org.au and click on the Employment link to see our latest positions on offer!

detox options

Despite what the general public may think, not everyone feels trapped in their illicit drug use. Some users manage to keep things down to occasional use, even with drugs like benzos, heroin and speed, which the body can rapidly become dependent on.

Others may be happy with their habit until a personal crisis leads to heavier use and they become dependent on their drug. What are the options for users who want to either cut down or get off illicit drugs completely? The good news is that we all have heaps of choices available. Even if we feel trapped, there are different solutions and we can pick the one that suits us best.

Withdrawal options

No medication, or 'cold turkey' means coping with the withdrawal symptoms without prescription drugs to soften their effects. The worst of withdrawal should be past within a week for most drugs like heroin, narcotics, cannabis and speed. Withdrawals from methadone and benzodiazepines can take much longer and should not be attempted cold turkey (in fact it can be life threatening with benzos). You'll need plenty of moral support from others to make it.

Medical withdrawal through your own doctor suits some users, with a drug-wise doctor who knows what you'll need to lessen the effects of withdrawal, but makes sure you don't simply get dependent on another drug in the process. Like the 'no medication' option, you will still need a strong support network helping out, such as friends, other ex-users or family.

Home detox through local hospitals can happen when a doctor from a local detox unit can visit and help manage the withdrawal symptoms, with or without medication to help.

Drug withdrawal units are a good idea for severe or complicated withdrawals, or when you have little in the way of support. They are also helpful if you have physical problems like seizures or heart disease, or psychological issues such as depression, anxiety or schizophrenia.

Next step - working through the issues

One reason so many of us relapse after the hassle of detox is we don't work through the stuff that got us dependent on drugs in the first place. Detox can be tough, but it is only the first step in staying clean or on controlled levels of use. The issues may be losing a partner, depression, coping with a mental disorder, feeling accepted by other users, low self-esteem, self-harming behaviour, long-term unemployment or one of a huge range of problems.

Once again, you've got a choice. An **outpatients** program lets you live at home and get support from family or friends too. Otherwise you can use an **inpatients program** where you live



ARTWORK COURTESY OF BOB BARTON

with others trying to get clean too, and get intensive counselling and support from each other and professional staff.

Where to get help

If you just want to talk things over first, you can ring the Alcohol Drug Information Service any time on 3236 2414 within Brisbane, otherwise call 1800 177 833 from regional Queensland.

You can also make an appointment with counsellors at QuiHN who can help you sort through your options in person:

- Brisbane 3620 8111
- Gold Coast 5520 7900
- Sunshine Coast 5443 9576
- Cairns 4051 4742
- Rockhampton 4923 7443.

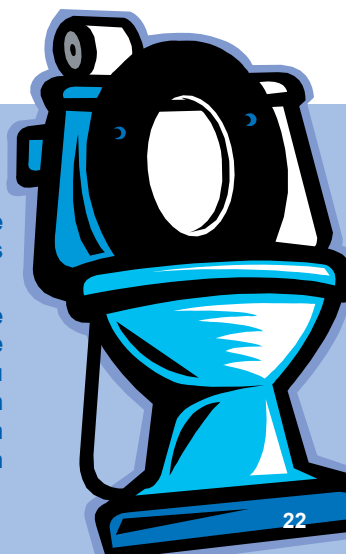
toilet seats for preparing your mix?

A 30-week study at the University of Arizona, USA measured bacteria populations on household surfaces in homes. Researchers took swabs from toilet seats, kitchen bench tops, chopping boards, tap handles and sinks. Surprisingly, they found that toilet seats were relatively clean. The fluid wrung from dish cloths hosted a million times as many bacteria as the toilet seats, while chopping boards had three times as many bacteria.

Bacteria like living on moist, porous surfaces.

The scientists concluded that toilet seats are probably too dry to support thriving populations of bacteria.

We don't suggest you get your mix ready on the toilet seat, even if it has less bacteria than the kitchen table. This research just shows that you have to clean your preparation area with warm soapy water, especially when it may have been used for food preparation, or been wiped down with that germ-ridden dish cloth!



SMACK, TROUSER SNAKES AND MRS PALMER'S FAMILY

It's kind of strange the things people don't tell you before you embark on the career of heroin injector. Erectile dysfunction is one of those things that just don't get mentioned. Or that your girlfriend won't suffer the same drop in sex drive, then gets the shits with your trouser snake not standing to attention if she's hot to trot.

So here I am, fidgeting in the waiting room of the Men's Health Clinic. I've finished the questionnaire about my limp appendage. Nice of them to provide a few small waiting rooms, not one crowded room of blokes trying not to look at each other's crotches.

Shit. Prior to the wonders of smack, I never had a problem with raising the flag. But on the odd occasion I get a wriggle in my pants, nowadays I get this fear it won't continue, and of course my brain gets in the way and makes sure it doesn't. An existential kind of *I think therefore I droop*.

'Robert Di Cosmo? I'm Michael Dubois'. Will you come in?'

