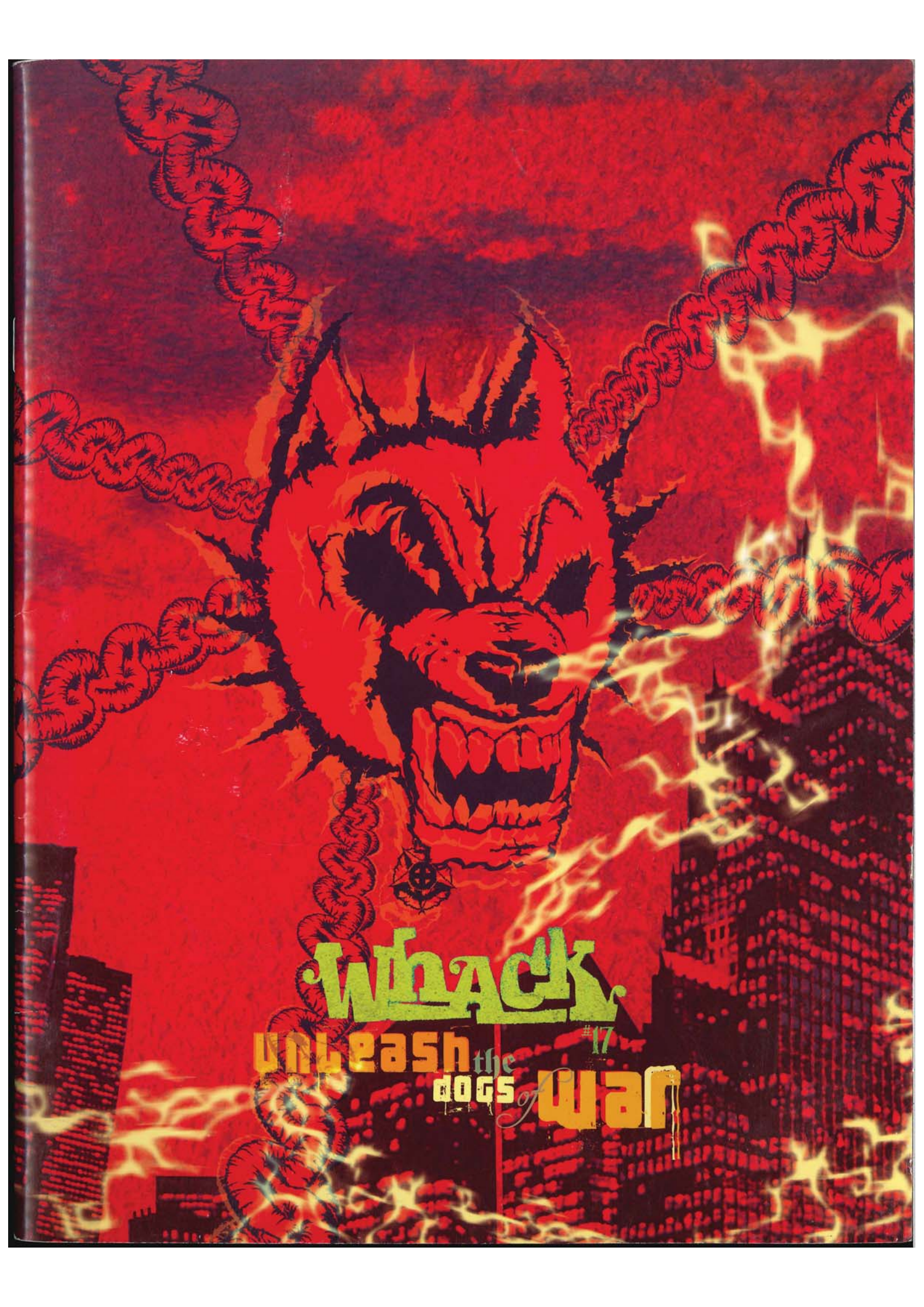




Whack

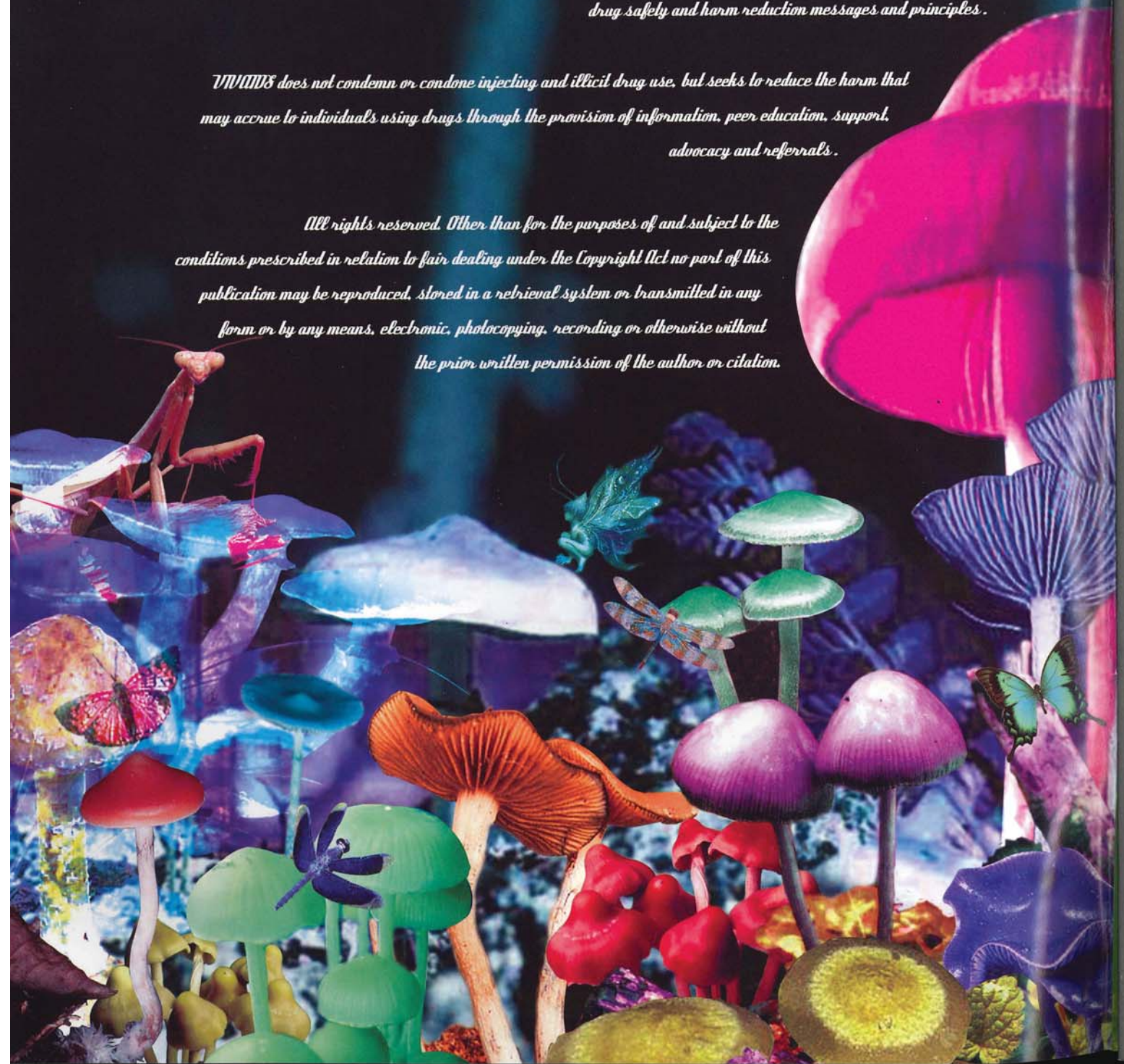
Unleash the dogs of war #17

D I S C L A I M E R

This resource is produced by VMUOS to serve as a voice for the Victorian drug user community and to provide a forum for debate and comment on the issues affecting Victorian drug users. The contents of this resource do not necessarily represent the policies and views of the Victorian Drug User Organisation VMUOS. VMUOS does not promote drug taking or illegal activity and focuses on drug safety and harm reduction messages and principles.

VMUOS does not condemn or condone injecting and illicit drug use, but seeks to reduce the harm that may accrue to individuals using drugs through the provision of information, peer education, support, advocacy and referrals.

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Whack

#17

CONTENTS

Manager's report	2
My 2 cents	2
Discrimination update	3
The News	4
Nosey Dogs	6
World News	7
Goodbye Brother Ray	8
Dr. Humphrey Osmond	12
Thoughts on the IHRC	12
Ice pipes	14
Drug Driving	15
The Ice Age	16
GHB	22
Recovery Moves - Peer support program	24
HIV PEP talk	25
Hepatitis C- Treatments, Trials & Tribulations	26
Via-Us	30
Hepatitis C information Page	32
NOTHING WRONG	33
Introduction	34
Poetic Pages	35
Stencil Art	37
Bouyancy	38
USER'S VIEWS	39
Easy Prey/ Soul Searching	39
Seeing Green	40
Deemed Unsuitable	42
Float	44
Poetic page	46
Membership form	47
NSP List	48

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It has ever been my experience that

folks who have
NO VICES

have very few
Virtnes

ABRAHAM LINCOLN

MANAGER'S *Report*

Welcome to another edition of WHACK. As you may be aware, the previous edition was created independently by VIVAIDS, as the Department of Human Services (DHS) was placing pressure on VIVAIDS in relation to our creation of resources. I am proud to announce that we were successful in ensuring the DHS will not edit any future editions and that VIVAIDS has free reign in the development of content.

I have resigned as the Manager of VIVAIDS and by the time you read this I will have left and a new Manager appointed. This affords me the opportunity to reflect on my 2 years as Manager of this organisation. When I commenced VIVAIDS was

predominantly project funded requiring comprehensive negotiations on an annual basis. After 12 months of ongoing negotiation with the DHS we were successful in securing 3 year recurrent funding for all positions.

I also had the opportunity of 'professionalising' VIVAIDS and ensuring that it is more responsive to user's needs and the broader community. There have been many other successes along the way, all of which could not have been achieved without the commitment from the fabulous staff.

The grass roots nature of VIVAIDS means that the organisation is, and will always be vulnerable. I figure if it's not, then possibly it's not doing

its job. Harm reduction and peer education is what we do well, but the organisation needs ongoing support from constituents and other services to achieve more comprehensive (and necessary) expansion.

Thank you for the opportunity, see you in Alice Springs sometime..... enjoy this edition of WHACK.

Jill Meade.
Former Manager

MY@CENTS

Hello valued readers. Well here we are again; back, stacked and unwilling to crack. As many of you may recall, there was a time only recently when there was a great deal of pressure on us to send this magazine upstairs, before punting it over to you, our most valued punters. However the dark clouds have opened up (for the mean time) and allowed us to produce this esteemed journal without miles of red tape and red pen, to give you the information you want on a platform that is relevant and specific to your needs.

This has been no easy feat, standing in the path of adversity and overwhelming pressure, so I must thank the entire VIVAIDS staff,

constituents, well wishers and particularly our former manager, Jill Meade, for their support, resolve and determination in keeping this publication free from interference and censorship. It has taken a great deal of work and courage to maintain the tone, language and purpose of this magazine and it is most appreciated.

So, ladies and gentlemen, I hereby invite you to delve into issue number 17 of Whack magazine. I hope you enjoy it.

Damian Vick - editor -

DISCRIMINATION

update

In December 2003, Attorney-General, Mr Philip Ruddock announced a proposed amendment to the Commonwealth Disability Discrimination Act that would make it legal to discriminate against a person on the basis of them being 'addicted to an illicit substance'.

The proposed amendment was referred to a Senate committee to examine further. The Committee called for submissions from interested individuals and

organisations. The Committee received 118 submissions, 2 in favour of the proposed changes and 116 opposing. Submissions were received from User Groups, Hepatitis C Councils, Tenants Unions, charities and individuals.

The report of the Senate Committee was largely positive (from a user's perspective). The recommendations at the end of the report are:

- ⊗ **The Committee recommends that the Bill would benefit from wider consultation, and recommends that it be referred to the Ministerial Council on Drug Strategy for consideration.**
- ⊗ **The Committee recommends that if the Bill is viewed as necessary as is the case in the NSW Anti Discrimination Act 1977, then if the bill proceeds, its application should be restricted to the employment environment only.**
- ⊗ **The Committee recommends that if the Bill remains as it is, and extends to areas beyond 'employment, the Bill should not proceed.**

For the amendment to be defeated, the ALP needs to join the Democrats and Greens in opposing it in the Senate. The ALP will not support the amendment in its current form, so until changes are made it will not pass the Senate. However it is possible that the government will make changes so that it is limited to employment and the ALP may support this. The government has yet to respond to the recommendations of the Senate Committee.

In an election year we can expect drug law reform to become an issue that the major parties use to differentiate themselves. It is important that as a community and a sector, we don't buy into wider political debates that do not serve our purposes, but continue to focus on the evidence we have to support our arguments. It is also vital that our arguments and messages are strong and united.

Danielle Elston

the NEWS

Elderly traffickers

In a case of beurocracy gone mad an elderly couple may have their house confiscated under tough anti-drug laws.

The couple, David Davies (81) and his wife Florence (77) may have their assets siezed by the WA Director of Public Prosecutions following their conviction of possessing 19kg of marijuana with intent to sell. This is despite the fact that their son Tyssul, who has already has a criminal record for drug offenses, claims that the drugs belonged to him.

The DPP said that due to the seriousness of the offence it had no choice but to officially declare the couple drug traffickers, which would allow the state to confiscate their assets.

However in a show of true heartfelt compassion the DPP have said they will talk with the Davies' lawyers about possibly letting them stay in the house rent free.

The defiant couple were less than impressed.

"I'm not paying them rent - not when my husband and I built this house with our bare hands. I won't even think about it," Mrs Davies said.

"I'm not moving - they will have to drag us off."

A shameful display - Ed

Pot smoking pollies

In mid July Melbourne hosted the International Early Childhood Conference, at which, Opposition Leader Mark Latham unfurled his vision to improve the development of young children. However it was not his speech that got the attention of the mainstream media, but a question proposed on his departure from the event.

When asked if he had ever used cannabis in his youth, Mr Latham replied, "Yes I did, and I have got to own up, I also inhaled- so there you go. How about that?"

His reply was in contrast to Health Minister, Tony Abbott's 'confession' who admitted to puffing on a spliff as a student but stated "I don't inhale normal cigarettes, let alone illegal cigarettes."

(Source - Herald Sun 25:7:04)

Honestly, what is the big fuss about? In a country where nearly 40% of the population has experimented with marijuana it is sad that some figures of power feel it is political suicide to admit a history of drug use, rather than accept that drug use experimentation is a common aspect of many young people's lives - Ed

HIV

A report released by the UN in early July suggests that perhaps some countries and cultures are becoming a tad complacent about the threat of HIV/AIDS. The report reveals that the amount of new Australian cases in 1998 was 650, but rose to 800 in 2002.

However while the threat grows in Australia, the cat is truly out of the bag in other parts of the world. There were 4.8 million people infected with the virus globally in 2003, with most located in Africa, Eastern Europe and parts of Asia. In Indonesia for example the virus had gained a strong foothold over the last five years primarily amongst injecting drug users and sex workers.

The story in Australia is a little different however where the virus has spread primarily through the male homosexual community and not though injecting drug use. The containment of the virus in these circlces is largely due to the availability of clean injecting equipment which is widely available through Needle & Syringe Programs.

In terms of the reasons for a more lax attitude towards this deadly virus opinions are varied, but some suggest that the reason for the rise amongst the gay community is due, in part, to the success of anti-retroviral drugs

which can help prolong the lives of infected people and help them to lead relatively normal, healthy lives.

Professor Basil Donovan, a sexual health specialist believes that "Among gay men, I think what happened is they stopped seeing thier friends die." "Ten years ago, if you were an inner-city gay man you had several friends that looked like they'd just got out of a concentration camp. It was in your face... We don't have people who look like that anymore, so (HIV/AIDS) has become an abstraction again."

These reasons aside though, one cannot deny that AIDS awareness campaigns have lost profile and recognition over the last decade. Many remember the famous 'Grim Reaper' advertisements of the late 80's, but their impact has been eroded.

Dr Robert Finlayson, a prominent AIDS treatment doctor in Australia states that "Any increase is a sign that we need to re-examine our efforts in educating people and look at new ways of targeting at-risk populations."

HIV/AIDS in Australia

In the year to September 30, 2003 there were:

899 diagnosis off HIV infection (89 female)

155 diagnosis of AIDS

81 deaths following AIDS

It should also be noted that approximately 85% of new infections were through sexual contact between men, almost 9% through heterosexual contact and approximately 3.5% of nexly aquire infections were through injecting drug use.

(Sources: The Australian 22:05:04, The Advertiser 14:07:04, The Daily Telegraph 07:07:04)

Scooby Dooby don't.

Some vets have reported seeing up to 70 doped up dogs a year with cannabis poisoning.

Emergency clinic veterinarian, Katrin Swindells, explains the headspace of the animals as they arrive. "They can become unpredictable and aggressive and symptoms can last a couple of days. Sometimes, they become comatose or start siezuring. It's not nice and it's not funny."

"Obviously we can't ask them if they are hallucinating but we can see that they are definitely not enjoying the experience."

So where are these pooches scoring their weed? It is belived the most common method was a result of dogs eating discarded stalks, or leaves used in the making of cannabis butter, or the cookies for which the butter was destined.

Margaret River Veterinarian, Toney Pusey, believed the problem was quite widespread and said it was the third or fourth most common poisoning of pets.

(Source: The West Australian, 15:07:04)



Retractable Trials

Well, the first stage of trials has begun with fifteen NSP's in Queensland, New South Wales, and Victoria, currently giving users the option of trialing retractable syringes. Stage 2 of the trials will involve a further ten NSP's across Western Australia, and South Australia.

A sample of people who pick up injecting equipment from their local NSP may be offered the option to participate in the trial. Those who agree will be given a lesson on the operation of the devices and sent on their way with a number of retractable syringes along with their usual supply of non-retractables.

Information and opinions on the devices will be collected around a week after the syringes are distributed in a face to face survey at the NSP.

In other retractable news, it was announced in the '03-'04 federal budget that the money originally pledged for the development and introduction of retractable syringes would be cut by \$10 million, from \$27.5 million to \$17.5 million as the healthcare and diabetes sectors indicated that they did not want to take part in the trials and saw no benefit in their introduction. The injecting drug use sector was not quite so fortunate despite the fact that they too loudly protested against the initiative. The injecting drug use community is now the only group at which these trials are aimed.

(Sources: Junk mail #6, Users's News #40 & ANEX Bulletin, Ed. 4, Vol. 2)



POBBY DOGS

Police Minister Andre Haermeyer's sniffer dogs will randomly search members of the public in breach of Victorian law and in disregard of Common Law principles developed over hundreds of years. A police officer is not entitled to search a person in a public place for drugs without warrant unless they have reasonable grounds to suspect that the person has drugs in respect of which an offence had been committed.

The police sniffer dog will search you with their nose and on the basis of the result a police officer will claim their reasonable suspicion and search you again.

A recent study by the NSW Ombudsman into police sniffer dogs found an accuracy rating, using sniffer dogs, of only 27%. How can an officer claim reasonable grounds for suspicion on the basis of such a hit and miss technique?

A 'reasonable suspicion' based on a sniffer dogs unreliable nose enables a police officer to form 'reasonable grounds' on a random basis and the net effect is, therefore, the haphazard search of anyone in the community.

The illegal searches conducted at the Tasty Nightclub in the early 90's are back except Andre doesn't need the police to take off

all your clothes as his dogs will randomly search everyone through their clothes. Naked or not the process is just as offensive to those subjected to it and the law as the Tasty strip searches.

In 1964 Lord Denning said "The poorest man may in his cottage bid defiance to all the forces of the Crown. It may be frail-its roof may shake-the wind may blow through it-the storm may enter-the rain may enter-but the King of England cannot enter-all his force dares not cross the threshold of the ruined tenement.' So be it-unless he has justification by law".

What applies to the integrity of our homes certainly applies to the integrity of our bodies, our personal dignity and our inherent right to be free from random interference by the government in public places.

Andre's sniffer dogs patrolling the streets of our towns and cities offend all three and must return to their kennels. Their proper role is to assist police in a major investigation after the police have established reasonable grounds for suspecting drugs will be at a certain place. They should not be sniffing the crotches of nightclub patrons or members of the public going about their business

Are the dogs able to sniff out the distinction between illicit drugs and legally prescribed drugs? It is worth remembering that methadone, medications containing amphetamine (such as Attention Deficit Disorder medicine) or tablets for depression are all varieties of drugs that can be legally possessed in Victoria. An individual should not be subject to spectacle and embarrassment simply because of a medical condition.

This form of policing will not instil or increase public confidence in the police force. The uneasy relationship some people have with dogs will be amplified by these dog patrols.

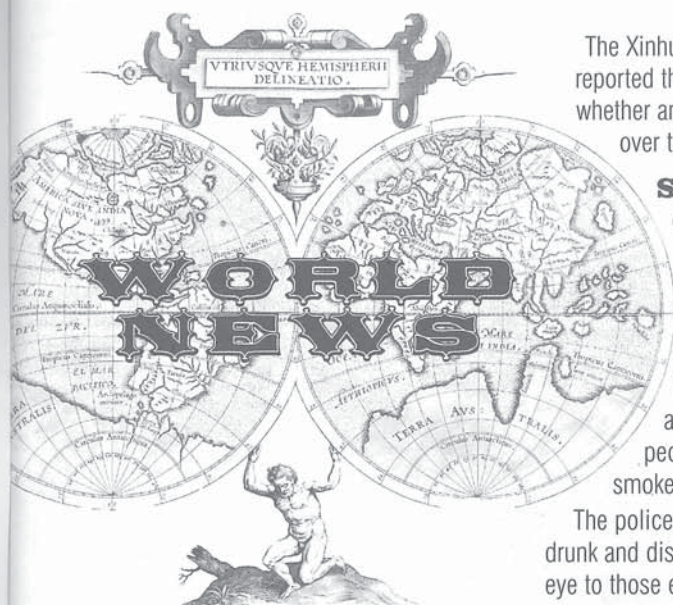
Liberty Victoria strongly opposes the use of sniffer dogs to conduct random searches of nightclub patrons and other members of the public. The spectacle created by these methods is a long way from the kind of Victorian society we aspire to in the 21st Century. We live in a free society and the enjoyment of that freedom must not be curtailed by such broad police power.

Greg Connellan

President
Victorian Council for Civil Liberties
(Liberty Victoria)

& Sean Huggins

Volunteer Research Officer.



POT ART

An exhibition that was due to open in Sweden in early June had to be postponed after a drug bust. The exhibition named "Counterclockwise Circumambulation", held in the town of Lund, featured cannabis plants which were cut and taken away by police as evidence.

The plants used were grown for their fibers and were not the species used by smokers. The artist, Sture Johannesson, said the plants had already begun to grow back and was obviously not too upset by the presence of police as he stated "They will have to come back on a regular basis to prune".

MORE-FINE SOUP

One would expect a wise Chinese chef to be a little reluctant to release the secret ingredient of thier famous soup, and who could blame them? Especially when that ingredient is opium.

Narcotics police in the south west province of Guizhou have closed 215 restauants that have been found to be including opium poppy in thier soups and hot pots, which contain varying degrees of morphine.

Deputy Chief of the Food Institute with the Guizhou Provincial Center for Disease Control, Wei Tao, was quoted as saying "Consuming soup or hot pots mixed with poppies for a long time will make you become addicted ... and eventually lead you to drug abuse in serious cases".

During the raids police confiscated 3.2 kilograms of poppy seeds and 1.7 kilograms of poppy husks

The Xinhua News Agency, which first reported the investigation didn't say whether anyone was actually prosecuted over the laced dishes.

SOCCER FANS GIVEN GREEN LIGHT

More than 600 officers were on duty for England's opening group game in Portugal's Stadium of Light, and were working under a rather peculiar directive; let people smoke pot.

The police were to be on the lookout for drunk and disorderly fans but turned a blind eye to those enjoying a joint.

The pot smoking fans had been told they would recieve no grief from the authorities under the police's "Here we blow" policy, which aimed to reduce the amount of violent confrontations. A member from the Legalise Cannabis Alliance, Alan Buffry said: "If people are drinking they lose control, if they smoke cannabis they don't."

"Alcohol makes fans fight. But cannabis smokers will be shaking hands and singing along together."

A Lisbon police woman stated that "If people cause a problem through drugs and become a menace then police will take action. But when this doesn't happen why should the police be the ones making the fuss?"

Good point. Maybe this is a question that other police forces should be asking themselves. - Ed

TEXAN ORPHANS

Well, I know it's a cliché, but 'only in Texas' could this come about. Law makers in Texas have just passed some new legislation around the delivery on a controlled substance to a minor - via the womb. It can now cost you 20 years in jail to smoke weed whilst pregnant and an unfortunate Alma Baker was the first person to become a casualty of the law when she recieved a five year deferred sentence for smoking a joint in her backyard whilst pregnant, the presence of which was discovered during a bloodtest after birth.

It must be noted that there is no established medical evidence that prenatal exposure to marijuana harms infants.

Financially it just doesn't make sense

either when you count the cost of trial, prison (A\$25000 per year), but most importantly, the cost to society as children are forced to grow up without a mother.

PRISONERS OF WAR

As the U.S continues to fight it's bloody crusade against some drugs more and more casualties pile up on the wrong side of the fence.

The Bureau of Justice Statistics has released a report regarding prison population in the U.S. from June 2002-June 2003 (the most recent period studied).

Here are some highlights (care of www.drugwarrant.com)

- ▣ The nation's prisons and jails held 2,078,570 men and women on June 30, 2003, an increase of 57,600 more inmates than state, local and federal officials held on the same date a year earlier
- ▣ An estimated 12 percent of all black males in their twenties were in jails or prisons last June 30, as were an estimated 3.7 percent of Hispanic males and 1.6 percent of white males in that age group. Sixty-eight percent of prison and jail inmates were members of racial or ethnic minority groups.
- ▣ The 50 largest jail systems housed a third of all jail inmates. Nineteen of these operated at or above their rated capacities.
- ▣ Louisiana has the highest incarceration rate (number of prisoners with a sentence of more than 1 year per 100,000 residents) at 803, followed by Texas (692), Mississippi (688), Oklahoma (645) and Alabama (612). Maine has the lowest with 148, followed by Minnesota (150), North Dakota (175), Rhode Island (187), and New Hampshire (193).

By comparison the Australian rate is 149 per 100,000 adults, although it is a different story in the Northern Territory where there are 524 (the national peak).

Note: So far this year in the U.S over 800,000 people have been arrested for drug offences (377,780 for marijuana) and over 120,000 people have been sent to prison for drug law violations. At the present rate almost a quarter of a million people will be jailed this year for drug offences.

goodbye BROTHER RAY



This story is about Mr Ray Charles Robinson, better known and loved as Ray Charles, or simply Brother Ray. Ray has been called the father of soul and the Main Man of Rhythm & Blues, but he would have been the first to tell you neither of these claims is true. What is true is that Ray Charles was one of the musical giants of the twentieth century and, while soul and R&B would probably exist without his contribution, they and we would be immeasurably poorer.

Ray has never made any secret of it, nor has he shouted it from the roof tops, but for much of his career, certainly through his most productive years in the Fifties and Sixties, Ray was a genuine, 100%, full-on smack freak.

Neither has Ray confined himself to Jazz, Soul or R&B, or any preconceived notions about what a black musician should be doing. Ray weathered a heap of 'slings and arrows' for crossing musical boundaries whenever the fancy took him.

When Ray recorded songs like 'Cryin' time'

and 'Your cheating Heart' many jazz purists felt betrayed. But it makes no sense talking about colour to a blind person who doesn't choose to see it. Besides, Ray grew up listening to all kinds of sounds in the deep, deep south of Greenville Florida (just over the border of his Georgia birthplace). Along with the Blues sounds of the Delta, he learned to love what is now called country music, as well as the more commercial croonings of the 'pop' singers he heard in the white, big-city radio stations.

The biggest influence on Ray's early career was the urbane black singer, Nat King Cole. Those Ray Charles recordings from the early 50's are rich with the 'sincerest form of flattery'. In songs like 'She's on the ball' and 'Ain't that fine' Ray moulded his style to sound so much like Cole's "molasses" voice and tasteful, restrained jazz-piano that at times it is hard to tell the difference. The unmistakable Ray Charles raunch soon began to find its form, however. The cool silken lament of early numbers like 'Honey Honey', 'You always miss your water' and

'Ray Charles Blues' gives way to the fire and beat of 'I've got a woman', 'Sticks and Stones' and 'Cry me a river'. Ray rocks, groans, cajoles and coaxes, screams and wails in a way that defies you to sit still in your seat, yet at the same time he never overdoes it or cheapens a song with excess. Whether playing his own songs or the compositions of others, the Ray Charles sound is an unmistakable experience.

The influence of Ray's sound, his revolutionary arrangements and his sheer exuberance and professionalism on the development of modern music has been enormous. There's a little Ray Charles in everyone who came after him, and Ray has himself been the subject of imitation, or perhaps just plain inspiration. Joe Cocker shot from obscurity in Sheffield England to fame at Woodstock singing almost exclusively Ray Charles songs. Said Ray, "Man, that cat must sleep with my records!"

What shines through is that Ray has always been his own man. When he was

into smack he was nobody's slave or poor helpless victim. When Ray decided to put the needle behind him, you can bet he never for a moment admitted his powerlessness over anything. Let's hear what Ray had to say about his drug use.

(The following quotations are from the biography "Brother Ray" by Ray Charles and David Ritz; Futura, London 1980)

LETS GO GET STONED

"Before I launch into a description about how I started up with drugs, I got to warn you; I don't push anything on anyone. I never have, I never will. And that includes drugs. On the other hand, no one ever pushed drugs on me. I used various shit regularly for 16 or 17 years, and I certainly wouldn't encourage a single soul to start fucking with dope. But it may surprise some folk to learn that I have no horror stories to tell. Sorry, but I just don't. Lots of 'what's portrayed at the movies or on TV is pure fantasy to me. Maybe other cats have gone through it; I haven't."

"I can only tell you what happened to me, no-one did it to me, I did it to myself. It wasn't society that did it to me, it wasn't a pusher; it wasn't being blind or being black or being poor. It was all my own doing. And besides - as crazy as it sounds - I have no regrets. It was another lesson in life. It was something I did, something I survived, something which became a part of me."

Ray tells of arriving in Seattle Washington as an eighteen year old, out to make a name for himself amongst the musical heavyweights of the era. Grass was everywhere, and soon Ray pestered and hassled till he could get into it too.

"Playing behind grass wasn't bad. I could really feel the groove of the music. And I thought it added to lovemaking. I thought it acted as an aphrodisiac. So, like everyone else, I smoked it."

"The next thing I did - maybe two or three months later - was to shoot heroin. There was no big, profound philosophical or psychological reason. It was curiosity more than anything. Once I started I saw no reason to stop. In those days it didn't cost that much. A \$4 or \$5 bag of heroin was plenty strong in 1948, and in the beginning I might cop a bag once a week, or maybe once every two weeks. I didn't have to get high every day. And I usually didn't have enough money to do that anyway. All my bread wasn't going for dope. Far from it; I had Louise to support. And I also had my music habit to feed."

"I heard stories later about cats strung out on shit, chewing up the sheets and acting half-crazy. I just never saw that side of it. Maybe it was there, but if it was, it passed me by. If I had seen the bad effects of Heroin - the vulgar side that everyone talks about - I wouldn't have done it. I wasn't stupid and I wasn't interested in messing myself up. I just wanted to get high, enjoy life and play music. Remember, I love me, and I haven't ever wanted to destroy myself."

"I got to tell you how my drug habit affected me. I don't think it really held me back. Around 1958, I was really going strong. This was when I was shooting up every day, but it was also when I was writing music continually, working everyday as hard as I could. Sure, I was getting high. And naturally I was not

denying myself the pleasure of female company. But none of this kept me from working. I always put first things first. On the other hand, smack didn't increase my productivity or stimulate my creativity. I doubt whether anything outside of myself could have really helped or hurt my music."

"One important thing about me and dope; I never lost myself, even after I just shot up. From time to time I watched cats fall down drunk or hit themselves with so much smack that they couldn't walk straight. Well, that wasn't me. I made my gigs, I sang my songs. I tried to please my audience. I played my music. I never wanted to lose control. I didn't see the point. I've never been one of these dudes who got so strung out or so fucked up that he didn't know where he was or what he was doing. Grass, booze, heroin - it didn't matter. I never did more than get my buzz. Then back to work."

"I'm sure there are many people - maybe most people - who can't do what I did while I was still a junkie. I think it has a lot to do with metabolism. And everyone is different. I never let it drive me anywhere I didn't want to go. In fact, it didn't drive me at all; I never let go of the steering wheel."

"People have asked me how I could trust any of the dope, since I couldn't see it. Well how do sighted folk know what kind of weed they're smoking or what kind of coke they're sniffing? Nine times out of ten they rely on the cat who copped it for them (scored). Unfortunately, there are no government regulations so we might be able to know something about what we're taking. Blindness has nothing to do with it; we all go into drugs blind."

"I wasn't stupid and I wasn't interested in messing myself up. I just wanted to get high, enjoy life and play music. Remember, I love me, and I haven't ever wanted to destroy myself."



People have asked me how I could trust any of the dope, since I couldn't see it. Well how do sighted folk know what kind of

KICKING THE SHIT

In the early sixties Ray got caught up in a couple of busts, but no charges against him stuck and he didn't let the experience slow him down any. Returning from Canada in 1964, however, Ray got busted by Federal agents at the airport. This time he was looking at 15 to 20 years for flying dope (just his own taste) across the national border. He set to thinking about the impact of his potential imprisonment on his son, Ray Jr. and knew that, even if he beat this rap, sooner or later kids would start tormenting him about his Dad the jailbird. So Ray decided to go clean. This wasn't just to impress the Federal Judge, who had postponed sentencing for a year. Ray had staunchly refused to "Cooperate with the authorities in their inquiries", nor would he stand up publicly and make anti-drugs statements "for the benefit of the young". Ray quit smack for his own reasons and he did it his way.

"I decided to find a hospital, go there and kick the shit. I arrived early one evening and immediately started following my own program. From that day on I have never fucked with heroin. I wasn't weaned, I didn't take pills. I refused to fool with their sedatives and tranquilisers. The first day wasn't bad. I ate a little, I slept. I waited. But by the twentieth hour of that day, the shit started coming up. I vomited and vomited till there was nothing left to vomit.

And then I vomited some more. I was heaving up poison. And it was bitter as gall. You can't imagine how bitter bitter can be. I was nauseated for hours. My body stunk, my sweat stunk; everything about me stunk."

"Then the poison began to churn inside me again until by bowels were loosened. For hour upon hour I sat there, shitting and vomiting my brains out. This lasted a whole day and part of another. But by the time the forth day came around, so did I. And I've got to say: in spite of all those stories I heard about cats chewing up the sheets and climbing the walls, my experience wasn't that bad."

"I was uncomfortable, and for those few days I was sick. But I also knew I was getting well, and that's different from when you are normally in a hospital. At least with dope you know that in a couple of days you'll be straight. I can stand almost anything for a few days, especially if I can see the purpose right there before me. All I got to do is continue to breathe and I'll make it over."

"Looking back, I can't say that kicking was a nightmare or the low point of my life. I'm not saying that other people don't have fits with the problem. I'm sure they do. I was a junkie for 17 years, but maybe my habit wasn't as severe and some other people's. Can't tell you. I can only speak for myself and describe my condition."

"Personally for me it was harder to give up cigarettes. I know that sounds crazy but I mean it. At least once I was through with smack it wasn't always in my face. With cigarettes, someone is always blowing smoke at you every minute of the day. You never escape the lure of tobacco."

"After all this, I wish I could tell you that my body felt different and that I had a new lease on life. In truth I felt pretty much the same, only I didn't need a fix every morning. Can't boast or brag beyond that. My body adjusted to the absence, just as it had adjusted to the presence of drugs."