A hint of a French accent drifts across the room. The doc wears a reassuring professional smile. A small desk highlights the size of the massive dildo placed on it. For a bizarre moment I wonder if this is some weird cultural thing. Do huge dildos sit on the desks of French health professionals as symbols of success?

He asks me what he can do for me and I try to tear my eyes away from his desk item. What the hell is he going to do with it? With a shock I realise it could be something to do with checking my prostate gland. In high school biology they said that the prostate

was part of the sexual equipment. I feel a light sweat break out all over my body.

'... Um... Where do I start?'

'Just take your time. Everyone finds erectile dysfunction a difficult topic'.

'Yeah. Look. We aren't actually going to do anything with that are we?'

I point nervously at his dildo.

'This? Of course not. I use this to show where we insert the rod implants or inflatable bags when a client has a physiological cause of impotence. A small pump is fitted under the skin which the patient squeezes to get an erection. Sometimes we cut and graft arteries in if there are vascular problems'.

He handles it with an easy familiarity and notices my look of horror. I start to sweat in earnest.

'But of course your problem will not require surgical procedures. It is not a physiological problem. At least not from the questionnaire you've filled in. So tell me about your problems'.

And it is surprisingly easy to tell him. I wait for the furrowed eyebrows of judgement, but he doesn't even blink when I tell him how shooting up smack has buggered up the bedroom side of things. He nods as I explain how Chrissie's demands for bonking make it even less likely as the anxiety sets in. Especially the night when she collapsed back on to the pillows.

Well, this is going nowhere fucking fast isn't it?

He smiles at the ironic pun, and I get so

relaxed that I don't even mind him fiddling with his dildo absently as I rave on.

'Okay, Robert. First, erectile dysfunction is very common, although for different reasons to yours. I assume you know that this is a common problem with opiates, and that you wish to continue your drug use anyway?'

'Yeah. I only came here because Chrissie reckons you have drugs that can help'.

'That's true, but as a doctor I must point out that the best option for you health-wise is to stop using heroin. If that is not an option, I will give you some information later on reducing the dangers of your heroin use'.

His French accent sounds pretty cool as he goes on about performance anxiety, and how when Chrissie gets upset, I get anxious which releases adrenaline and this causes blood vessels to constrict in my dick. Result? No erection.

'I get it, Doc. So that's why sometimes Mrs Palmer and her five daughters works fine even if I couldn't get it up for Chrissie'.

Doctor Dubois looks at me blankly and I realise he might not be up on Australian masturbatory euphemisms. Is there a French equivalent? *L'armour avec Madame Palmer et les cinq filles?* I make the usual hand gesture near my crotch which has no cultural ambiguity.

'Ah yes. Masturbation. In terms of treatment, you have two main options. You can either take an oral medication, such as Viagra, or the more guaranteed approach of self-administered injections into your

USING BUTTERFLIES

Winged infusion sets, more commonly known as butterflies, are used for intravenous injection of large amounts of fluid. They are commonly used for injecting methadone.

While the injection of either subutex or methadone is a very risky business and it is strongly not advised, we know some people will inject regardless of the risks. This guide is offered to reduce the physical harms that can arise if you insist on injecting.

Why is it risky? Injection is not a good idea as the sugar in methadone or bacteria from subutex can lead to vein problems. When stored, bacteria can feed on this sugar, and lead to dirty hits or infections. So if you gotta do it, read on!

Using a butterfly

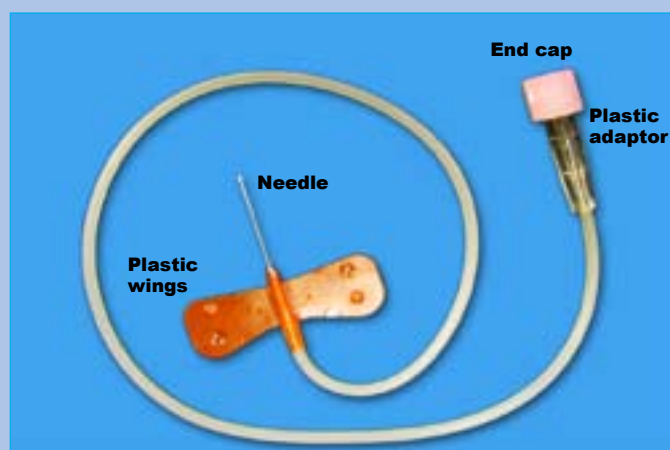
If you must inject methadone, ideally you should mix nine parts of sterile water to one part of the drug (or an absolute minimum of three parts water to one part of the drug). This will minimise vein damage. Have as many 10 or 20 ml barrels filled and ready as required.

Wash your hands and work area, and only use new sterile equipment in line with the usual safer injecting guidelines.

Swab the injection site, wiping once, in one direction only.

Remove the end cap from the plastic adaptor then apply your tourniquet. Hold the wings together and insert the needle. Once blood is flowing down the tubing, release the tourniquet.

Attach the barrel securely to the plastic adaptor. Jack back



slightly to make sure you've still got the vein.

Hold the adaptor to the barrel with your spare hand while injecting. Injecting slowly will greatly reduce the chances of vein damage.

Do you have more than one barrel? Remove the plastic adaptor from the barrel and connect to the new one. If you need some time to prepare, simply recap the plastic adaptor until you are ready for the new barrel.

When finished, remove the needle and apply pressure to the site. Dispose of used equipment using proper sharps bins.

Butterflies only live once

Don't reuse butterflies! They are impossible to sterilise properly and can easily give you infections or dirty hits when reused.

penis’.

‘What? You mean I inject myself...?’

‘Yes. It’s very effective, and you are no stranger to the needle. Many of my patients swear by it’.

I can imagine them swearing about it. I can imagine the cries of *holy fuuuuck!* as some investment banker pushes cold steel into man’s best friend. Still, as he says, I am a friend of the needle so I ask him if he has information on the treatment methods and he turns to his cupboard.

I lean forward to investigate the plastic penis on his desk. There are dark blue smudges around the base covering the remains of pen marks. I lean back just before he turns around again. I wouldn’t want him to think I have an unhealthy interest in his desk top penis.

‘Here, Robert. Take these brochures home. Read them. Feel free to ring any time. We can meet again to discuss how you would like to approach things’.

He mimes the syringe thrust with the faintest hint of a smile as though we now share some private joke for the future. I hope I don’t see him in public. It could lead to a lot of speculation if we stood on a street corner, wriggling our thumbs at each other near our crotches.

‘*Merci, Docteur Dubois*’.

‘Ah. *Vous parlez Français*’.

‘*Pas beaucoup*. Just a bit from high school French. Our text book had all this stuff about the Dubois family. You know. Jean Dubois sits on a chair. Veronique Dubois

falls down the stairs. So five years of French lessons prepared me for this moment. Meeting a real Dubois’.

‘It is something of a comfort to know that nothing in life is ever wasted. It is a beautiful language’.

‘Yeah. Hey, I noticed before that you have blue marks on your penis’.

He glances down at his trousers before realising that I am referring to his plastic friend.

‘I see. A joke. I used to draw the incision lines for penile implants on this model. Most men find this much more relaxing than showing them in the flesh, so to speak. Last week I tried to wash it off without success. So now my penis is permanently blue’.

I think mine knows exactly how his feels. Yet my head is much clearer now. I have options for dealing with it all, and I reckon I’ll discuss it with Chrissie tonight.

Dr Dubois escorts me to the front desk to collect my health care card. And even opens the front door for me. He gives me the barest hint of a wink and says *be sure to give my regards to the Palmer family*.

*Names have been changed to protect both the innocent and guilty.



ALKALINE DOPE?

As any experienced dope fiend knows, alkaline dope needs something acidic to make it dissolve nicely into water for injection.

While **lemons** have been a favourite for some users, the problem is that there can be fungal spores that can infect the eyes or heart.

A better option is **vinegar** as it will be more hygienic and the acetic acid still breaks down the alkaline dope quite well.

However, **citric acid** is the ant’s pants, the wasp’s nipples, the supreme king of acidity for dope! It is available in most supermarkets in granular form, and you just need a few grains in your mix with sterile water.

Citric acid is certified as a safe food additive. It occurs naturally in our body, which is why it is the safest way to dissolve that brown heroin, as excess citric acid is readily metabolised and eliminated from the body. In very rare cases, intolerance to citric acid in the diet can occur, so be on the look out the first time you use it. Be aware that using more than a few grains can cause a stinging sensation so this isn’t necessarily an intolerance.

In concentrated form, dry citric acid can result in skin and eye irritation, so make sure it only goes in the spoon...

If God dropped acid, would he see people? - Steven Wright



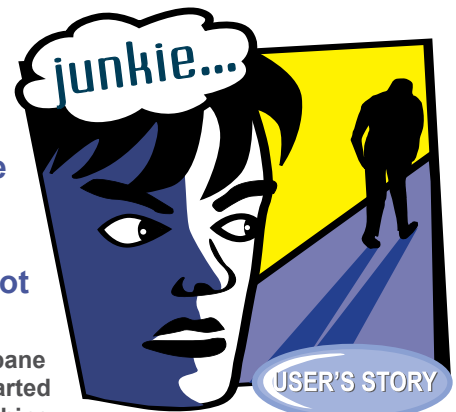
It is tough when people look at you and judge you when you just walk down the street. You sometimes feel like ‘scum of the earth’ and this does not help your situation.

When my flatmate in Brisbane committed suicide, I started using speed and morphine.

Although these drugs ‘helped’ when I was on them, I found my life going out of control. I found that I could never get enough, and that lying and stealing would have been my only option to pay for them.

Fortunately I decided that I would not lower myself to this to pay for my drug habit. I moved from Brisbane to Maroochydore to get away from West End in Brisbane (drugs, violence, threats, rednecks, ‘Bronco’s Fans’) and have found the problems in Maroochydore to be worse than West End!

I also have lived in New Zealand, Redfern, Surry Hills, Darlinghurst etc and have found the community attitude to be worse here than those other places. I was told that Maroochydore was the Redneck/prentention capital of the Sunshine Coast but did not want to believe it until experiencing it. Thank God for QuIHN on the Sunshine Coast. - A.C.