JUSTICE AND THE LAW

"Kicking was something I felt I had to do. I didn't quit because the heroin was killing me - maybe it was, maybe it wasn't - but because it was going to bring down my family or maybe even cause me to rot away in some jail cell. I was blessed. I'd had the bread to buy decent junk, and then I had the bread to buy a high grade of justice. My thing was cool. But that doesn't make me like the system. That doesn't mean that justice in this country really works for the accused who are poor any more than medicine works for the sick who are poor."

"Jail is the last place you want to stick an addict. Fortunately my judge understood that. There's no rehabilitation in prison as far as junkies go. Put an addict in jail just for being an addict and he feels like he's automatically shit upon. And he's right.

It's a wonder that addicts can survive the laws and the prisons. They're just victims of a system too stupid



weed they're smoking or what kind of coke they're sniffing?...Blindness has nothing to do with it: we all go into drugs blind.

Throw him back on the streets after a year or two or three, and he's hitting himself as soon as he can cop a fix."

"You know I don't give advice, and I wouldn't want to speculate too much about how others might go about kicking. But if pressed, I'd say that love has a lot to do with it. Not punishment. While I was in the hospital, it helped to know that my family and friends hadn't given up on me. They didn't seem to love me any the less."

"Junkies can get down on themselves so hard they never let up. They start seeing themselves as dogs, and then they're through. They can't talk to nobody. The cops throw them in jail; their parents think they stink, their friends don't give a fuck about them. They're alone and abandoned. To help an addict you have to tell his family or friends not to shower down on the poor cat. The people around the junkie need to learn how to respond to the problem."

"Naturally, the law says, 'Let me take this baby' - that's the junkie- 'and smash his head against the wall. I ain't going to fuck with you - you syndicates and you big time criminals - 'cause you're too big; you're a seven foot giant'. Then the jails do all they can to destroy and humiliate. It's a wonder that addicts can survive the laws and the prisons. They're just victims of a system too stupid to understand how stupid it is. It's a system that mutilates decent minds and destroys beautiful hearts."

When Ray's year of remand was over, he had to reappear in federal court, Boston for final sentencing. The first judge had died, but had left a death bed testimony in Ray's favour. The new judge read out from a sealed envelope, which had just been handed to him, "I know this case is no longer in my jurisdiction. But I have to tell you - just as a fellow human being - that society would be better off with Ray Charles free, serving as a good example of a guy who kicked drugs, rather than being put away in prison". Says Ray; "The new judge was moved by this. He gave me a five year probated sentence. Once again that meant that I was free to travel and gig as I wished. I walked out of the courtroom just as I had walked in - my own man".

POSTSCRIPT

On June 10th, 2004, some eight years after I wrote the original Brother Ray Speaks article for Pure S, Ray Charles died in Los Angeles, California. Ray died at 73 years of age from advanced liver disease. This was apparently diagnosed last December, following hip replacement surgery. It is difficult to describe the impact of his passing: There is the expected sorrow and sadness at the prospect of a world without Ray Charles, but there is also a sense of celebration and gladness that this man has touched and enriched our lives.

As a member of the user community, Ray has been a hero to me and to many others

for the way he frankly and courageously spoke about his own heroin use - refusing to play the demonising card or to be used in "Just say no" campaigns. While that sounds fairly easy for us, it must have made Ray practically public enemy number one to the drug warriors in the US through the seventies and eighties.

But Ray's music is what we love him for the most and that's what he'll be loved for a hundred years from now. I was lucky enough to see Ray at a concert under the stars down in the Southern Vales wine region, near Adelaide. What an experience! An excited young woman in the seats just in front of ours kept hopping up and saying "I can't believe it! I'm actually going to see Ray Charles!" And that just about said it for all of us. It was a privilege to see and hear the genius at work, and a memory for a lifetime. Well, tonight I'm going home to cop another dose of some Ray Charles attitude: "Sticks and stones may break my bones (but talk - don't bother me)."

Vale Brother Ray.

(Introduction & postscript by DB. Quotations from "Brother Ray", Futura London, 1980. Research by JFK, DB).

Thanks to SAVIVE for allowing us to reprint this article, which, with the exception of the postscript, first appeared in Pure S, Summer '96, Vol.2, No. 4.

to understand how stupid it is. It's a system that mutilates decent minds and destroys beautiful hearts.



OFF THE PLANET: Dr HUMPHREY osmond

Dr. Humphrey Osmond, who died at the age of 86, was one of the most open minded and forward thinking doctors of the last fifty years due to his inspired and creative efforts to positively impact on mental health through the use of hallucinogenic substances.

British born, Osmond emigrated to Canada in the early fifties as a result of an overbearing and conservative medical hierarchy in his home country where he was unable to attract praise or even recognition for the direction of

his work. It was in his newly found land that Dr. Osmond took over the position of Clinical Director at the mental hospital in Saskatchewan.

Earlier, during his time in London, Osmond examined volunteers reactions to mescaline, a hallucinogen produced in the peyote cactus. Osmond noted that the effects were somewhat similar to that of early stages of schizophrenia and hypothesized that as mescaline has a similar structure to adrenalin, that perhaps the schizophrenic mind contained a naturally occurring hallucinogen, somehow linked to adrenalin.

ALL OVER THE PLANET: THE international HARM REDUCTION conference

A Personal Perspective.

I had previously attended two International Harm Reduction Conferences - the first in Hobart, and the second in Geneva (my career international junket). While I was older and hopefully wiser this time around, the experience was really different for me because I was not really representing anybody, other than as a member of the VIVAIDS team. Also, I didn't have any major part to play in the proceedings; no papers to present, no meetings to convene. This, together with a lot of latitude from my boss, the VIVAIDS Manager, allowed me opportunity to follow my pet interests and also to take a look at some of the areas I really didn't know much about.

One of these areas was Harm Reduction in the international environment. Because of the widely varying political and cultural environments in which these guys have to operate, I had assumed that trying to get harm reduction policies and services up and trying to build capacity amongst users and health workers in places like Russia and Indonesia would be a totally different ball-game. Attending a couple of skills-building workshops convened by Dave Burrows, however, I came to realise that a lot of what my colleagues in the international HR sector have to deal with is very similar to what we go through domestically - especially under the increasingly harm-reduction unfriendly political climate that we have experienced since Mr Howard cancelled the Feasibility Study into the Provision of Heroin for Opiate Dependence in mid-1997.

I'm not saying that we're doing it as tough as users and workers in Russia, but the kinds of strategies and the nature of the work we do has a lot more in common than I would have thought.

In the name of God

The sessions that really blew my mind away were the reports from the Iranian delegation. Now Iran is a fundamentalist Islamic republic; what could they have to say about harm reduction that could capture the interest of the urbane and sophisticated Australian, European and North American harm reductionists? It is well known that Iran has had a long relationship with the juice of the poppy. Under the Shah in the 1970s, Iran probably had the largest per capita heroin using population in the world. A lot has changed since the Islamic revolution, but it is probably fair to say that opiate use has a long cultural history in Iran. As a producer, Iran is probably no longer a player, but with long borders with Afghanistan, the former Soviet Republics, Turkey etc, Iran is well and truly on the heroin trade routes - especially now that the Russian / Chechen Mafiya control the multi-billion dollar trade in brown heroin that flows from Afghanistan towards the markets of eastern and western Europe. Tens of thousands of Iranians are either involved in the smuggling of heroin, or have become consumers as the flood of cheap Afghani smack continues.

Since the revolution, the Iranian authorities have tried a number of harsh measures to try

to stamp out domestic heroin use. Mass executions were the first measure, soon followed by allowing convicted heroin users the privilege of volunteering for mass assaults on Iraqi positions during the bloody eight-year war over the Shatt-al Arab waterway (1980 to 1988). This policy was followed with the usual persecution and imprisonment so favoured by our American cousins. The difference is, of course, that the Iranian authorities, for all their faults, are more or less immune to US pressure and US narco-propaganda. What many in Iran have realised is that, if you send a man away to prison for decades, his wife and kids suffer as much as him, and therefore the whole community is being harmed and punished. Although the government's anti-drug use legislation still stands, Sharia (Islamic) Law gives Iranian judges the right and responsibility to look into how a punishment affects a person's family and the community of which they are a part. Many of them are now giving very short or even suspended sentences to people charged with heroin-related offences, because they know that this approach can't succeed in addressing the use of heroin in Iran and that it does much more harm than good. The emphasis now tends to be diversion into treatment and non-custodial sentencing.

I'm not a religious person, but I think we've got to respect the fact that the Iranian's are able to see the social consequences of their drug policies in a more moral and life-affirming way than most god-fearing Americans in the Land of the Free seem

In the Saskatchewan mental hospital half of the 5,000 inmates were diagnosed schizophrenic, and for them it meant a life sentence. Osmond and his colleagues offered hope with their adrenochrome hypothesis. The contention was that there was an overproduction of adrenochrome (a derivative of adrenaline) in the early stages of the condition. Through experimentation it was discovered that by adding one single vitamin B3 (niacin) to their diets the recovery rate doubled in acute early schizophrenic patients over a two year period.

Humphrey attacked other problems with a similar novelty and creativity. On the issue of chronic drinking Humphrey suggested a hallucinogenic treatment as the patients "needed to experience the hallucinations of delirium tremens in order to give up drinking". And the medicine he chose to deliver these people from their problems? D-lysergic acid diethylamide (LSD).

Osmond treated over 2000 people at four different institutions with a very impressive 40% success rate.

able.
The US, of
course, imprisons
more of its own citizens
than any other country in the
world.

Before each member of the Iranian delegation spoke, they said the words, in English, "In the name of God". This drew a lot of notice, as it's not exactly the norm for a Harm-Reduction conference. As I say, I'm not religious, but to me they seemed to be saying that they weren't supposed to be acting out of ego or hate or ambition or political belief, but in the service of an ideal, something greater than themselves. I think we can all learn from that. It was certainly an eye-opener to see a supposedly "developing" country show that it could take the lead in alternatives to custodial sentencing for drug offenders. (Of course, the Persians were civilised when most of our European forebears were wandering around in wolf-skins).

VIVAIDS and the users community of Victoria, ably supported by people like Dr David Jacka, the Burnet Institute and Turning Point Drug and Alcohol Centre, made this conference especially welcoming and supportive to our user-colleagues from interstate and overseas. This has set a standard that all future conferences will need to follow if user participation is to continue to be integral to the International Harm Reduction Conference. Highlights were the welcome party and barbecue put on by

However the most well
known outcome of
Osmond's voyage into
the use of these
drugs was his
association
with
the

VIVAIDS,
the theatrical,
musical and
cultural delights
of Club THC and
the way in which the
methadone, buprenorphine
and other medicinal needs
of travellers were attended
to. Special thanks go to our
Manager, Jill Meade, to AIVL,
to Dr Jacka and to the huge team
of actors, playwrights, volunteers and
musicians (eg the Drug-Store Cowboys)
who made Club THC a celebration of user
culture in Melbourne and the place to be
to unwind.

Oh, and that little guy who got up and
played bass with the totally unrehearsed
Harm Reduction Rangers wasn't bad either!

dB

famous literature icon, Aldous Huxley. As Osmond's work in the area of adrenochrome became renowned and resourced in the early fifties he was contacted by Huxley and offered himself as a guinea pig. Osmond was originally hesitant as he didn't "relish the possibility, however remote, of finding a small but discreditable niche in literary history as the man who drove Aldous Huxley mad". Fortunately this was not so as Huxley found the experience enjoyable and relevatory, and went on to write "The Doors of Perception" based on his experience. Another link in the chain developed when a rather influential rock band used part of this title as their name; The Doors.

Huxley and Osmond remained friends and communicated often. When trying to come up with a name to describe these substances, Huxley wrote to Osmond suggesting "phanerothyme", which is derived from roots relating to "spirit" or "soul". He quipped, "To make this trivial world sublime/Take half a gramme of phanerothyme." Osmond had other ideas and replied: "To fathom hell or soar angelic/Just take a pinch of psychedelic." He told the New York Academy of Sciences in 1957 the name "will include the concepts of enriching the mind and enlarging the vision ... My choice, because it is clear, euphonious and uncontaminated by other associations, is psychedelic, mind-manifesting."

Humphrey Osmond was a intelligent, calm, kind, and creative man, far from a hippy he was a respected scientist and believed that the 'need' to protect society only limited progress. He wrote "I believe, that psychedelics provide a chance, perhaps only a slender one, for homo faber, the cunning, ruthless, foolhardy, pleasure-greedy toolmaker, to merge into that other creature whose presence we have so rashly presumed, homo sapiens, the wise, the understanding, the compassionate, in whose fourfold vision art, politics, science and religion are one. My experiences with these substances," he added, "have been the most strange, most awesome, and among the most beautiful things in a varied and fortunate life."

Humphrey Fortescue Osmond, psychiatrist and researcher, born July 1, 1917; died February 6, 2004.

He is survived by his wife, two daughters and a son.



pop burn

Methamphetamine is not a new drug - it has been popular since World War II and was legally available until 1970 in the USA - but the growing popularity of smoking crystal methamphetamine (also called meth, ice, rock and shabu) has seen an increased stigma attached to the drug by the media. In response, the State government took the unprecedented move of banning the sale of methamphetamine ('ice') pipes in Victoria, ostensibly to protect children from exposure to drug paraphernalia. In actuality, this decision will negatively impact on existing users' ability to choose to consume ice in a way that minimises potential harm.

With this in mind, it's worth highlighting some of the health issues associated with smoking ice, as well as some strategies for minimising the harm associated with its use. Ice is a powerful CNS (Central Nervous System) stimulant, which means that like other forms of amphetamines, it increases your heart rate, suppresses hunger and keeps you awake for long periods of time. In small doses or over a short period of time, the harm caused by these effects is usually reduced. Smoking ice may amplify the negative aspects of the drug (such as weight loss and amphetamine psychosis) because the dose is often higher and a smoking session sometimes lasts until the gear runs out! This is because smoking ice promotes euphoria; an intense sense of well-being and pleasure. However, most users report that this feeling only lasts between 20 minutes and an hour, leaving an overwhelming urge to smoke more ice.

This cycle of smoking and craving for more can lead to several consecutive days spent awake. After a couple of days of sleep deprivation, users have reported seeing and hearing people and/or voices that are not there, particularly in their peripheral vision. These hallucinations are an early warning sign of the potential onset of amphetamine psychosis, a temporary psychotic state brought on by the powerful effects of

the drug and a lack of sleep. Most users who experience hallucinations do not become psychotic; likewise, most users who develop symptoms of amphetamine psychosis return to normal once they stop taking the drug and have a period of sleep. If you notice yourself or your friends becoming excessively paranoid (for example, feelings of being watched or followed) it might be time to put the pipe away for a while. Since ice suppresses your appetite, it's important to make sure you eat well on the comedown. If you're a regular user, learning to eat while high will be of benefit to your health.

Since the Victorian government has removed ice pipes as an option what are the alternatives? Well, there is the option to not use the drug, but as this article is written for those that do choose to use, other methods of administration could be considered, such as; insufflation (snorting), intravenous or oral ingestion (crushed up and dissolved in water or another liquid). If you decide to IV your ice, please make sure you use a new rig every time and follow the safe injecting guidelines in this magazine! But if your heart is set on smoking and you've smashed 'old faithful' midway through a bender, your options are limited to improvisation. The most common (and potentially risky) improvised smoking method is aluminium foil, which some studies have associated with an increased risk of Alzheimer's and can be rather inefficient. Just remember that ingenuity can take you a long way. Better still, have a friend from interstate send you a new pipe! Whatever you do get as much information as you can to make sure you are making an informed choice. Good luck and safe smoking.

Auntie Establishment

For more information on ice check out our article on page 16, 'The Ice Age'.



DRUG driving

Last year the Victorian Government passed legislation to enable the police to drug test drivers. In search of more information we caught up with Stan Winford of Fitzroy Legal Service to get his perspective on the issue:

What do you think has been the prime motivation behind the desire to drug test drivers?

Probably concern on the part of police about perceived harms associated with drug driving and ineffectiveness of other means of testing people for drug driving.

Have the police decided on a specific method or device to test for drugs?

No they haven't yet. The various devices are still being tested mainly at Swinburne University at the moment and they haven't decided on a particular device as yet.

The Victorian Police have delayed the implementation of drug testing with the rollout now expected in late 2004. Can you speculate as to the reasons for this move?

As far as I'm aware I believe it is related to testing of the devices and decisions about which technology to use. The legislation has been in place for quite some time so the only conclusion that I can draw is that it relates to the testing devices themselves and whether they are able to provide accurate results.

What substances are the police testing for and how long after ingestion will these drugs be detectable?

They're testing for methamphetamines and THC. It's not entirely clear for how long the saliva screening methods will show the presence of a drug. As far as I'm aware the only material that's been published about this is on the "Arrive alive" website which is a Victorian Government website and on that website there's discussion of how long THC will be detected and they say several hours after use although it depends on the strength of THC used, the driver's metabolism and the smoking technique. They say that drivers that have inactive THC residue in their bodies from use in previous days or weeks will not be detected. In terms of Methamphetamine they

say they'll be detected for about 24 hours after use, but until we know what devices are being used and what their capabilities are then we won't really know for sure.

Given that the tests will only detect the presence or absence of drugs will they be coupled with field sobriety tests?

No they won't. The only test is for the presence of the drug itself and there is no prescribed concentration of a drug which you're permitted to have in your system. The legislation is based on the results of the testing device, not on whether or not you are actually impaired by the presence of that drug.

Would a positive result give the police grounds to search the driver's person or car?

There's specific provision in the legislation to exclude the use of the drug tests in other court proceedings for non road safety offences particularly in relation to DNA profiling. In terms of whether police will carry out further investigations for other drug offences, such as conducting searches; the law remains that police may search you or your vehicle when they have a reasonable belief that you are committing an offence involving drugs. But it's yet to be tested.

Is there a concern that certain subcultures will be unfairly targeted by these tests ie. the rave community?

I would have a concern in that regard because the history of police in relation to particularly drug related offences and regulation of drug law shows that police do tend to view people suspiciously without good reason when they are members of particular sub culture or group.

Are there invasion of privacy issues with this new form of saliva testing?