HEP C TRANSMISSION

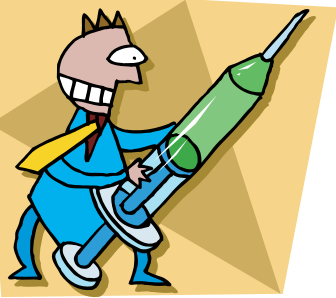
Hepatitis C is considered to be a blood-borne virus – this means for transmission to occur there has to

blood-to-blood contact. This occurs when the blood of one person enters the blood stream of another person through an opening or rupture in the skin, or rupture in the lining of the mouth, nose or anus etc. For HCV to be transmitted, infected blood needs to exit the body of one person and then directly enter into the blood stream of another person.

WHAT'S HOT AND WHAT'S NOT

EXTREMELY HIGH RISK - SHARING OF NEEDLES & SYRINGES

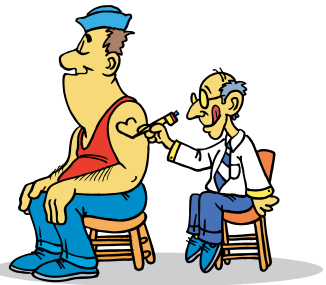
VERY HIGH RISK - SHARING OF OTHER INJECTING EQUIPMENT



Injecting drug use is a high risk for the transmission of hepatitis C. It is the most common way in which HCV is transmitted in Australia. Approximately 80% of people diagnosed with HCV have acquired it through this way – either past or present. All injecting equipment can spread hepatitis C - including needles and syringes, water, spoons, filters, swabs, tourniquets and even blood on hands and in the preparation area pose a risk. Sharing any of these items can mean an opportunity for contamination with infected blood to occur. Getting blood on fingers and preparation areas can also involve risk of transmission.

Other viruses like hepatitis B or HIV can also be spread through sharing injecting equipment. Using new and sterile equipment every time, injecting as safely as possible and washing hands before and after preparing drugs may lessen the likelihood of blood being passed on. Because of the many possible risk factors associated with injecting drugs, some experts believe that a safer way of taking drugs is to smoke, snort, drink, shaft or swallow them.

HIGH RISK - UNSTERILE TATOOS & BODY PIERCINGS



Hep C can be spread through blood contaminated items that are used during tattooing and body piercing - such as needles, ink pots, jewellery or unwashed hands. When choosing your tattooist or body-piercer, look for a professional person who is registered and operates from clean and hygienic premises. Observe (if you can) or ask questions about how the tattooist or piercer operates; do they wash their hands before starting the procedure? Do they use new latex gloves for each client? Does the practitioner open sterilised, packaged needles, instruments and jewellery in front of the client? Does the operator explain this all clearly to the client?

Don't be afraid to ask questions about the measures they put in place to protect you from infections. Your health is at stake, don't take risks.

MODERATE TO LOW RISK - SHARING OF RAZORS & TOOTHBRUSHES ETC



Household transmission can occur through blood-to-blood contact, but is unlikely. Avoid sharing razors and toothbrushes.

Always cover cuts and sores with waterproof dressings (such as BandAids® TM). With personal sanitary items such as pads and tampons, dispose of blood stained items correctly. Wrap these in paper and place in a sealable and lined bin and dispose of in your normal waste. Use latex gloves when clearing away blood spills, and wipe up blood using paper towels and bleach.

After any contact with blood, even if gloves are used, you should wash your hands with soap and running water.

VERY LOW RISK - SEX (WITHOUT BLOOD-TO-BLOOD CONTACT)



Transmission of hep C during sex is believed to be of low risk. Transmission is most likely to occur when the immune system is suppressed or when there is co-infection with HIV, herpes or another sexually transmitted infection and when the hepatitis C viral load (the amount of virus circulating in the blood) is extremely high - this usually occurs after a person has first come into contact with hepatitis C (the acute phase).

If blood-to-blood contact has been made, then the risk of passing hepatitis C infection on through sexual contact is increased. This could happen through rough or forced sex. Some sexually transmitted infections cause blisters or sores on the genitals. This allows HCV easier access to another person's blood stream. For example, when herpes sores are active. Anal sex requires lubrication. It is best to use a water based lubricant.

During menstruation, it may be better to abstain from sex or use barrier protection like condoms or dental dams (squares of latex used to cover the vagina or anus for oral sex). It is a good idea to practice safer sex in any case. This can help avoid transmission of truly

sexually transmissible infections (STI's). A decision to have 'safe sex' depends on the nature of the sexual relationship:

With new or casual sexual partners, or any instances where there may be blood-to-blood contact during sex, safe sex practices should always be used to protect both partners against the wide range of STIs. * Within sexual relationships where there is little risk of blood-to-blood contact there is currently believed to be no need to change sexual practices just because one partner has hepatitis C.

Thanks to the Hepatitis Council of Queensland for this information. Ring them on 07 3236 0610 for support, or visit www.hepatitisc.asn.au for heaps of fact sheets on hepatitis.

SEVENTEEN JULY 3:52 am



I dreamt of wading thru razor blades
Woke up, cut up a taste
Find another possibility to waste
My delicate ritual drooling with haste.

What am I doing here again at the crook?
Bent right over I press and I look
For the poor measured vein to take the hook.

Pressing my luck to get it home
Don't give a fuck if I hit the bone
I'll stab and I'll pierce to lure the blood
Then pull out the fit in a red rose flood.

Relax and little and then wait for the wave
If this is the life it is worth it to save?????

by gypsy

The MisAdventures of CLOT-MAN and Droplet Dude



Mythbusters

The city is full of urban myths. Who knows how they start, but people start to believe them simply because they've heard them repeated enough that they sound like the truth!

Some injectors will have had the misfortune to experience a dirty hit, an acute reaction to injection, characterised by shivering and sweating. A myth doing the rounds is that the best way to deal with a dirty hit is to inject again.

Whatever the cause of the reaction, repeating the procedure could at best make the experience worse, and at worst, cause overdose! You can reduce your chances of dirty hits by using the right pill filters, new fits and keeping everything clean when you shoot.

website REVIEW



After a site with huge amounts of useful information? Got to www.nuaa.org.au, the home of the NSW Users & AIDS Association. They have been putting out a users magazine called *Users News* for years, and they conveniently put back issues on their website. Just click on the Users News link once you are on the site. Some of the mags highlighted particular issues which might be useful.

Issue 46 2006 Hep C
Issue 45 2006 Prison
Issue 42 2005 Christmas

Issue 47 2006 Parenting
Issue 33 2000 Detox
Issue 34 2001 Party drugs

Each article is posted as a PDF file so you'll need the Adobe Acrobat software to read it. Go to www.adobe.com for a free download.

why pills have all sorts of crap in them that's bad for your veins

Pills were made to be SWALLOWED! This means that a base drug, such as morphine, valium or buprenorphine, has had chalk, wax, and other binding agents added to it in order to transform the drug into tablet form.

what kinds of shit can happen without a filter

When injected, these fillers can block the vein, causing vein damage or infection. Often people do not seek immediate treatment when a red, hot infection forms. These infections can turn into open ulcers with oozing pus, that need hospital treatment. The main problems that can occur if you don't use a filter include:

- Collapsed veins
- Abscesses
- Ulcers
- Septicaemia (blood poisoning)
- Poor circulation long-term
- Swelling, bruising, pain.

why filters are so good

The only 100% effective way to avoid these risks is to look for alternatives to injecting. However, if you are still determined to inject, a wheel filter can get rid of most of the filler in pills, but still let all the drug come through.

Wheel filters also lower your chances of a dirty hit. Your NSP staff can give you information on how to use them. They only cost around \$1.20, which is cheap compared to the possibility of getting bits of your body amputated!

Remember not to reuse wheel filters as bacteria start growing in them after use. Freezing the filter won't stop the buggers either!

where do you get your hot little hands on them?

These prices and details are current for October 2006 but they may change in the future.

Cairns Youth Link Ph: 4031 6179	Pall Wheel filters	Sizes 0.2 0.8 5.0	\$1.30 each
Cairns QuIHN Ph: 4051 4742	Satorius wheel filters	Sizes 0.2 0.8 5.0	\$50 a box (50 per box)
Townsville SNAP Ph: 4721 2537	Sterifilt	Sizes 0.2 0.8 5.0	\$1.30 each (5.0 is 0.30c)
Mackay ATODS Ph: 4968 3858	Pall Wheel filters	Sizes 0.2 0.8 5.0	Free
QuIHN Sunshine Coast Ph: 5443 9576	Satorius wheel filters	Sizes 0.2 0.8 5.0	\$1.20
QuIHN Brisbane Ph: 3620 8111	Satorius wheel filters	Sizes 0.2 0.8 5.0	\$1.20
Logan Youth & Family Ph: 3208 8199	Pall Wheel filters	Sizes 0.2 0.8 5.0	\$1 each
Inala Community Health Ph: 3275 5300	Pall Wheel filters	Size 0.8	\$2 each
Ipswich Sexual Health Ph: 3817 2428	Pall Wheel filters	Sizes 0.2 0.8 5.0	\$1 each
QuIHN Gold Coast Ph: 5520 7900	Satorius wheel filters	Sizes 0.2 0.8 5.0	\$1.20

5.0 micron wheel filter is intended to get rid of the chalk from prescription tablets like benzos, dexamphetamines, physeptone and other recreational drugs like ecstasy. Proceed to the smaller filter after this one.

0.8 micron wheel filter is suitable for most substances, including MS-Contin, Subutex, Kapanol, Oxy-contin and amphetamine sulphate (brown or discoloured speed).