Yes. The critical difference between how people can be apprehended and tested in this

area compared to others is the randomness. The fact that the only precondition for people being tested and being required to provide an intimate sample of bodily fluid is the fact that they're driving cars. That's a concern. The other concern is that these days DNA is a very important tool in investigating offences and in various other areas as well, such as people's identity and it would be of concern if the material collected through this legislation is put to some other use in the future. I'd have real concerns about that. A third concern is that the likelihood of people who test positive for drugs while they're driving, facing further police attention for other offences when in any other circumstances they wouldn't have come to police attention.

If someone feels that they have been unfairly treated by the process what options are available to them?

They've probably got quite limited options. The problem with all road safety legislation is that it creates very little grounds for people to challenge or appeal the process. As with most of the legislation around driving, the law says that if you've been found with drugs in your system then you're guilty. The view that seems to be there amongst the government is that this is an area where they're prepared to limit people's rights to appeal.

Is Fitzroy legal service currently preparing a defence for people charged with drug driving?

Fitzroy legal service is discussing the legislation with a number of other interested groups and we're looking closely at the limited information we've been able to find. A lot of the issues that arise will be as much scientific as legal but when an appropriate case comes along we'd be very interested in testing some of the assumptions and some of the legal basis for the legislation.

Late last year, CAHMA (Canberra Alliance for Harm Minimisation & Advocacy) composed a well researched article on reducing the harms around the use of ice. Here at VIVAIDS we thought that Victorian users might get a lot out of it too and CAHMA has been kind enough to send us a copy to let you, the reader, decide...

Concerns are being voiced in the media about 'ice'. News reports of people diagnosed with 'speed psychosis' after allegedly using ice appear more and more frequently. Use of emotive and highly charged terms like 'aggressive' and 'violent' are almost always mentioned, and seem to be the main focus of a news story. Recurring concerns about ice being 'highly addictive' and about "losing your life [to drugs]" are common themes, yet a recent snapshot study of ice users in Australia showed that the four most popular activities engaged while using ice were; having sex, listening to music, dancing and cleaning.

When 'crack' [a smokable form of cocaine] became available in England and the United States the sensationalist, 'shock, horror' response by the 'popular press' was remarkably similar to the current media response to the stories about ice. I heard an interview with someone who used crack on an alternative radio program. This person had been a daily user of crack cocaine.

He explained that he likened his journey with his use of crack to that of someone and their use of a playstation. He said that just like the person who plays playstation to the exclusion of all else, he had to relearn to prioritise other areas of his life, like social and work needs, because these too enrich his life.

Drug use is practiced in a controlled way by trillions of people every day and has been since the beginning of time. Many people currently use ice selectively in a way that compliments their lives. Ice use does not automatically result in psychosis, aggressive or violent behaviour and generally harms no other person. This is not to say however, that people cannot become dependent on ice/speed.

It should also be recognised that some people who use ice might have a pre-existing mental health condition. If you think this applies to you, it could be worthwhile contacting VIVAIDS to help you connect with a relevant health service. One prediction suggests that one in five Australian adults experience some kind of mental health issue at any one time, so you are not alone or unusual if this is where you are at [though of course you are uniquely you].

If you choose to use ice, or indeed any kind of speed [ice is a potent form of speed], the following article contains a few tips that may help you to reduce the associated harms.

THE

INTAKE

The plus to using ice moderately is a better experience. The ill effects of methamphetamine such as panic, confusion, depression, paranoia, auditory and visual hallucinations etc can in the most part be avoided with moderate use. As a general rule, comedowns are less severe the less often you take speed, they're also shorter the less you take in one 'session'.

Continuing to take speed to avoid the comedown postpones the event and makes it more intense when you do (old speed freak saying... "whatever goes up must come down"). Continuing to take speed also increases tolerance (you need more speed and \$ for the same effect). Continuing to take speed increases the likelihood of dependency. You are also more likely to experience mental disturbances.

Speed can have a negative impact on, and exacerbate existing mental health problems. You could also have a bad reaction because of pre-existing health conditions.

DO NOT take speed if you are taking prescribed antidepressants, MAOI's or beta blockers (check with your doctor if you are unsure what type of medication you are taking).

Avoid speed if you have high blood pressure or heart problems. Using speed can worsen these conditions. You risk permanent brain damage, a heart attack or a premature ticket for the trip we're all going to take; death.

USE SLOWLY

Try to employ a controlled approach to use; controlling your use may in fact result in you gaining more positives than negatives. This is especially important when you are unsure as to the potency of the particular batch you are using. With a half life of 12 hours, or more (as opposed to 1-3 hours for cocaine) the effects of speed last a relatively long time. Some users, instead of

it's safer to put speed in an empty capsule, wrap it in a cigarette paper or place it in a piece of bread before washing it down with plenty of water (or use antacid formulations), to dilute the acidity and settle your stomach. Taking speed orally is generally safer than smoking, injecting, or snorting because the stomach can handle corrosive substances better than your lungs, veins, or nose. There is also no risk of transmission of blood borne viruses. Your body also has a safety mechanism for dangerous substances which are swallowed; you tend to throw up or vomit, well worth considering given the amount of dodgy home made powders in circulation these days. Speed takes a little longer to come on when taken orally, compared with injecting, but the effects are less extreme, there is no risk of catching Hep C or HIV/AIDS and the buzz can last longer.

UNDER THE TONGUE

The "sub-lingual" method of using, if you can handle the taste, is more efficient than snorting.

Remember, your nose is a filter. Some of what you snort gets sneezed out, runs out, is trapped in the nose hairs or mucous membranes before getting into the bloodstream via small blood vessels called capillaries. Putting it under the tongue absorbs it quickly and is one way of getting a result.

SNORTING

Snorting [or bumping] drugs tends to destroy the tissue in the nose. Over time, progressive damage to nose tissue results in less drugs being absorbed which in turn means more snorting episodes. This can become a vicious cycle that culminates in the entire septum [inside of the nose] being eaten away to the point where the unhappy user has one large nostril where there used to be two.

Sharing inhaling instruments can transmit all types of germs from the common cold and flu to possibly Hepatitis C and HIV. The lining of the nasal passages is delicate and nose bleeds, sinus trouble, and in some cases, damage to the nasal structure itself can be caused by irritant adulterants such as Epsom salts which is often used to cut coke and speed.

The sharp edges of straws, banknotes and other makeshift snorting tubes can cut the inside of your nose leaving an open wound and blood on the straw which might be used by others. Likewise,

consuming an entire "line" or dose (app 0.05 to 0.1), divide it into four equal parts, doing each part as needed. This method could not only keep you from over-amping on stuff you underestimated, but continued practice gives you a better idea of how your body reacts - better biofeedback. It is also possible that you will be more able to manage the intensity and potential feelings of paranoia that can come of speed if you are over wired.

YOUR STOMACH

If you snort, swallow or place ice under your tongue then some, or all, of the meth will reach your stomach. Thus, it is best to have a partially full stomach. It is also good to have a meal before you start a 'run' in terms of supplying your body with nutrients and energy. This can be especially important if the stuff you are using strongly suppresses your appetite and you are off ya tucker for a couple of days.

SWALLOWING

Swallowing speed or drinking it can damage your throat and stomach linings (especially on an empty stomach). To reduce damage to the throat,

you may use a snorting implement that someone else has used and contaminated with their blood. HIV, Hep C and Hep B are transmitted through blood to blood contact, and even invisible amounts of blood can pass these viruses. It can be natural to assume that the people you are hanging out with do not have Hep C or any other disease, but do you really know?

The chances of catching Hep C or other BBV's can be eliminated by using 'post it notes' - tearing one off for personal use and disposing of it immediately after. Alternatively, you can write your name on it so you know which one is yours.

If you rack up on any available surface say, in a toilet, there is a chance that you will also pick up any germs (staphylococcus etc) or viruses that survive on poorly cleaned, non-sterile surfaces. Try to choose a surface that is clean, and clean it again yourself. If the toilet is the only option, grab some alcohol swabs and clean the surface first.

A nasal douche of luke warm salt water can also help reduce the risk of infection and also help minimise the damage done by tooting. If there isn't any warm salt water handy just suck up a bit of water to clear your sinuses and reduce damage. This also washes the yucky taste down the back of your throat more quickly. Ensure your gear is finely

chopped with a razor or knife [this will reduce the sting as well] and alternate nostrils while snorting. You can also temporarily switch to swallowing if nasal passages become irritated.

SMOKING

The drug is inhaled into the lungs and enters the blood stream via the lungs.

Smoking may cause lung and throat damage. Smoke irritates the lungs, which can lead to breathing difficulties, coughing, and could possibly be carcinogenic. People with asthma, emphysema, and other lung problems are particularly at risk.

If you are smoking speed, you are most likely going to consume larger quantities of the drug much faster than if you are snorting or swallowing. Keep in mind, the time to get off is much quicker and the high is more intense, therefore the tendency to develop addictions to speed, experience mental health issues and social problems using this method is much greater. If you are a user who likes to smoke speed, try to set limits on how much you use or how often you choose to smoke speed.

If it is totally pure, the speed should dissolve and then burn without leaving a scorched residue (Ice - the crystal stuff, not powder, is an exception and may leave residue). Be cautious with the amounts you take if unfamiliar with it.

UP THA BUM

A syringe or tool without a needle is used to "bump" a liquid solution of crystal into your ass. The drug is absorbed by the blood vessels in the lining of the rectum. This can cause damage to the mucuous membranes, burning or tearing of the tissue of the rectum which may put you at higher risk of transmitting or being infected by HIV/AIDS. If you have anal sex afterwards, wear a condom.

INJECTING

Injecting directly into the veins is the most dangerous of all forms of administration, as it bypasses all the defences the body has to protect its blood supply.

What follows are a few tips based on the results of a study done by AIVL

[national drug user org] with

people who inject speed.

The study found that there were a number of issues that speed users may not be aware of, so check this stuff out carefully:

• You can get Hepatitis C from injecting speed.

• You can also get Hep C from getting tattoos, piercings and sharing a razor.

• Using a pre-mixed fit can be risky. You don't know how it was prepared.

If, for example, a dirty fit went in the mix before your fit was filled there could be Hep C in it.

• Even if you have Hep C, you can catch it again. You can catch a different strain of the virus or increase the amounts of your strain of Hep C in your blood.

• It's a good idea to clean the spoon you using to mix up with a swab.

• If you don't use sterile water you risk injecting bacteria which can make you sick.

• Make sure you use a filter - be it cotton wool or a rollie filter [tailor cigarette filters are not as good because they can have glass fibres in them].

• Any pick that goes in the mix needs to be sterile, otherwise you'll be sucking up whatever was on that fit.

• People have caught Hep C from sharing tourniquets. Blood from your entry wound can get onto the tourniquet and then onto someone else's injection site. If you have a personal tourniquet, try not to let anyone else use it and wash it regularly.

• Handwashing is important. Washing before injecting lessens the risk of bacteria getting into your blood. Washing them after injecting puts your blood down the sink and not on anyone/anything else.

• Swab the injection site yourself - you don't know what's on someone else's hands.

• Stop the blood yourself - use clean disposable material and

dispose of it straight away. You can put it in the fit bin or 'double bag' it - this means putting it in a bag and putting that bag in another so no blood can escape!

• If you use creams it's important to keep them sterile. Perhaps you could make it a policy that only you use it and that you have washed your hands before using it or you use a clean cotton bud to get the cream out of the tube.

• Keep up with your disposal bin, disposing in already full bins is hazardous as you may have to push the fit all the way in and therefore touch other equipment.

• It's a good idea to wash your hands after cleaning up.

• Be careful doing bag washes on bags that aren't yours; you don't know if a dirty pick went into that bag.

COMBINING DRUGS

Be cautious about mixing drugs, as the combined effects can be more unpredictable and often increase health risks. Alcohol and speed can be a dangerous combo. Both are processed by the liver, making the body's system work harder. It's easier to drink a lot, however, when coming down this doubles the hangover, health risks, \$ spent and reduces the effects of the speed.

If you choose to use speed with other stimulants (e.g., E or coke), then reduce the amount of each substance you would normally use individually by at least a half of your normal dose.

Taking Rush (amyl) with speed can increase the chance of an OD, or other serious health consequences.

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WATER

It is extremely important that you keep hydrated. The increased energy, body temperature, and sweating means you're going to be needing much more than normal. Don't try to overcompensate, however. Too much water can cause sickness, and in rare cases - death.

Sports drinks like poweraid or gatoraide can be really good too; they are designed to effectively hydrate you. Your water needs will depend on what you are doing as well. If you are sitting around talking or whatever you won't need as much as water as if you are dancing, cleaning or having sex.

Drinking tea, while it has a dehydrating effect that you will need to take into account, also acts as an antioxidant and can be an effective pick-me-up.

other fruit and vegetables]. Vitamin C is important for general health and giving you a healthy immune system. The B vitamins [especially B6] are also important to your sense of well being; bananas are a great source. The full spectrum of vitamins should be used if your diet is poor. Remember that vitamins are a supplement not a substitute for food. For \$30 you can get 75 Blackmores Multi Vitamin and Mineral Sustained release tablets. That's 40 cents a day.

FOOD

While the last thing in the world you might feel like is food, it is extremely important for your general health. Force yourself to do it: once you actually start eating you usually find that it's ok. If you just can't eat, even drinking some orange juice will make you feel heaps better - it sounds stupid but many users swear by it. Another drink that has high nutritious value is Sustagen. If you are using daily it is really important to try and put stuff into your body that has a high nutrient value.

Also, If you get to that stage where everything is wrong or too hard, food often makes a HUGE difference. It's not only the speed's effect on your brain that can make you feel like shit, you are also sleep deprived and food deprived - those two factors are enough to make anyone feel a bit crappy!

For non-daily users, if you can, plan in advance of getting trashed and buy fruit, Orange Juice and whatever else works for you. Sweet potato is the most nutritious vegetable you can get, it's cheap as chips, cooks really fast and is super yummy mashed.

VITAMINS

Vitamins are of particular importance in this case, especially 'C' [present in oranges, and

NUTRIENTS

The actions of speed also deplete vast amounts of the neurotransmitter dopamine and norepinephrine. Because of this you could help the body rebuild these neurotransmitters by providing it with the building blocks or amino acids:

- L-tyrosine
- L-phenylalanine

You can purchase them at any health food store. They should be taken without food and it's worth asking for advice about consumption from the vendor.

CALCIUM

Taking calcium and magnesium supplements (milk is not enough) can help offset the reduction in calcium experienced by regular speeders (speed leeches calcium from bones and teeth, increasing the possibility of osteoporosis and large dental bills. Magnesium is required for calcium to be absorbed).

SKIN

Because meth increases metabolism and perspiration, your body is expelling large volumes of sweat and toxins - some of it through your pores which can easily become blocked. This can cause increased and oversized acne. Sorry to say it but you can also end up really smelly as well. Bathe frequently!

The drug also dries your skin. Thus, use moisturisers. Do not use them excessively as this will further clog your pores.

TEETH

The impact of meth on your teeth will vary depending on whether you are a daily or recreational user.

Muscle tension is a side effect of speed and can result in grinding of the teeth. While you're awake, you can control it, it can help to suck on a lollypop or chew gum [but chewing all night may leave you with a very sore jaw]. The most damage can occur while asleep. You can purchase a sports mouth guard if this is a real problem for you from a lot of different places.

The effects of meth include a dry mouth and poor circulation [as do many other drugs], this leads to increased plaque and deterioration. Use a tartar-control toothpaste and brush your gums, don't brush hard or too often. Alternatively you can rinse with mouthwash.

COMING DOWN

The 'comedown' off speed can make you feel tired, lethargic and depressed. This may tempt you to take more, and can lead to dependency. If you weren't feeling depressed before taking speed, it can help to know that while you may be feeling depressed now - for no reason it seems - the depression will end. Eat good food, watch a bit of telly, hire some videos, have nice long baths, do whatever you normally do to make yourself feel good. Either way you will feel your mood getting better gradually.

Some people use some kind of depressant at the end of a run to take the edge off. Depressants include alcohol, benzo-diazepines (eg. valium), methadone, heroin and marijuana. (Obviously this can open the door to other drug related harms and dependencies)

PSYCHOSIS

It does happen if you keep going and going. VIVAIDS recommends that you seek medical advice if you or someone you know has speed psychosis.

Dr Stephen Jurd of the Northern Medical Health Centre in Sydney says the way to relieve speed psychosis is benzodiazepines - a valium or two should chill you or the person you're looking after out. As the speed leaves your system you should return to normal. A person may need anti-psychotics if symptoms persist. If someone has not used any more speed for two days and their headspace has not improved they need to be treated.

If you're looking out for someone with speed psychosis the things you can try to achieve are:

- That they are safe
- In an environment that isn't aggravating
- Monitor them closely

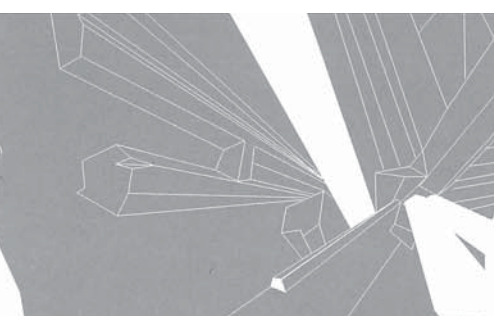
Your body develops a tolerance to benzos very quickly, they can be **very** addictive and the withdrawal from a benzo habit severe, if not dangerous.

Psychosis may recur with using again or with threatening events, stress or anxiety. If you have experienced psychosis then you need to be very careful of using speed again. Peers who have experienced psychosis have said that they can feel the warning signs of psychosis coming on again but this may not be true of everyone. For some people who experience speed psychosis there may be a pre-disposing mental health issue.

OTHER TIPS

- Tell your regular using friends what your limits are, preferably before you get high. Stay firm to your goal, even

Contrary to popular belief it was not a falling apple that led Isaac Newton to the concept of gravity, rather it was an idea that struck him after being out on a four day bender that 'whatever goes up, must come down'.



If they make jokes or try to "tempt" you otherwise.

• If you are using with a person or people whose intake exceeds your norm try to remember that you can use at your own pace still. It is no competition and can be dangerous to try and 'catch up' to your mates. If others use more it doesn't mean that how you normally use is less effective, you use the amount you use because you're comfortable with it [if you're not comfortable with the amount you use please feel free to contact VIVAIDS to have a chat]. Using more may put a strain on your ability to keep it together.

• Take breaks between doses so as not to be caught out and up a lot longer than you intended.

• Plan to use during certain times of the day or week so that you are around and capable when people need you, for example: if you work during the week, Friday night may be a good time to use to give you time to recover.

• Try not to use when it will interfere with your other priorities, for example: If you have to go to the doctor/Centrelink or get something done on Wednesday, Tuesday may not be the best time to get trashed.

• When you get stuff that you haven't used before, go slow to test its strength, ask the dealer [this is only useful if you can trust the dealer!] what its like or your peers if they use the same supplier. If you inject, smoking a small amount to test purity can be really helpful, you will also be able to see if there is any crap in it.

• Establish a "purchase limit" with your dealer. This could help you to regulate your use and some dealers WILL do this to keep you a stable and sane customer!

• When having a session, enjoy your first taste for as long as it will last, this way you will consume less and hopefully won't get caught out: awake for a lot longer than you intended or can cope with.

• If you are trying not to use for a while avoid areas and people that you use with, if this includes a lot of your friends try looking up old friends or hang out with your friends for shorter periods or at times when they aren't using.

• If you are trying not to use, schedule activities ahead of time so you don't get bored. Make commitments with other people so you are less likely to change your mind and get high.

• Other things you can do to fill your time include getting out of the house to go for a walk, meditate, buy a book or rent some videos

• Have a plan for your money. Pocket money or handy cash can really be a challenge. Spend your money on other things as soon as you get paid or put it in the bank.

• Ask others what they think about your use. Your friends, using buddies - even your dealer - can sometimes see you more honestly than you can. Their feedback can really be eye-opening.

• Hide fits or any other using paraphernalia when you're not using them. All used equipment should be stored in a fit bin or a container with a screw on lid that is puncture proof. You can take used equipment into your local NSP for disposal. Make sure using paraphernalia is out of reach of children and direct sunlight.

• If you think you want to take a break where your head is at is important. How you talk to yourself has a big impact on your mental state. Try to stay positive.

• Remember you are a priority

MONEY TIPS

• Arrange when you use so your sober when working

• Balance money you need for meth and for the rest of your life

• When you get paid, pay all the bills, buy food etc before you score

• Ask a trusted friend to hold your money

• When the money you have for meth is gone, stop using.

SAFER SEX

Sex on speed can make for rough and long sessions, can give you sore bits, make condoms more likely to break and increase the chances of getting STIs [Sexually transmitted Infections]. Using lube with condoms is safest. Try to keep a good supply of condoms and lube at your house just in case you get lucky - you can get all these things at your local NSP for free.

RESOURCES

AIVL education resources including postcard "some things in a relationship can't be shared", Handy Hints

The National Snapshot on Hepatitis C Transmission Risks Amongst Injecting Psychostimulant Users by the Australian Injecting and Illicit Drug Users League [AIVL]

<http://www.whl.co.nz/sorted/party/2.html>

www.tweaker.org

www.buzzcode.org

www.dancesafe.org

www.erowid.org

WRITTEN BY: Kathy Glavimans with thanks to Nicky Bath and Tony Millin



enlighten
harm reduction

WHAT IS GHB AND 1,4-BUTANEDIOL?

GHB (Gamma hydroxybutyrate) usually comes as an odourless liquid, slightly salty to the taste. It has also been found in powder and capsule form.

A similar drug, 1,4-butanediol (or "1,4B") is often sold as GHB or in place of it, and is converted into GHB in the body, producing similar (but not identical) effects.

1,4B is only ever sold as a liquid, and has a more "chemical" taste. GHB & 1,4B may be referred to as: Liquid X, Liquid E, GBH (grievous bodily harm), Gamma-Oh, Blue Verve. Name such as these are confusing and misleading.

WHAT ARE THE EFFECTS?

At lower doses GHB & 1,4B have a euphoric effect similar to alcohol, and can make the user feel relaxed, happy and sociable. Anxieties and inhibitions are lessened, there may be a "truth-serum" effect, and aphrodisiac qualities. Motor skills are impaired - the higher the dose, the greater the impairment, and there may be some nausea and/or dizziness.

Higher doses can make the user feel dizzy and sleepy, and the person can fall asleep.

Overdose will always cause loss of consciousness (temporary coma), vomiting, convulsions and will make breathing erratic and slow. At this point, death is a possibility.

WHAT IS THE DOSAGE?

GHB and 1,4B are extremely dose-dependant. It can be only a couple of mls between a pleasant experience and overdose.

Strength can vary greatly, depending on how the liquid has been mixed. A standard dose could be 2-5mls, or it could be 15-20mls - we have seen GHB and 1,4B at both of these strengths. BE VERY CAREFUL.

There is no way of really knowing - always ask your source how much is a standard dose of the particular batch, and then take less the first time. - You can always re-dose if you haven't achieved the effects you want, but you can't un-dose when you're comatose!

It's hard to find the proper dose even when you think you know the strength of the batch. 15mls might be perfect one

time, but an overdose the next time. It depends on body weight, and how much food is in the stomach, how much you have done lately, and other random factors.

Effects are usually felt between ten minutes and one hour after ingestion. The primary effects last about 2-3 hours, with residual effects up to a whole day.

Effects may not peak for up to two hours, and many overdoses have occurred from people not waiting long enough before taking more, especially with 1,4B, which takes longer to come-up as the body needs time to synthesise GHB out of the 1,4B.

IMPORTANT SAFETY ISSUES WITH GHB AND 1,4-BUTANEDIOL

The line between a fun time and unconsciousness is small. Measure carefully. Medicine cups and spoons, and



GHB - 'THE CHOICE OF A NEW GENERATION'?

The media's coverage of the GHB overdoses at the Two Tribes party earlier this year did nothing to address the problem and everything to promote the drug to a wider demographic.

At the first sign of trouble you'd anticipate the media extrapolating and sensationalising a story and you'd expect politicians to respond with threats to crucify the dance scene and pursue its closure. What's surprising is the rejection and disownment of GHB users within the dance scene. There's a growing trend of GHB users being snubbed by non-using peers who refuse to even converse with them - a view in harmony with the Dance Industry Association, who released the

statement "GHB is a cheap, nasty, street drug for losers". With that attitude you'd think there was no drug taking in the dance scene.

While a fair proportion of Australia's youth navigate their way through early life with 'safe' choices, such as obeying the law and following their parent's wishes - a humungous proportion do the exact opposite. Now, thanks to recent publicity, rebellious teens and drug users across the country are aware of the existence of a 'new' drug called GHB. In confirmation of this, reports suggest that GHB production has stepped up with home delivery of the drug available as far away as Yarra Valley.

Fittingly State officials have pledged

to address the issue of GHB use - hopefully they will divert some funds towards effective harm reduction techniques such as peer education. Unfortunately, there has to be a concern that the government will react to appease media fed public panic, with an ineffective scare campaign along the lines of 'OD on GHB and you may never get up again'.

IS THERE ANY SAFE LEVEL OF GHB USE?

Paul Holman from the Metropolitan Ambulance Service advises that "it is near impossible to use GHB safely, especially in a club environment and/or in combination with other substances such as alcohol and other depressants". While it is hard to argue with someone representing a service that deals with

syringes (without the needle!) make good measures for small doses.

DO NOT MIX GHB OR 1,4B WITH ALCOHOL or other CNS depressants. This is very dangerous, and may cause your breathing to become erratic, slow down or stop. A number of deaths have resulted from this.

Opiates, benzodiazepines, barbiturates, and ketamine in high doses are all CNS-depressants. Mixing them with GHB or 1,4B is dangerous.

Combining stimulants like speed & meth with GHB or 1,4B can decrease the effect GHB/1,4B has on you. This means that when you take the same dose of the same batch of GHB/1,4B without stimulants, it may be enough to cause overdose.

Do not take GHB or 1,4B if you have epilepsy.

Passing out on GHB by itself is also dangerous and potentially life-threatening.

Don't be in a hurry to experience a "strong" GHB effect - GHB is mild, and you will only feel strong effects when you are on the verge of passing out.

Ensure your friends know that you have taken GHB or 1,4B, and preferably how much too. Should anything happen, they can tell first-aid workers. Another good idea is to write a "G" on your hand.

DRIVING AND GHB

Don't drive on GHB. One dose can impair motor coordination by as much as six drinks of alcohol. Also, the effects come on fast and, unlike alcohol, cannot be controlled or paced.

DON'T MISTAKE IT FOR WATER!

Dye your GHB or 1,4B blue or another colour using food dye to distinguish it from water, and mark the bottle very carefully to ensure it is not mistaken for a drink such as Gatorade.

Try to ensure that any GHB or 1,4B you have is not too concentrated- so that a large mouthful swallowed accidentally could not cause harm to someone.

Note that 1,4B can melt some kinds of plastic.

GHB and 1,4B can cause short term disruptions to the way your brain functions. If you feel slow and sluggish the day after using it, reduce your

consumption and allow your body to recover properly.

Regular, daily use of GHB can cause physical dependency with harsh withdrawal symptoms.

WHAT IF SOMEONE OVERDOSES?

Signs of overdose include vomiting, complete loss of coordination, slurred speech, convulsions, irregular breathing, and unconsciousness which is unrousable even when subjected to things which are painful.

If someone falls unconscious or has a seizure, call an ambulance immediately on 000.

While waiting for an ambulance, lay the person on their side (recovery position) so if they vomit they won't choke. Make sure their air passage is clear and their chin is not pressed up against their chest.

NEED MORE INFORMATION?

This is a brief guide to GHB and 1,4 Butanediol. For more information see www.enlighten-hr.org, www.erowid.org and www.bluelight.nu.

Enlighten makes all efforts possible to ensure the information contained here is correct, and is in accordance with the currently accepted scientific theories.

This information provided by Enlighten

numerous GHB overdoses each weekend, the reality is that people are still using this drug and a lot of people continue to overdose.

In response to this RaveSafe is hoping to contribute to establishing some safer use guidelines in the near future. But for now here are some interesting GHB facts;

- 1: GHB was only outlawed in the UK as of the 1ST July 2003.
- 2: People have died from GHB use, with no other substances found.
- 3: After falling unconscious on G, it is common to vomit upon waking up.
- 4: Most GHB found in Melbourne is actually 1-4B - a restricted chemical, which is used as an industrial solvent.

- 5: GHB was first developed in 1961 by French researcher Dr. Henri Laborit. It was developed for use as an anesthetic but was soon withdrawn due to unwanted side effects.

- 6: Some people of ethnic decent can have low levels of Alcohol Dehydrogenase, which doesn't just mean they have a problem breaking down alcohol, but also that they can't convert 1-4B to GHB as effectively. This offers a potential overdose situation where such people may overdose if they've been using 1-4B by mistake and take a similar volume of GHB anticipating similar effects.

- 7: Eight hospital beds are kept dedicated to GHB overdoses in a Sydney hospital each weekend.

- 8: People can experience severe withdrawals when reducing or stopping GHB use.
- 9: The volume of a potential overdose is so variable it can even be influenced by the time of day it is taken.
- 10: If you feel you may have been the victim of a GHB facilitated sexual assault, you need to present yourself to hospital within four hours, as after this a dose of GHB breaks down.

By Destiny Swallows.

Recovery MOVES

PEER SUPPORT GROUP PROGRAM.

... By Melissa Grabert

Hi readers,

I'm Mel, I facilitate the 'Recovery Moves' support groups in the Southern region.

The Windana Society is my home base, so I operate according to their guiding principle.

This constitutes a holistic approach. I believe in change.

I believe we do this constantly, even with all those underlining issues that come from our past.

I inherited this program in January 2004 and have worked constantly towards change according to my group's needs.

I understand these needs as I was there too.

I want my group members to excel, as I have, by changing their attitudes towards themselves.

Feeling powerless in the face of addiction is not a pretty sight, nor does it feel good.

I respect those who don't have a problem with their using, out of 12 years of heroin use, the 1st 5 for me were completely without personal consequence.

Nothing anyone could have said would have stopped me using. "I loved it."

Unfortunately the next 7 years were not so conducive to my personal belief system.

I wanted more; and as we all know doing a substance is a full time job.

This was not my ideal full time job.

I'm 36 now and couldn't imagine maintaining the existence of supplying a habit that needed a basis of \$200.00 per day just to avoid sickness. (I'm getting too old, let's face it.)

Enough about me, (although we all know, it's all about me. Put that into context for yourselves.)

Taking on the Peer Support Group has been such a great pleasure for me, personally.

Asking the 'guys' what they want,

has completely ratified the program and there has been exciting results extending from that prospective.

See, I believe there are no stupid users, we just get into stupid circumstances, that need an overhaul.

I believe that such a dramatic purpose, such as in using, needs a dramatic change in purpose, to make a change in life.

Simplistic, yes, in theory, yes, in practice, a radical change of mind and behavior is needed.

That's what our Peer Group is all about.

Strategies of self change towards a betterment of personal situation.

Life purpose is the key guys, after grieving the loss of a lover, such as your substance.

Dreaming the original vision needs to take place.

"Lose your mind and come to your senses" Zorro the Greek encapsulated this stance. He screamed until exhaustion for his grief.

We too continue our habitual behaviors until exhaustion or death. (which ever is forth coming.)

Purpose in life will, I believe, transform you.

Taking steps in strategic forms, towards your short, medium and long term goals will set in motion self perpetuated change & prophesy.

Keep your dreams alive people, even if its just laying down and fantasizing a future for yourself.

How else did evolution take place

on this mortal coil we call home.

Our 'peer group' is in the process of change too.

We'll be utilising the Reclink program developed by Sacred Heart Mission in the near future for group recreation options at a reasonable cost to the consumer on a shoe string budget.

Soon we'll be activating a Peer Group website, whilst learning how to use a computer, as a joint project.

It's been through active participation that these changes have come about.

The peer group operates from a collaborative approach, therefore upholding those principles that Windana holds close 'holistic service delivery' and that 'change is a mere step away'

If and when you want to change directions in your life style, please take this invitation, in your own time, to join us at our Tuesday groups at Dandenong & St.Kilda.

Look out for our up coming website project, attached to the Windana main website.

Call Windana for details about how to join us; and where, at what time. 95297955

'Recovery Moves' Peer Support group welcomes you with one proviso on the day;

PLEASE DO NOT TURN UP INTOXICATED. (It triggers old behaviors for participants in early recovery)

Keep Dreaming with Vision guys.

Your life's purpose is important to the universal cause, in any form, that is uniquely individual to you. (no one else can do it like you can.)

May peace and fulfillment surround you all, yours truly Mel.

HIV TALK

HIV is the virus which leads to a person developing AIDS. It is a health issue that has not gone away. About 225 people in Victoria become HIV positive each year, mainly by having unsafe anal or vaginal sex or by sharing injecting equipment. This is 59% more than 2 years ago. PEP (Post Exposure Prophylaxis) is available to reduce the chance of transmission for anyone who has had a high HIV risk exposure.

WHAT IS A 'HIGH RISK' EXPOSURE?

- ✖ Unsafe sex when it is known or suspected that your partner might have HIV
- ✖ Sharing injecting equipment when it is known or suspected that the other person might have HIV
- ✖ As a result of injuries sustained during physical or sexual assault when it is known or suspected that the assailant might have HIV
- ✖ Needlestick or other exposures that happen when assisting a person with HIV at home

WHAT IS PEP?

PEP is not a "morning after pill". It consists of 2 or 3 antiretroviral HIV medications taken for 28 days. PEP appears to be most effective if it is started as soon as possible after the HIV exposure but it can be started up to 72 hours.

HOW EFFECTIVE IS PEP?

PEP has been available for some time for potential exposures to HIV in the work situation. In 2001 guidelines were released by the Australian National Committee for HIV, Hepatitis C and Related Diseases for people who may be exposed to HIV in other situations. Studies suggest that PEP can reduce HIV transmission by 81% for health care

workers and using similar drugs reduces mother to baby transmission by 69%.

WHAT ARE THE SIDE EFFECTS?

PEP is not easy to take. About 73% of people who take it experience moderate to severe side effects with vomiting, diarrhoea and headaches being common.

HOW TO RESPOND IF YOU THINK YOU MIGHT HAVE BEEN EXPOSED TO HIV

- ✖ Wounds or skin sites that have been in contact with blood or body fluids should be gently washed with soap and water. The eyes or mouth should be gently flushed with water.
- ✖ Vaginal or rectal douching is not recommended following sexual exposure to HIV.
- ✖ Talk to your doctor or phone The Alfred.

WHERE CAN I GET PEP?

PEP is available at the Statewide HIV/AIDS service at The Alfred Hospital.

Business hours: 9am-5pm Infectious Diseases Outpatient Clinic, 2nd Floor, The Alfred. No referral is needed. If possible please phone first: 9276 6081

After hours: Emergency Department, The Alfred, Commercial Rd, Prahran.

WHERE CAN I FIND OUT MORE ABOUT PEP?

AIDSLINE 03 9347 6099 Country freecall 1800 133 392
TTY 1800 032 665

Victorian AIDS Council PEP information line 1800 889 887

Rosie Cummings
Health Educator, Infectious Diseases Unit, The Alfred



GLOBAL DISTRIBUTION OF HIV/AIDS. Sourced from www.avert.org.

HEPATITIS C

treatments, trials and tribulations

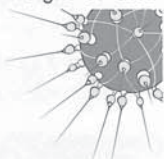
There have been huge advances in the treatment of hepatitis C, and sometimes it is hard to keep up to date with all the information. The aim of this article is to provide an overview of the latest and greatest hepatitis C treatment news for people who have never been treated. There are limited treatment options for people who have had interferon but relapsed or for people who did not respond to interferon. Speak to the nurses and doctors at the liver clinic about available treatment options.

What is the treatment for hepatitis C?

The treatment for hepatitis C in Australia is a combination therapy - pegylated interferon and ribavirin. Interferon are a group of naturally occurring proteins made by the human body in response to viral infections. For example, if you have a cold or flu your body will make interferon to help fight the virus. Interferon fights hepatitis C by increasing the body's production of substances that directly kill the virus, and secondly it boosts the body's immune response to the virus, by protecting liver cells from being infected with hepatitis C.