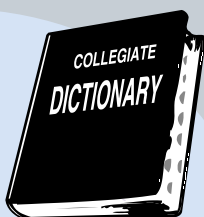
0.2 micron wheel filter is the only size that removes bacteria (but not viruses like HIV or hep C)! Good filter for bake or homebake, crystal amphetamine (white speed), methadone liquid or cocaine.

choose wheel filters

<<They make crap sunglasses but are brilliant for filtering your mix>>

Definitions we need to see...

Each year, the Washington Post runs a contest where readers supply alternate meanings for common words. Here are some of the winners.



Coffee (n.)

the person upon whom one coughs

Esplanade (v.)

attempting an explanation while drunk

Willy-nilly (adj.)

impotent

Negligent (adj.)

when you absent-mindedly answer the door in your nightgown

Rectitude (n.) the formal, dignified bearing adopted by proctologists

Lymph (v.) to walk with a lisp

Flatulence (n.)

emergency vehicle that picks you up after you're run over by a steamroller

Testicle (n.)

a humorous question on an exam

Pokemon (n)

a Rastafarian proctologist

Frisbeetarianism (n.) the belief that, when you die, your Soul flies up onto the roof and gets stuck there

Circumvent (n.) an opening in the front of boxer shorts worn by Jewish men.

joel if that is your name...



by Gemma

There was a heroin junkie named Joel. He was a charming charismatic young man who had travelled the world and conducted many drug master-plans, each with a different woman. Most of the times, the one-time law student came out on top, leaving the girls unawares of what had really just happened.

This was until one time he dug himself a little too deep and found that he underestimated the fiery jail psychologist, Angelina, he had decided to call his girlfriend. Their plan was simple, using her as a tool he was to conduct a drug trade within the prison. They were successful and made a lot of money. Just when he thought the plan could be carried out a little longer before he could make his next move, his girlfriend took all the money and had the police after him.

This had never happened to him before. Most of the time girls would be head-over-heels for him but Angelina wasn't stupid. She worked in a jail dealing with con-men, junkies, robbers, fraud artists and criminal masterminds on a regular basis. She knew all his tricks and used them to her full advantage allowing him to get just comfortable enough to know exactly when to pull it all out from beneath him.

This left him with nothing. He was on the run from the cops for drug trafficking. He went back home to a small town in northern New South Wales. The cops had questioned his family and he was still in hiding. He was desperate to start his endeavours again but start from a much lower scale. A young girl Stacey, naive yet mature, met him on New Years Eve. He liked her enough, but even more so he liked the fact that she was already a pigeon. He manipulated a way for her to see him as a much better handler than the one she already had and he would be able to take just as much as the last one.

He gained her trust and made her shallow promises. Inside she probably knew that it lacked credibility but she had just been in some trouble herself. Drifting from place to place to different people offering trust, she had found herself hooked on intravenous drug use and working in the sex industry. The people around her had taken advantage of her situation and left her sleeping on the streets. Joel offered what looked

like a way out.

Their relationship was based on fun and drugs. She was desperate and in his own way so was he. He would give her kind words and suggested moving in together. She was far from looking for a ball and chain, but they had gained the trust of a friendship which was quickly growing into more. She jumped at the idea.

On this trip she had taken a friend Nicole with her. Nicole didn't have such troubles, but had stuck by her in her recent burn out. It was only right to take her friend with her on her adventure down south. Her friend was the person she most trusted and they shared everything. But whenever she wasn't looking, Nicole and Joel would develop their own secret relationship. Stacey would become the butt of their joke.

The foundation of the two friends was falling apart and Stacey wasn't sure why. Her attention was diverted. She kind of guessed something was happening, but with a strong influence of drugs, her paranoid thoughts seemed unwarranted.

Joel said he found a place. He asked for money to make a deposit to which Stacey agreed. Two days later he kicked the girls out of his friend's place. He told them the key to the new house was on its way and showed the girls to a squat. He said they could break in and get settled while the deal was finalised. The girls knew what was going on but lingered in hope that he would have the balls to admit his faults. Finally they packed up and left.

They returned a week later. Stacey got him to admit what he had done, and purposely being his payday, she demanded he shout them for old time's sake.

They hitchhiked to Nimbin and shot some smack behind an old tree. Stacey and Joel went skinny dipping in the river while Nicole sat miserably on the side. It seemed as though he had gotten to her as well. They went back to the squat and went thirds in a grey nurse. Then Joel took Stacey out to the club. He tricked a guy into lending him money and got them some speed then took her back to his mum's house.

In the morning Stacey went back to squat to find Nicole had left. Joel showed up soon after with his bags and said that he wanted to leave with Stacey. They hitched a ride to the beach then back to Brisbane. They wondered what to do that night and they decided that both knew of places they could go where a second person wouldn't be welcome. They were to meet at Fatboys the next day to decide where to go next.

Stacey waited for three hours without hearing a word from him. She went back to her friend's house and Joel's ex, Angelina, had called her friend looking for Joel. Stacey never saw or heard from him.

Two years later, looking frequently for his face in a crowd, she still figured the same thing. She had tried desperately not to trust anyone and dedicated herself to getting high whenever it was possible. She only wished to say some things to him she didn't say before so she could move on. She pined for the day they would meet again so the whole thing could be concluded for once and for all. But even this wasn't worth her time and energy, for from the start neither was he.