Pegylated interferon is a slow release form of interferon. The interferon molecule is coated with a substance, which hides the interferon from the body's immune system and slowly releases the drug over a long period of time. Pegylated interferon is an injection into the fat (usually in the stomach) given once a week.

Ribavirin is an anti-viral drug, which is thought to slow down the virus' reproduction. Ribavirin is taken as a tablet. The amount of ribavirin taken depends on two factors, the person's weight or their genotype.



What are the side effects of pegylated interferon?

Pegylated interferon and ribavirin can cause a number of potential side effects. Like any medication, people experience side effects differently.

Pegylated interferon can cause a number of potential side effects including flu-like symptoms, lowering of the blood count (particularly white cell count), mood swings, irritability and depression, skin conditions and thyroid problems.

Ribavirin has its own set of side effects that could include lowering of the red blood cells, tiredness, shortness of breath, rash, feeling sick and loss of appetite. Ribavirin is also potentially harmful to unborn babies. Therefore people on ribavirin are regularly reminded about the importance of using two forms of contraception, one of which must be a barrier method such as condoms and the other can be the oral contraceptive pill or a diaphragm.

While on treatment, people are required to regularly attend appointments at the liver clinic. Initially, people are asked to attend the clinic at week 2 and week 4 after starting treatment and then monthly until completing the treatment. The purpose of these regular appointments is to monitor side effects and advise about strategies that could reduce the impact of the side effects. These side effects of the

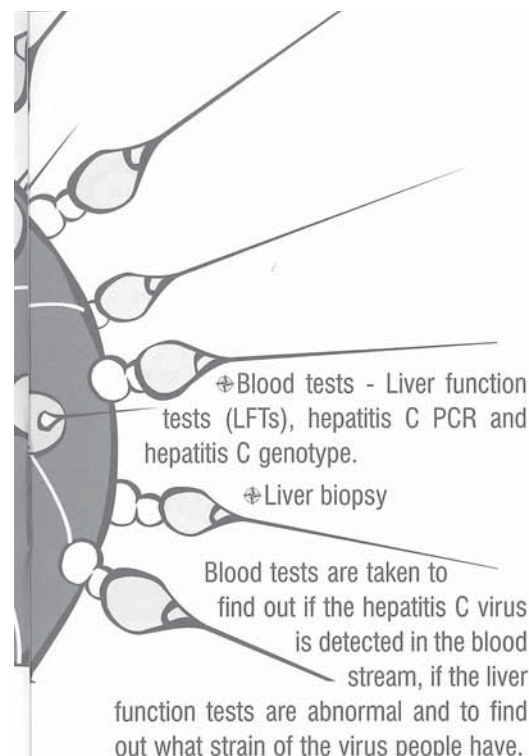
medications can be managed by either reducing the dose of the medication or by introducing another strategy such as an anti-depressant or counselling to manage depression and mood swings or Panadol to reduce the flu symptoms.

When considering treatment for hepatitis C its is important to be fully aware of the potential side effects and methods of managing the side effects of the medication. Having the additional support of the nurse and doctor at the liver clinic is very useful to ensure that all your questions are answered.

What is the treatment regime?

Starting treatment for hepatitis C is a decision made by individuals for various reasons but it is important to know that not everyone needs treatment. People attending the clinic are assessed for their suitability for treatment on a case-by-case basis. The doctor and nurse base their decision about a person's suitability for treatment on blood test results and liver biopsy results and a person's social support and mental well-being. Liver clinic nurses and doctors want to give each patient to the best opportunity to complete the treatment course and clear the virus from their body.

If the decision is made to start treatment, there are a number of tests that must be performed:



Virus detection tests

This test is called the Polymerase Chain Reaction (PCR). The PCR can detect tiny amounts of the hepatitis C virus in blood. The PCR must be positive to start treatment.

• Another test is the genotype test. A person's genotype influences the duration of the treatment and the success of the treatment in clearing the virus. The most common genotypes in Australia are genotype 1 and 3. People with genotype 1 require 48 weeks treatment and approximately 50% clear the virus. People with genotype 3 require six months treatment; approximately 80-88% clear the virus.

Liver function test (LFT)

The liver function test is useful because it shows how well the liver is working. In particular the alanine aminotransferase (ALT), is used to indicate how much inflammation there is in the liver. The ALT is normally found in liver cells. When cells become damaged, like when hepatitis C virus is in the liver, the ALT leaks into the bloodstream, causing blood levels to rise. The normal ALT level differs depending on the where the test is performed, therefore it is important to only compare test results that have been conducted at the same laboratory.

Liver Biopsy

This is the process of taking a tiny piece of liver out for the purpose of looking at the tissue under the microscope. This is the best way to assessing how much liver damage has occurred.

The next step ...

Once the blood tests and liver biopsy have been performed, another appointment is made to see the nurse and doctor who will explain the results and decide whether the results meet the criteria for treatment.

If the PCR result is positive (there is virus in the blood), the liver function tests show the ALT is elevated and the liver biopsy results show the liver is inflamed and there is scar tissue, treatment can theoretically start. The genotype result may influence the person's decision to commence treatment, because of the different treatment durations (24 weeks for people with genotype 2 or 3 and 48 weeks for people with genotype 1).



Because of the potential side effects of pegylated interferon and ribavirin specifically mood swings, depression and the potential for birth defects in unborn babies, additional services are offered. If a person has a past history or family history of depression, they are often referred to a psychiatrist for a pre-treatment assessment. Getting to know a psychiatrist is useful for some people, because they can access additional support during treatment and if required, anti-depressant medication can be prescribed.

The potential for birth defects as a result of taking ribavirin is very serious and people considering treatment are warned of the risks and counselled to use two forms of contraception. Pregnancy during treatment for either the patient or the partner of the patient is strongly discouraged because of the high risk of foetal malformation and defects. People on treatment are regularly reminded of the risk and encouraged to use contraception.

Each liver clinic employs a nurse consultant who cares for people on treatment. The nurse will make an appointment to educate the person commencing treatment about:

- pegylated interferon and ribavirin
- subcutaneous injecting technique (injection into the fat of the stomach or leg)
- side effects and managing side effects of the treatment

How successful is pegylated interferon and ribavirin in treating hepatitis C?

The main goal of treatment is to remove the virus from the body and achieve a Sustained Virological Response (SVR). A sustained virological response is defined as no virus detected by PCR and normal ALTs, six months after finishing treatment. A person's genotype has a strong influence on their response rate to treatment and the duration of treatment. Patients with genotype 2 and 3 are treated for 24 weeks, with 80-88% having a sustained virological response. Patients with genotype 1, require 48 weeks treatment and 50% have a sustained virological response. People with other genotypes, e.g. 4, 5 or 6, are also treated for 48 weeks. Those who achieve a SVR have a less than one percent chance of the virus coming back (PCR positive) (Swain et al. 2003). Therefore most people who achieve a SVR can be reassured they are cured of hepatitis C.

How do you access pegylated interferon and ribavirin?

Pegylated interferon and ribavirin were funded under the Pharmaceutical Benefits Scheme (S100) in November 2003 therefore, for those who meet the selection criteria, the medication costs approximately \$4 per month for those with a health care or other disability pensions and approximately \$20 per month for those without a pension. The criteria for treatment are outlined in table 1.

Table 1. S100 criteria for people over 18 years, who have never been treated for hepatitis C:

1. Patient must have histological evidence of chronic hepatitis on liver biopsy (except people with clotting disorders).
2. Patient must have abnormal ALT levels in conjunction with repeatedly anti-HCV+ / HCV RNA +.
3. Female patients of childbearing age are not pregnant not breastfeeding and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner).

Where can I access treatment?

Most public hospitals in metropolitan Melbourne have a liver or hepatitis clinic. However access to treatment centres for people in regional or rural Victoria is limited and people often need to travel to Melbourne or organise a shared care arrangement between their local GP and the liver specialist. A list of Victorian liver clinics is at the end of this article and is also available from the The Hepatitis C Council of Victoria.

To make an appointment at a liver clinic, a GP referral to the clinic is required.

The treatment available for people with hepatitis C is more effective than it used to be. However the medication can still cause side effects and it is not successful for everyone. It is better that a person is well

prepared and educated about treatment and able to cope if they have side effects. The best outcome is that they finish the treatment course and therefore have the best chance of clearing the virus. Some people cruise through treatment and others have a harder time because of the side effects, but it is important to remember that the nurses and doctors are there to support people on treatment. My advice for people thinking about starting treatment:

- ⊕ Go to a liver clinic that is easy to get to (if you live in Melbourne) and make an appointment with the nurse and a doctor, to get to know them.
- ⊕ Ask questions about the treatment, side effects and what happens if the treatment does not work.
- ⊕ Speak to other people who have been on treatment for hepatitis C, but remember everyone experiences the treatment differently, so their experience may not be like yours.
- ⊕ If you are working, think about how you would cope if you developed any of the side effects, do you have sick leave available if you need to take it?
- ⊕ Do you have family and friends that could support you while you are on treatment?
- ⊕ Considering all the above points, decide for yourself, is now the best time to start treatment? Are you going to finish the treatment course? Is this a stressful time in your life and could treatment make things worse?

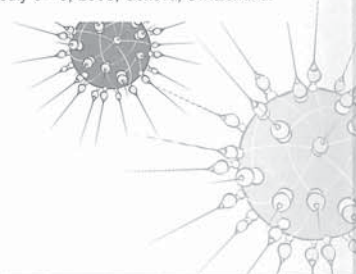
**For further information about
pegylated interferon and ribavirin:**
Access Information Centre at The Alfred -
www.accessinfo.org.au

Hepatitis C Council of Victoria -
03 9380 4644 or 1800 703 003
Hepatitis Help line - 1800 800 241

Jacqui Richmond RN
Victorian Hepatitis C Educator
St. Vincent's Hospital, Melbourne.

References:

- Swain, M., Lai, M-Y, Shiffman, M.L., Cooksley, G.E.,
Abergel, A. and Brunda, M. (2003) "Treatment of chronic
hepatitis C patients with peginterferon alfa-2a (40KD) alone or
in combination with ribavirin (COPEGUS) results in long-
lasting sustained virological responses". Poster presented at
38th Annual meeting of the European Association for the
Study of the Liver, July 3 - 6, 2003, Geneva, Switzerland.



Liver Clinics

- Albury/ Wodonga
Ph: 02 6024 5255
- Alfred Hospital
Ph: 9276 2223
- Austin/Repatriation Medical Centre
Ph: 9496 2787
- Ballarat - Dr. Jon Watson
Ph: 5331 8289
- Bayside Hepatitis Clinic
Ph: 9276 2223
- Box Hill Hospital
Ph: 9895 3333
- Epping - Northern Hospital Liver Clinic
Ph: 9219 8335
- Footscray - Western Hospital
Ph: 8345 6490
- Geelong Liver Clinic
Ph: 5226 7111
- Knox Private Hospital
Ph: 9210 7300
- Maroondah Hospital
Ph: 9871 3371
- Monash Medical Centre
Ph: 9594 5545
- Peninsula Liver Clinic
Ph: 9781 4434
- Royal Melbourne Hospital
Ph: 9342 7212
- Sale - Fitzpatrick House
Ph: 5144 4555
- Springvale Liver Clinic
Ph: 8558 9000
- StKilda - Barkly St Medical Centre
Ph: 9534 0531
- St. Vincent's Hospital
Liver Clinic: 9288 2898
Hepatitis Clinic: 9288 3580
- Werribee Mercy Hospital
Ph: 9216 8633

Healthy using tips³

Tip No.1: To Chew or Not to Chew.

Over the last couple of months I have been out and about doing heaps of peer education, particularly around the issue of overdose. One issue which I have heard about time and time again from current drug users is that many people put either the fit cap or the balloon their drugs may have been wrapped in, into their mouth when they are mixing up a shot. Ok, what's the big deal with that, you may say?

Well, the danger is, that if a person who has a cap or balloon inside their mouth collapses and/or overdoses the cap/balloon could become lodged in their throat or lungs. Anybody who provides mouth to mouth resuscitation may not see the cap or balloon, thus blowing it down into the persons'

throat or lungs by accident. Depending on the circumstances, this could kill the user who has overdosed as no matter how good their friends were at giving first aid, if the air can't get into the person's air-way, they will lose oxygen and may even die.

So: don't chew the fit cap, the balloons or even anything else when you are mulling up and injecting! It's just not worth the risk!

Tip No.2: Avoiding Needlestick.

Over the last few years there has been a lot of debate about whether re-capping a fit after use is a good idea or not. A lot of users believe that if they re-cap their fit, there is less likelihood of somebody being injured by stepping on it or picking it up. Well, this is a good point, BUT, if you are used to re-capping your own fit and you accidentally pick up somebody else's, it is most likely you will also re-cap it too. Re-capping a fit that somebody else has used, is risky due to the potential of missing and getting a needle stick injury.

Breaking off the needle? This one makes me really angry! The potential of getting accidentally stabbed when trying to break a needle tip off is huge. Again, if you break the tip off your fit, you may get stabbed by somebody else's fit if you accidentally picked that up instead of your own. But the big problem with breaking off the tip is the potential of dropping the needle tip (after it is broken off), onto the floor. A loose needle tip is really hard to find on a lino floor, let alone a carpet!!! Think about how small a needle tip is and how risky it could be if anybody stepped onto a loose one. Further, the last thing anybody wants to do after having a shot is to be searching the floor for a needle in a shag pile carpet!

However, if you can dispose of your fit straight after your hit in an appropriate container then you never have to re-cap or break off the tips, and you'll never have this problem. It's your choice.

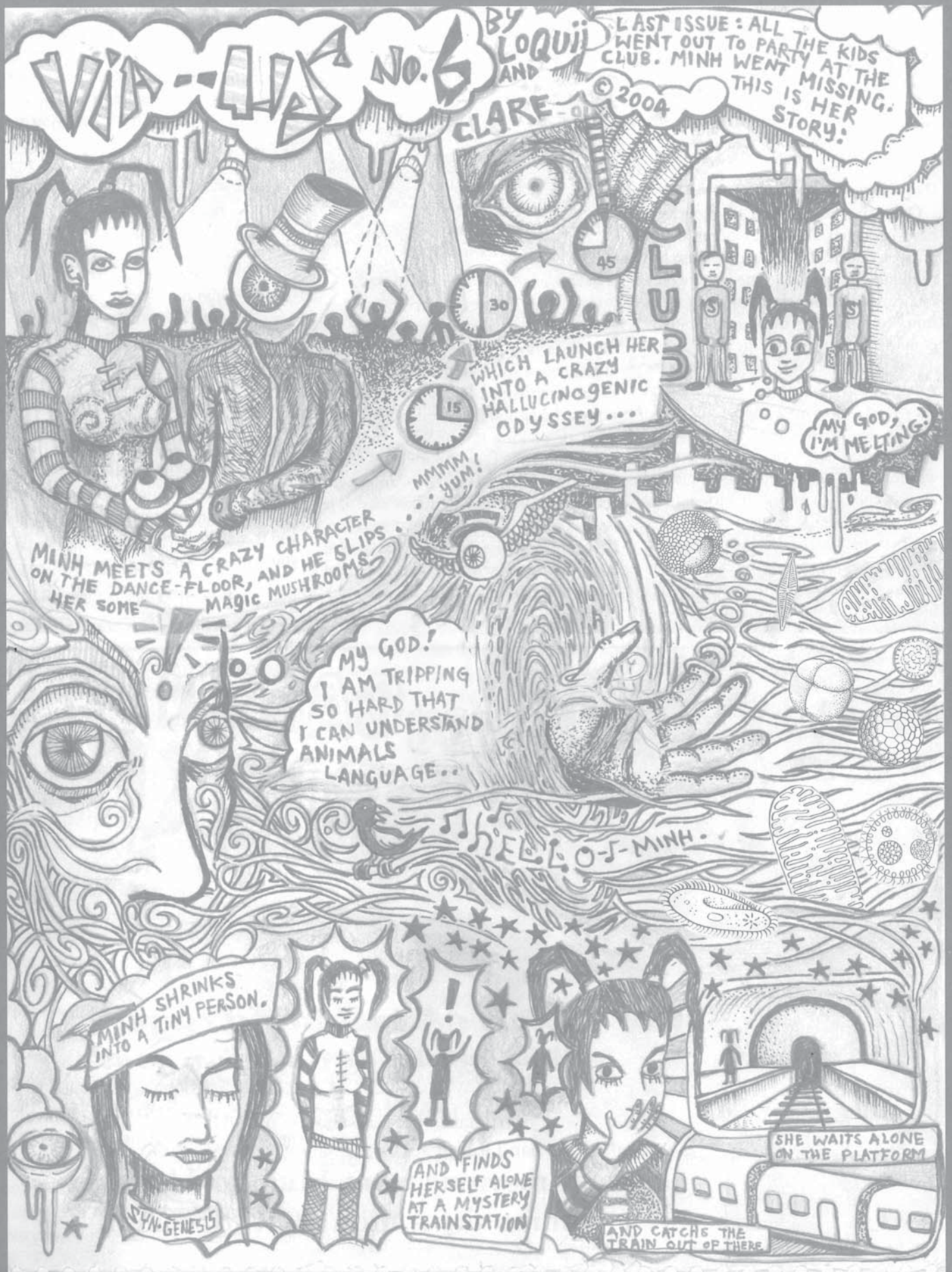
Sarah Lord.
Drug Overdose Prevention Officer

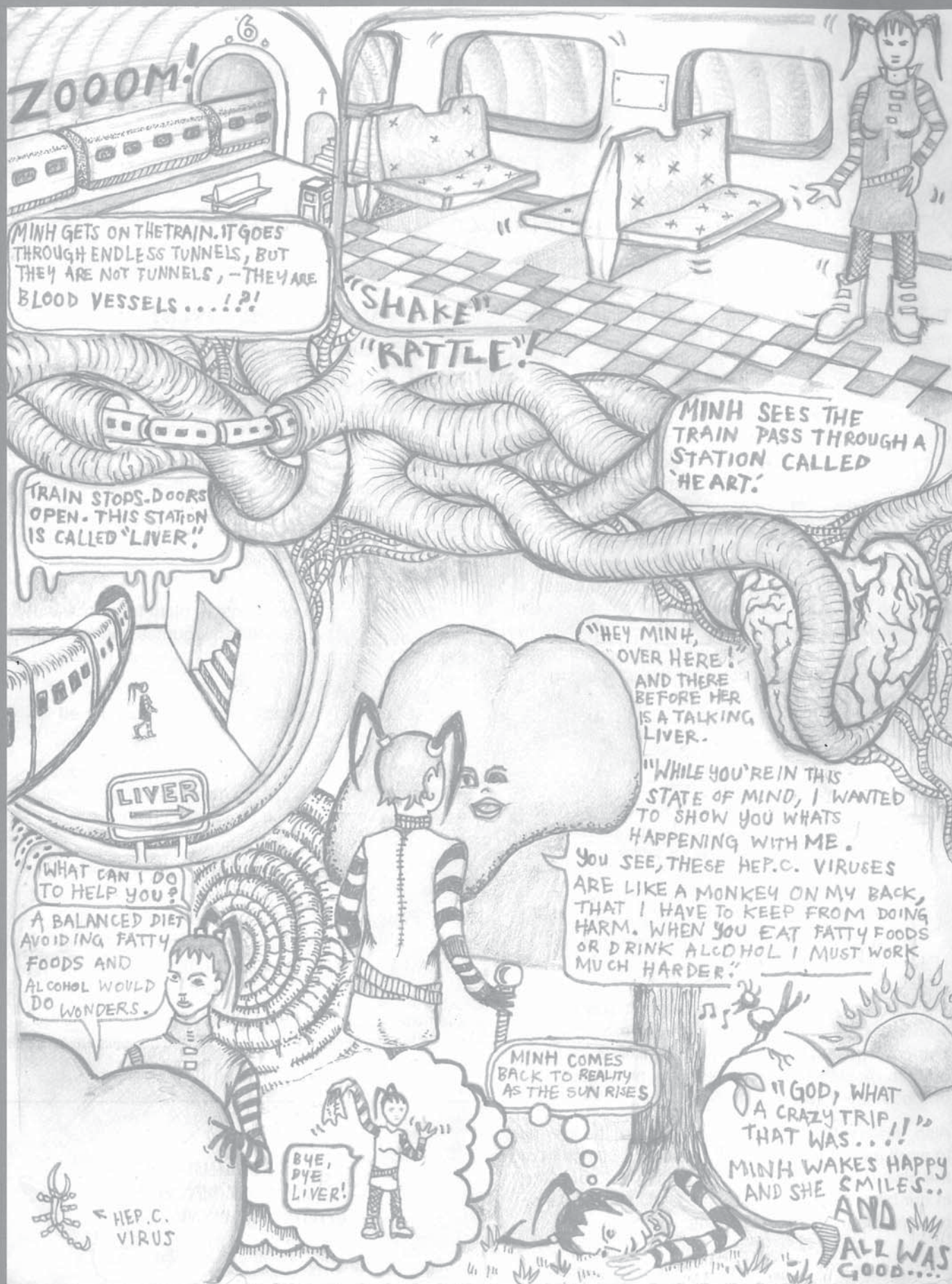
WHO YOU CALLIN' A PRICK?



***Sick of talking drugs?
Why not let us do it for you?***

Drugtalk, the radio show of VIVAIDS,
the Victorian Drug User Organisation, hits the airwaves every
**Tuesday morning from 11am to 11:30am on
community station 3CR (855AM).**





ZOOM!

MINH GETS ON THE TRAIN. IT GOES THROUGH ENDLESS TUNNELS, BUT THEY ARE NOT TUNNELS, -THEY ARE BLOOD VESSELS....!?!

"SHAKE"
"RATTLE!"

MINH SEES THE TRAIN PASS THROUGH A STATION CALLED 'HEART'.

TRAIN STOPS. DOORS OPEN. THIS STATION IS CALLED "LIVER".

LIVER

"HEY MINH, OVER HERE! AND THERE BEFORE HER IS A TALKING LIVER."

"WHILE YOU'RE IN THIS STATE OF MIND, I WANTED TO SHOW YOU WHATS HAPPENING WITH ME."

YOU SEE, THESE HEP.C. VIRUSES ARE LIKE A MONKEY ON MY BACK, THAT I HAVE TO KEEP FROM DOING HARM. WHEN YOU EAT FATTY FOODS OR DRINK ALCOHOL I MUST WORK MUCH HARDER."

WHAT CAN I DO TO HELP YOU?
A BALANCED DIET AVOIDING FATTY FOODS AND ALCOHOL WOULD DO WONDERS.

MINH COMES BACK TO REALITY AS THE SUN RISES

BYE, BYE LIVER!

"GOD, WHAT A CRAZY TRIP, THAT WAS...!!"
MINH WAKES HAPPY AND SHE SMILES..
AND
ALL WAS GOOD....

 **HEP.C. VIRUS**



The hepatitis C virus affects the liver as this is where the virus can replicate (inside liver cells). So when infection occurs the hepatitis C virus sets up camp in this most important organ.

The hepatitis C virus causes inflammation of the liver. Over time this inflammation can cause scarring, which is called hepatic fibrosis. Severe scarring of the liver is called cirrhosis. Only a small amount of people with hepatitis C develop cirrhosis and this usually occurs many years (up to 30 years) after the time of infection.

The liver is a very clever organ. It can regenerate (make new cells grow in place of destroyed ones). So when the virus destroys a liver cell a new one can grow. However, when infected with hepatitis C the liver may be forced to regenerate large amounts of tissue at a rapid rate and this can eventuate in scarring and cirrhosis.

WHAT DOES THE LIVER DO?

- ◆ Cleanses the blood in the body.
- ◆ Once what we eat and drink are absorbed by the stomach the liver then turns this into nutrients such as proteins and carbohydrates, which are vital for our bodies to function.
- ◆ Toxic substances such as drugs and alcohol are neutralised and detoxified by the liver.
- ◆ Produces bile, which is needed for digesting foods in the stomach.

So if the liver is impaired or damaged it may find it harder to perform these functions. For example if the liver can't produce enough bile it is difficult for the body to digest some foods (such as processed or foods high in fat).

Also, when a lot of alcohol is consumed, the liver has to work harder to eliminate the toxic substance from the bloodstream. If the liver couldn't get rid of toxins in our body then we would constantly feel sick and not be able to function properly.

WHAT CAN HELP THE LIVER?

- ◆ A good balanced diet;

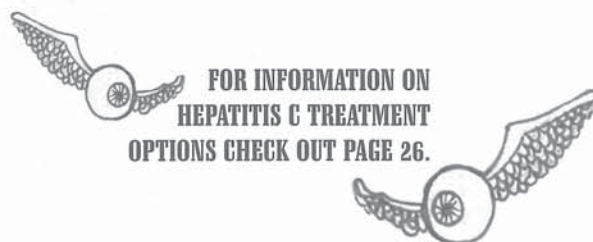
People with hepatitis C don't have to eat any special diet just a good balanced diet can do wonders, this means eating a variety of foods from the five food groups.

- ◆ Bread, cereal, rice, pasta, noodles
- ◆ Vegetables, legumes (beans, lentils, chickpeas, etc)
- ◆ Fruit
- ◆ Milk, yoghurt, cheese
- ◆ Meat (lean), fish, poultry (chicken), eggs

A general rule is to eat plenty of plant food: bread, rice, cereal, pasts, vegetables, legumes and fruit. And animal foods in moderation: milk, cheese, meat, fish, eggs.

- Fresh fruit and vegetables are good but canned can be just as nutritious.
- Avoid foods high in fat. The liver finds fatty foods harder to break down, so to make its job easier eat foods low in fat and also try to avoid highly processed foods.
- Alcohol has proven to be quite toxic to the liver so avoiding alcohol or drinking in moderation is a good idea. People with hepatitis C who drink more than one alcoholic drink per day may develop more liver complications than people who have hepatitis C and don't drink.

Information taken from the AIVL Really Positive series booklet no. 2 "Staying Healthy with Hep C" (These booklets are available at VIVAIDS)



NOTHING WRONG

IF THERE
IS NO WRONG WAY
TO SELF CARE



youth section no. 3

nothing wrong

Language is a funny thing. According to my dictionary, the word 'queer' can mean anything from "strange" to "slightly ill"! What then of the queer person who uses illicit drugs? Add in being a young person while you're there. Sheesh, as if deciding your own sexuality wasn't enough! You hear people say, "It's only words. What does it matter?" Well, I've been known to reply, "So you won't mind me calling you 'Toad Face' from now on? It's only words after

all." Queer, drug user, young person; sure, they're only words, but they really do mean something and words are a reflection of how we perceive the world around us. This is where I make things even more complicated, as people can redefine the words that affect them. Re-enter the word 'queer'. Participants in the 'Queer Users of Illicit Drugs' (QUID) group have made a choice to use the word 'queer' to describe themselves. It's a wonderful thing about the world

we live in. The freedom and ability to make decisions about who we are. Or that's how it should be anyway. The third youth section of 'WHACK' magazine that you are about to read has been kindly submitted by the QUID group, which is just one part of the Buoyancy Foundation (check the last page). I've said enough. It's time to let the QUID crew decide...

Joseph Kim.
Young Drug Users Peer Education Officer

the quid group



In my own recovery I attended general groups and did not feel safe to talk about all my issues. I did not feel my experience would be given equal respect as straight members of the group

I wanted to create a space where queer community members could feel safe to talk about their story in a group who had an understanding of queer experiences first hand.

The QUID Group offers a safe space for members of the queer community to receive and offer support to each other. A space to forum what members see as their community and how they would like to participate and

contribute within their chosen community. This is also a space to focus on contribution to the self and the many manifestations of self care.

There is no set program as meetings focus on the immediate needs of those who attend so people can come and go from the group, as they need. Group members are welcome to participate in other activities of the buoyancy program. The Buoyancy Foundation continues to be of service to many communities and cultures.

Philip
QUID Group Facilitator



it's the gum for him

I'm pumping at it like a pro,
'til I'm dripping its tears,
 'til it hurts,
I'm such a whore for this,
 The coldest of wars,
The battle of indifference versus
 consequence,
 Writhing in pain,
 In silence,
 It continues,
Smiles abound from all around,
To let me know, I'm not there yet,
 And don't forget,
That this is good for you,
 This is healthy.

to continue

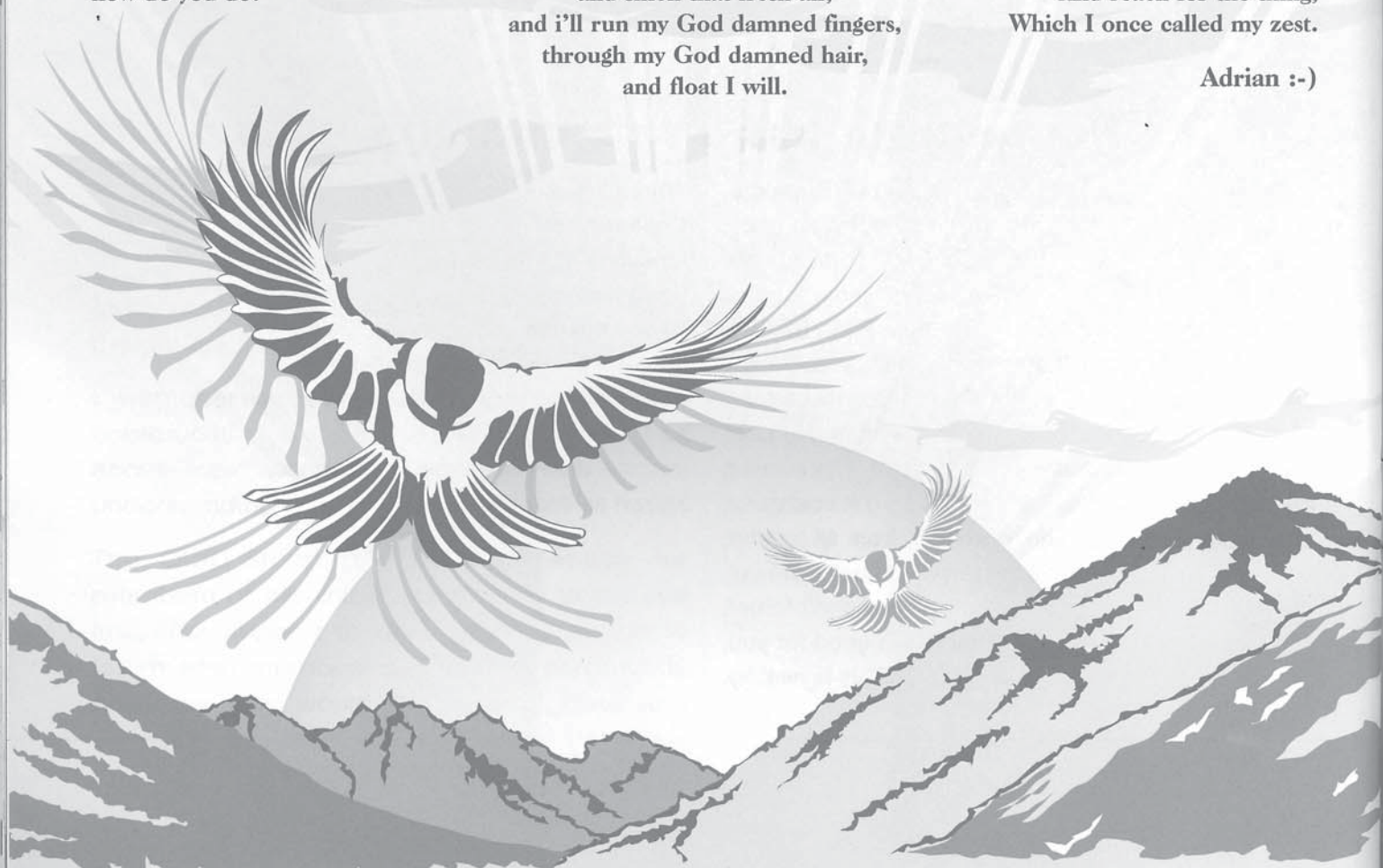
Where the predisposed emotion,
Captures itself out again,
Its surety has no place,
I wait patiently,
To see the new day,
That will set me free from need.
Auspicious light carresses the freedom I feel,
As I venture again,
Into this unknown/ familiar landscape,
known as desire.

I am small,
 but don't dismiss me,
 you cant see me,
 but also can't miss me,
 I'll always try,
 to let you see clearly,
 when you don't trust me,
 I'll still love you dearly,
 for you I'm always,
 a helping hand,
 some borrowed legs,
 on which you can stand,
 through your trial and error,
 I'm always loyal,
 I have a small voice,
 but I'll never foil,
 carry me,
 upon your sleeve,
 have trust in me,
 I'll never leave,
 you need to use me,
 now let's be true,
 I'm the only thing,
 that will get you through,
 my name is courage,
 how do you do?

Then til now,
 I travelled,
 at a quick pace,
 endless travel,
 back from the ocean,
 towards the sand,
 with your fingers,
 still in my hand,
 awakening,
 from a tunnel,
 a spiral,
 a paralell street,
 mistakes are fast,
 and the healing is slow,
 healing is lonely,
 with nowhere to go,
 no left nor right,
 it's a timely fight,
 but one I'll persue,
 like a room with a view,
 I'll climb up that hill,
 in such and such ville,
 and when I reach the peak,
 I'll be standing still,
 I will wait for a while,
 and smell that fresh air,
 and i'll run my God damned fingers,
 through my God damned hair,
 and float I will.

Freedom from monotany,
 take me with you,
 I'm feeling stick behind,
 Help me to unwind,
 I want to be there,
 When I'm still over here,
 To be in a place,
 Where I have no fear,
 Where I can feel free,
 With the powers that be,
 To break out of this dome,
 To rupture these depths,
 That have become my home,
 To rise above,
 To grow my wings,
 And fly into love,
 Into the heavens above,
 To be an example,
 Which I have leart ample,
 To respect my disease,
 That I'm putting at ease,
 To rest,
 And relax with the best,
 Take it all off my chest,
 And get out of this nest,
 And reach for the thing,
 Which I once called my zest.

Adrian :-)





BOUYANCY FOUNDATION

MISSION STATEMENT: To create and offer opportunities to participate in a culture of self-expression and contribution.

VISION: Inspire others to create and offer opportunities to participate in a culture of self expression and contribution. Model an impeccable level of integrity and accountability.

QUID

Queer Users of Illicit Drugs.
A support group for gay, lesbian and bisexual drug users. QUID members may join and leave the group at any time.

MUNKIES

A support group for cannabis users dealing with the management of stress and relationships. No need to book.

ART

A fine arts teacher is available Friday. Materials Provided.

SHIATSU

This is a clothes-on massage.
People feel deep relaxation and an increase in energy, giving strength and a sense of well being.

MEDITATION

Only fifteen minutes can bring people into the present moment enabling them to manage stress in any situation.

NEEDLE EXCHANGE

Aims to minimise harmful effects of drug abuse such as HIV and Hepatitis C, through increased education and awareness, safer injecting and safe sex. Overdose prevention and management.

NON-DRUG USERS

A support group for families, friends, professionals, partners, siblings and relatives of drug users. People attending the group can expect all questions answered and report increased clarity and peace of mind in considering their choices.

YOUNG VIETNAMESE WOMEN AND DRUGS PROGRAM

Focuses on needs of women age 12-26 in the vietnamese community.

CHINESE HERBAL MEDICINE

Traditional health practices available.

EMPLOYMENT AND TRAINING

A computer is available with a resume pro forma, email and internet access for participants to seek employment and training.

MEM'S

Music and movement for health, fun and project development.

ENVIRONWORK

Revegetate with native plants.

TO DROP IN OR MAKE AN APPOINTMENT

Please phone (03) 9429 3322



STREET ADDRESS - 293 Punt Road, Richmond, 3121.