Gemma's story and artwork recently won the Deadly Deck competition held by Brisbane Youth Service. We look forward to more of her work in future editions.

We always hear the stories of how terrible everything is. I don't believe that everyone has such a massively negative experience with drugs, yet we rarely hear the positive side of it.

We're constantly bombarded with stories about how terrible drug use is, and presented with exceedingly negative views of people that use drugs. The media always presents us with the worst situations, and leads people to believe that all drug users experience drug use in that way.

In turn, people that use drugs also tend to relate their negative experiences when they write or speak to the media, because this is the way people see things as being done. If all a person ever hears is negative stories, it is likely to feed into their mind and increase the chance of them having a negative experience.

Not everyone experiences dramatic problems with taking drugs, and people don't need to. Also, if all that people with no personal experience of drugs hear is negative stories about drug use, they'll believe it can only be that way, and accordingly they will view people that use drugs negatively, leading to discrimination against all drug users.

Many people who use drugs enjoy them – they are functional, they input meaningful and amazing things to society and I'd like to hear more about people's positive experiences, their great ideas and the positive things that they're doing in the various drug user magazines. My brother for instance, like many others, is a great person, but because he's constantly put down for his drug use he has come to believe that he's not good at much. He, like many others, is constantly subjected to negative stories from other users, the mainstream media and the rest of his family. He is actually a witty person with plenty of skills. I believe that user magazines should be seeking positive stories of users doing positive things.

I think that we should try to keep negative stories, pictures and poems about drug use out of users zines as were already overwhelmingly surrounded by negativity. I want to finish reading a user magazine feeling positive and inspired, not feeling negative, guilty or scared. Thanks, Mango.

While Tracks neither condemns nor condones illicit drug use, we are aware of the terrible stigma and negativity surrounding illicit drugs that users have to deal with. We invite readers to send in stories of positive drug experiences and how they deal with this negativity that society tries to project on to them. - Editor



fighting negative stereotypes

“All the injecting drug users I know are incredibly creative and articulate people full of overlooked talent. I wish people could get over the stigma and see them with fresh eyes...”

“D. loves her drugs but she loves her kids even more. She'd have to be one of the best parents I know and she has this really close friendship with her two kids. She kept her use under control and away from her kids, yet when they hit their teens she was open and honest about her use. It really gives me the shits when your average person thinks drug use means you don't love your kids or you are automatically a crap parent”.

“I'm part of a support group for people who are using. I'm consistently amazed at the resilience of the people in that group. They've been incredibly strong to survive against the odds, often dealing with exploitation, grief and loss, abuse, prejudice or stigma”.

“I've always figured we must be a bit different to the norm if we do drugs. And I reckon that's why we users tend to be more artistic, sensitive to others who don't fit in, and are good at thinking outside the box. Of course, the big problem is everyone inside that 'box' spend a lot of time and energy making you feel like shit for being outside the box! But I guess squares fit in boxes better anyone else, ha!”

I've been working with two guys going through detox. Like so many other users, they've never got into trouble with the law, and they are really likeable blokes. It's a bugger that society give them a bad rap, when smokers or heavy drinkers are usually seen as okay people who just happen to have a health issue. People are people, they shouldn't be judged on the legal status of their particular drug...”

lumps and bumps

Getting between the sheets is fun, but those lumps and bumps on your pink bits can be a bummer. Sexual Health Clinics are a confidential, non-judgmental place to get everything checked out! Find your local clinic on this list or call the Brisbane clinic to find the closest one to you...



Gold Coast Sexual Health Clinic, 2019 G. Coast Hwy, Miami
Ph:(07) 5576 9033

Brisbane Sexual Health Clinic, Level 1, 270 Roma St. Brisbane
Ph:(07) 3227 8666

West Moreton/Ipswich Sexual Health, Ph: Ipswich Health Plaza, Bell St, Ipswich. Ph: 07 3817 2428

Sunshine Coast
Clinic 87, 87 Blackall Tce Nambour Ph: (07) 5441 2459

Cairns Sexual Health Service
The Dolls House, The Esplanade, Cairns Base Hospital
Ph: (07) 4050 6205

Mackay Sexual Health Service, 12 – 14 Nelson Street, Mackay
Ph: (07) 4968 3919

Rockhampton Sexual Health, HIV and Hepatitis C Service
8 Canning Street, Rockhampton Ph: (07) 4920 6262

Toowoomba Kobi House, Department of Public Medicine, Toowoomba Health Services, Pechey Street, Toowoomba Ph: (07) 4616 6446

Townsville Sexual Health Unit, 33 Gregory Street, North Ward
Ph: (07) 4778 9600

Believe it or not, this ad appeared in the Financial Post in Toronto, Canada ...

Former Marijuana Smuggler

Having successfully completed a ten year sentence, incident-free, for importing 75 tons of marijuana into the United States, I am now seeking a legal and legitimate means to support myself and my family.

Business experience

Owned and operated a successful fishing business - multi-vessel, one airplane, one island and processing facility. Simultaneously owned and operated a fleet of tractor-trailer trucks conducting business in the western United States.

During this time, I also co-owned and participated in executive level management of 120 people worldwide, in a successful pot smuggling venture with revenues in excess of US\$100 million annually.

I took responsibility for my own actions and received a ten year sentence in the United States, while others walked free for their cooperation.

Attributes

I am an expert in all levels of security; I have extensive computer skills, am personable, outgoing, well educated, reliable, clean and sober. I have spoken in schools to thousands of kids and parent groups over the past ten years on "the consequences of choice", and received public recognition from the RCMP for community service.

I am well behaved and speak English, French and Spanish. References are available from friends, family, the US District Attorney, etc.

Please direct replies to: Box 375, National Post, Classified, 1450 Don Mills, ON

wanna make some cash?



Get into it like
Spoon Man did...
try Mixup!

LEARN A BIT

SHARE A BIT

MAKE A BIT (\$110!)

In the Mixup Project, you get to learn about wheel filters, handling overdoses, your legal rights and safer injecting. Not bad hey?

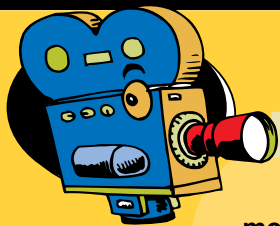
But wait there's more... you get lunch AND get paid! How sweet is that?

As any informed injector knows, there is some heavy shit that can come down in pursuing the rush. Abscesses, bugged veins, jail, overdose... but QulHN is so keen to help you avoid bad karma that we'll pay you to learn the good stuff.

It's completely confidential and totally on about helping you and your mates get the goods into you in a safer way.

- Brisbane 07 3620 8111
- Sunshine Coast 07 5443 9576
- Gold Coast 07 5520 7900
- Rockhampton 07 4923 7443
- Cairns 07 4051 4742

If you call a regional office and don't get an answer, call our head office toll free on 1800 172 076

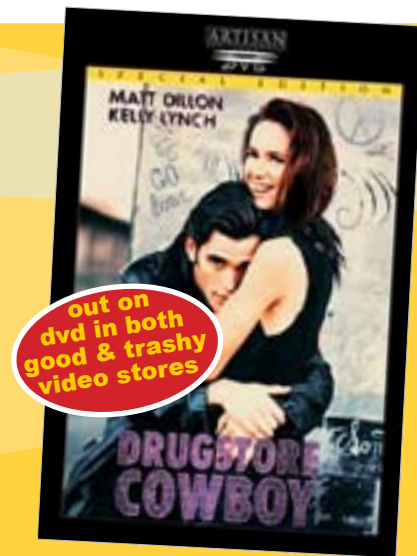


movie review

DRUGSTORE COWBOY (1989)

"Most people don't know how they're gonna feel from one moment to the next. But a dope fiend has a pretty good idea. All you gotta do is look at the labels on the little bottles."

Set in the early 1970s, four users steal from pharmacies to support their habits. The leader, Bob, always has a creative plan for getting the next fix but hits a snag when they have to get rid of the body of one of the girls who has overdosed, by sneaking it out of a motel during a sheriffs' convention. Most of the movie is shot in a documentary style, which gives it an extremely realistic feel. The best scenes in the movie are the robbery and recovery ones. There is also a lot of dark humour throughout this film and a high degree of realism concerning heavy drug use.

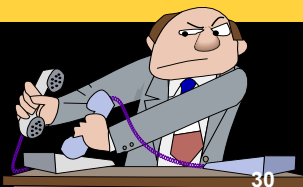


famous last words

"This 'telephone' has too many shortcomings to be seriously considered as a means of communication. The device is inherently of no value to us." - Western Union internal memo, 1876.

"We don't like their sound, and guitar music is on the way out." - Decca Recording Co. rejecting the Beatles, 1962.

"No flying machine will ever fly from New York to Paris." - Orville Wright.



Brothers in (shooting) Arms

Brothers! My brothers in (shooting)arms
I called you from near and afar
Let us rejoice for that which soothes and calms
Yes, you know – for which your arm does scar!

Brothers! I call you to laugh aloud
And stomp and clap as one great crowd
To retake the peoples we are still
Even though we take cone, powder and pill.

Brothers! Fear not what you are
You still are all that shining star
We love, hate, laugh and cry
Like all others who also try.

Brothers! My brothers in (shooting) arms
Use your wit, guile and charms
You are still the human under the vice
Of which I will say not once or twice – but thrice.

And brothers if the others are not kind
And do not care for the tape you rewind
Of yourself in days of yore
You remain a person at the core.

So, Brothers! Brothers in (shooting) arms
Be good to each other and keep from harms
To help, guide and be wiser still
For the recourse on yonder hill.

Celebrate and live your life well.

Jherrick

use wheel filters especially for pills
don't share equipment

Wipe your awab once,
in one direction only

remove your tourniquet
before injecting slowly

a new fit every time

rotate your injection sites regularly

dispose of your gear safely

clean your hands & preparation area