POSTAL ADDRESS - PO Box 2143, Richmond Sth, 3121

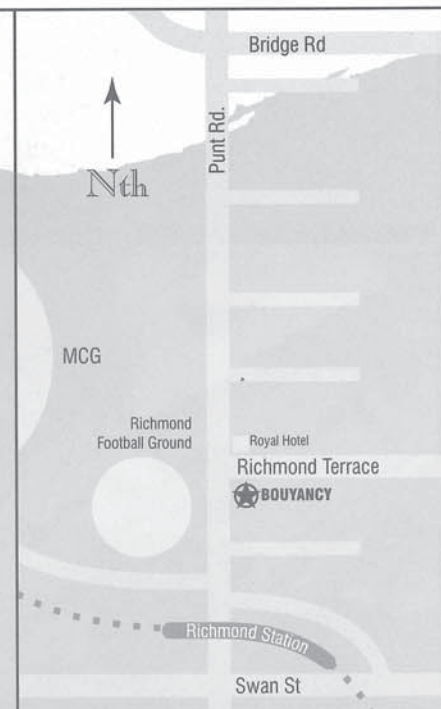
EMAIL - info@bouyancy.org.au

WEBSITE - <http://www.bouyancy.org.au>

TELEPHONE - 03 9429 3322

DEAF TELEPHONE - TTY 94218986

FAX - 03 9428 3655





OPEN YOUR MIND and feed it to us

*we are hungry - oh so hungry for your ideas - we know that you've got them
there scurrying around your heads, frantically looking for an exit, and what better
place to spill them, what better home could they have than these pages we
have devoted to expressing your views and letting you have your say.*

WE HAVE A THIRST TO QUENCH, AND IT IS YOU THAT HOLDS THE GOLDEN NECTAR

Whether it's personal or political, uplifting or sombre, and in almost any form you so desire:
story, poem, picture, painting, photo, cartoon, sketch or drawing.

Items can be dropped off at: VIVAIDS 275b Smith St, Fitzroy, 3065
mailed to: VIVAIDS, P.O. Box 2435, Fitzroy, 3065
OR E-mailed to: damianvick@vivaid.org.au
Inquiries: 1800 443 844

-USER'S VIEWS-

Welcome back to 'User's Views', a section of the magazine entirely devoted to the stories and ideas of the using community. The contents of the next seven pages do not necessarily represent the policies and views of VIVAIDS.

EASY PREY

I picked up the needle, my back hurt,
I was in a lot of pain,
I filled the needle full with morphine,
Then released it into my vein,
Within seconds, what a rush,
The world started to spin around,
The pain in my back was reduced by half,
I thought, "What a miracle I've found",
The very next day I did it again,
With my morphine I had another whack,
But I did not realise where I was heading,
And soon there would be no going back.
Before long the addiction took hold,
Having a whack was ruling my life,
I lost my friends, I lost my family,
And I'm afraid I'm losing my life!
The dangers of becoming hooked,
Not an abuser but a victim,
Within such a short time without me knowing,
I fell prey to morphine addiction!

Anonymous.

SOUL SEARCHING

I will find the courage,
I'll be brave and believe,
That all I have dreamt of,
I still can achieve.

I will cull all of my demons,
who mock and torment,
I'll trade them for angels,
Innocent and content.

I trust in my angels,
To kiss better my soul,
To love and to guide me,
To make me feel whole.

By Danielle. 2003

-USER'S VIEWS-

Seeing GREEN

Marijuana use extends back as far as 3000 years with advocates from all walks of life. Politicians, media personalities, even our trusted officers of the law have been known to use cannabis with little to no side effects. A study in the U.S stated cannabis is 'the safest therapeutic drug known to mankind' but is it in fact as safe as it may sound? Over 76% of Australian citizens believe cannabis should be decriminalised, and over 39% have tried it at least once in their lives. In my late teens to early twenties I was a vocal advocate of Marijuana use. Brandishing a drypipe key ring and Bob Marley T-shirt I marched on parliament chanting pro-cannabis slogans along with countless others. "EDUCATE NOW! LEGALISE NOW! IT'S NOT WRONG TO BONG!" could be heard as curious onlookers wore expressions varying from disgust to amusement, while others spontaneously joined the march.

Like seagulls swooping in on a discarded French fry, the media was in abundance, cameras rolling on all members of the procession. The social and racial groups represented were amazingly varied from gothics to rastas, whites and blacks, the young and the old. Even businessmen carrying their briefcases, perhaps out for lunch (and a quick 'smoko') marched displaying a unified solidarity.

When a brief coverage of the event appeared on the nightly news I eagerly watched hoping to see myself smoking a five inch joint. Not surprisingly, the only face shown was that of a rather unique individual clad in torn tie dye with no less than a dozen facial piercings and bright purple dreadlocks (talk about unbiased journalism).

The demonisation of Marijuana by media and government is nothing new to Western society. In years gone by flyers warned of 'the deadly narcotic Marijuana' with the image of a woman being injected by an unsavory looking character. Cannabis is to this day wrongly classed as a narcotic in the United States. Ignorant misinformation such as this has sewn the seed of misunderstanding that exists to this day, but the question must be asked, is Marijuana safe for daily use?

I began smoking Cannabis at the age of 17, a social unknown, I discovered a new confidence I had never felt. The simple act of smoking marijuana elevated me from the shy and quiet crowd to the social elite in high school, and when it became known that I was a hip hop fan as well as a pothead, the change in people's

view of me was drastic to say the least. I believed marijuana was the answer to all my prayers.

As the years went by circumstance led me down the path most, if not all, Whack readers have found themselves on, that of experimentation. I came to the belief that cannabis is the ONLY safe recreational drug both licit and illicit. I preached the virtues of cannabis use to any and all listeners, even tattooing that ever familiar leaf on my body, wearing it like a badge of honour.

As the years flew by my curiosity led me to other illicit drugs, from amphetamines to opiates. Experimentation with most substances was fleeting until heroin found its way into my heart (both metaphorically and literally). Many years of heroin abuse peppered with attempts to abstain brought me to the decision to flee the big city and move into a small country town outside of Perth city where in no time I established myself as one of the most successful wholesale/retailers of cannabis.

As those of you who have lived in a small country town would know, there is little to do aside from work, drink alcohol, and or smoke weed. Unemployed and a non-drinker I found myself with only one pursuit, SMOKING WEED! I found myself smoking an obscene amount of marijuana each day until I finally snapped... DRUG INDUCED PSYCHOSIS. I fled the non existent conspiracy between the local biker gang and police to run me out of town and returned to Melbourne where my

condition only worsened. Walking the streets in a paranoid stupor I was taken into custody by the police and taken to the local public hospital. Extreme paranoia and unprovoked aggression secured me a bed for over four weeks, while daily I.M (intra-muscular) injections and frequent stays in what I knew as 'the suicide cell' brought me to a state of despair. I believed all patients were undercover police conspiring to 'drive me insane'.

The extent of my paranoid delusions subsided with time, and various antipsychotic and antidepressant medications slowly brought order to my thought process. The realisation that even a natural herbal substance can be severely

damaging to a healthy mind was a major blow to my many years of pro-cannabis belief. After 6 months on antipsychotics, and ongoing antidepressant medication my mind feels healthier and clearer than it has in many years. It is said 'whatever doesn't kill you makes you stronger', in my case I believe that to be true. To this day I believe cannabis is a safe substance when used in moderation, as many psychoactives are. Alcohol is used by millions every day with no ill effect, while others suffer lifetime addiction. Each individual must gauge their own tolerance to any substance from Cannabis to sugar, every case being different. From paracetamol to MDMA (methyldioxy-methamphetamine), excess can damage you.

A.I.A

-USER'S VIEWS-

In the end, it is about two things for me: the illegal market and the humanity of drug use. That's all. Based on the experience of the 'Drug War', drug users like myself have observed that it is from within the illegal drug marketplace that a whole host of harms arise, whilst the natural demand for intoxication not only drives the 'black' economy, but also compels people with real insight to insist upon an alternative way for the drugs in question to be distributed.

Where does the demand for intoxication come from? According to some drug users that I have spoken to, it has only been around since the mid-nineties when they and their friends started getting into drugs ("Oh, what! These drugs were once legal? They've been around for ages? No way!"). Even though I have been impressed by the informed folk that I have come across in various settings, I have to say that on the whole it feels like the Joseph Stalin drug education package has been the foundation upon which most people's ideas of drugs has been built. For anyone who doesn't know, Stalin came to hold the reigns of

adrenalin rush of mountain biking, humans have loved the thrill of chemical interactions for a very long time. Heck, we are all just big walking chemical interactions in the end! I have come to love the thrill of chemical interactions because it provides me with experiences that I find enjoyable and/or profound. It doesn't matter whether I am feeling fantastically amazing, reeling from past traumas, bummed from a drag of a day or content with a satisfying life: the drugs can and often do work!

However, I am not saying that I haven't undergone difficulties with my drug use. The consistent and irregular use of heroin, amphetamines, LSD, cannabis, nitrous oxide and MDMA, has been both marvellous and incredibly challenging. How could it not be given the circumstances? This is where my first "thing" re-enters the picture. Okay, I am very willing to admit that there is a link between illegal drug use, vulnerability, mental health issues and people who have undergone traumatic experiences. With a drug like heroin, for example, this makes absolute

myself and with others. Drugs have also contributed to my maturation and the development of my consciousness as a continually learning human being. Add to this, ten years of injecting drug use without the contraction of a blood-borne virus. Of course, my experience is not only related to the drugs themselves, but also to the people, places and situations that have accompanied my use. I speak to many others who can relate in one-way or another to what I have just stated (including people who are supposedly "fucked up").

Now that I have addressed the "fucked up" question, I can now move onto how incredibly frustrating and often destructive the 'black' market is. Okay, so given that drugs can be a normal human practice and given that many people do have positive experiences with them, what is the reasoning behind forcing human beings to conduct their drug-related business in an illegal arena? I may have an extra string to my bow but the conditions under which I exercise it mean that I could face criminal

deemed UNSUITABLE

the Soviet Union and thought nothing of rewriting history. You know, alter the odd photo here, distort the odd fact over there and murder the occasional comrade. It really does feel like there has been a concerted effort to erase the collective memory of what place drugs have had in the history of humankind. Our institutions love to remind us of our "forefathers" when it suits their interests, but heaven forbid discussing history with regards to drugs and their use.

The demand for intoxication is just one part of the human condition and drug use is just one way that it is expressed. Whether it's the altered state that is dizziness, the bliss of MDMA or the

sense, as the world's greatest pain reliever is a likely candidate in the treatment of people's pain. With illegal drugs overall, though, including heroin, people from all walks of life have undertaken the decision to use them. Even if currently illegal drugs were only used by the "mentally ill"; does this justify conducting a war against fellow human beings whose only crime is to seek the effects of a drug?

Taking into account the difficulties and pressures that have accompanied my life, I can still honestly state that my use of the drugs in question has added to and benefited my life. I now have another string to my bow in the never-ending quest for pleasure and meaning, both within

prosecution, poverty, blood-borne viruses and unfair discrimination, to name but a few. What's that? Why use the drugs in question when these are the potential risks? Good question. Which brings me back to my second "thing". The drive for intoxicating experiences is not just natural. It is human. And, as is to be expected, different people have different drives for intoxication.



-USER'S VIEWS-

In fact, some humans either have no drive or have chosen to ignore their drive. To use an analogy, though, does one person's lack of interest in sex, another human drive, mean that the world needs to stop having sex in order to tackle the problems of unwanted pregnancy and sexually transmitted disease?

Really, I can best speak for myself in these matters. I have lived my life according to a philosophy that often stands in contrast to the powers-that-be and this has meant questioning in practice some of the laws that I have been forced to live under. Unfortunately, a law is a very powerful tool and can go so far as to kill people. It is a fact that I was reminded of when watching a documentary on ancient Rome where a hero was labelled a criminal by the rulers of the time. Some guy named Jesus Christ. All throughout history, though, masses of people have continued with choices that have been deemed illegal by the authorities of the time and, whether the issue is religion, sexuality or freedom of thought, experience has shown that the law is not perfect, resulting in changes to it. I too have chosen to live a significant aspect of my life according to what I believe to be human and not what some uninformed institution deems is best for me. It is a decision based upon my right to express my humanity, to have complete control over my own body and to treat others as I would have them treat me. And I know that I am not alone in this decision.

By Hocked Box

EDITOR'S NOTE:

VIVAIDS would like to re-iterate its stance that we do not condemn or condone drug use but accept that it does occur and that people use drugs for many different reasons. This article has been included as it is one user's perspective on drug use and culture but does not necessarily reflect the ideals and principles of VIVAIDS.



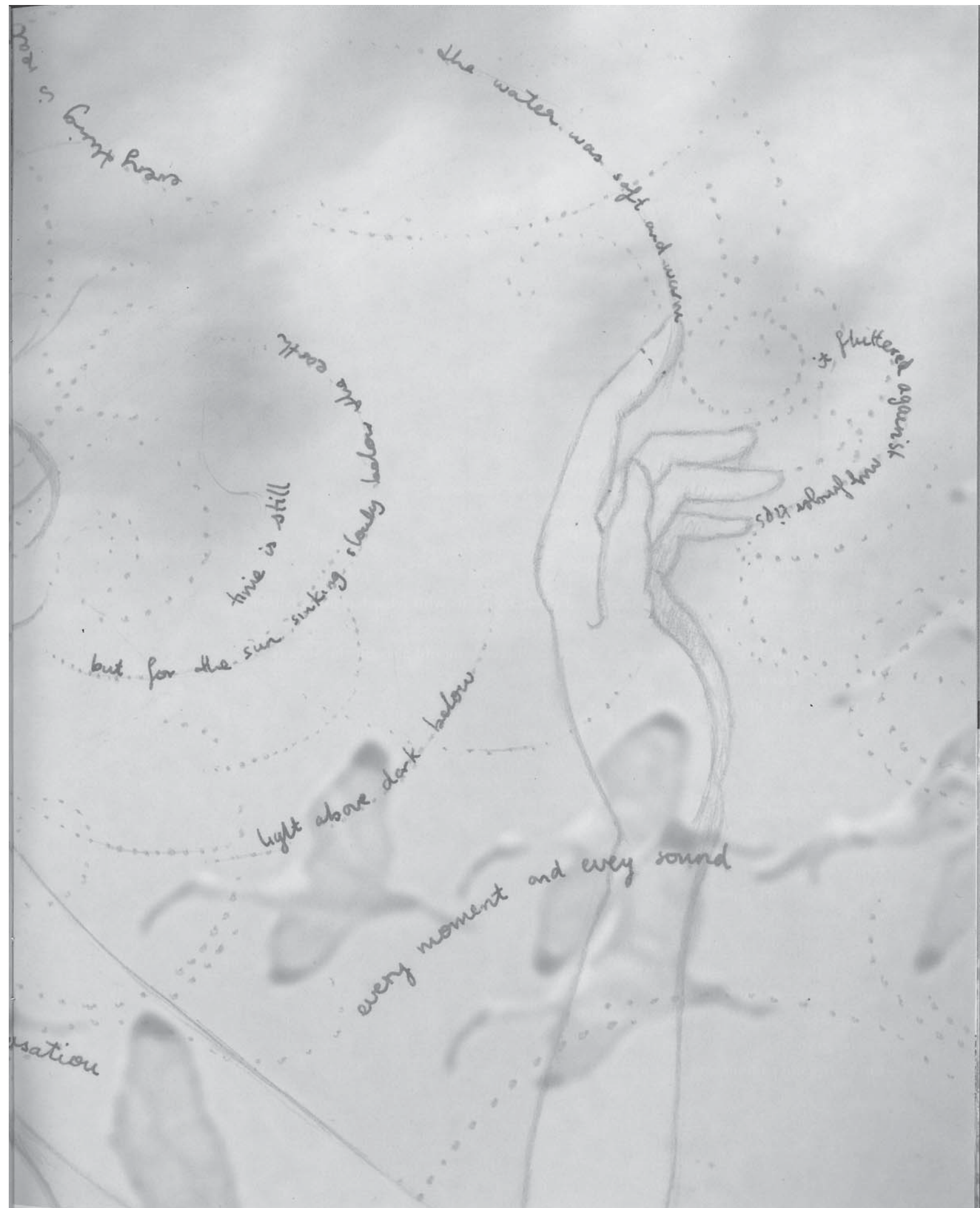
the beauty around me is overwhelming

the world has never felt more real

and never more

impossible
to exist at all

i am aware of every sensation
i am aware of every sound



how life's been

Hey little girl...
can you spare a taste for me?
When strawberries are dipped in white sugar,
nothing goes for free...

Hey little girl...
how has your life been?
Her tender mouth opened and she answered me,
"rape, abuse and broken households, that's all I've ever seen"
"I'm very sorry to hear that sweetie" I replied,
as I jacked back lies in liquid form
and pushed them into my tortured arm.

"Maybe we should go away for a while and come to terms with what has already been."
"I'd love to," she replied,
"but it's getting late and I need to do a few jobs before the old girls hit the streets"
"It's okay" I said smiling
"I understand your life, no bother, I see".

L.W. 2004

the warmth of another

Jet through the streets,
rush no more,
The white whore dances,
She takes it all.
Gone are the days of warmth and purity,
instead they are painted over with chalky mist.
Yet I'd trade all the beigh,
all the clear,
all the mist,
for your hand to hold and lips to kiss.

L.W. 2004



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F: (03) 9415 7055

E: vivaids@vivaids.org.au



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WESTERN METRO

ALTONA
9398 1309
ALTONA MEADOWS
9360 7555
FOOTSCRAY/ WRAP
9687 5202
INNER WEST OUTREACH
SERVICE (IWOS)
Mon-Fri. 10am-5pm
1800 170 556
MELBOURNE/ APHAP - Outreach:
Mon-Fri. 11:45am-11:15pm
Sat-Sun. 12:00noon-4:00pm,
7:00pm-11:15pm
1800 700 102 / 0412 155 491
MELTON
8746 1100
NIDDRIE
9379 4794
ST ALBANS
9296 1200
WERRIBEE/ Mercy Hospital
9216 8600
WERRIBEE/
Anglicare Family Services
9742 5300
WILLIAMSTOWN
9932 1000

NORTHERN METRO

BROADMEADOWS
8345 5396
BRUNSWICK
9319 9419
CARLTON/ Nth Yarra
Community Health
9349 7333
CARLTON/ Melbourne
Sexual Health Centre
9347 0244 / 9347 8619
COBURG
9350 4000
COLLINGWOOD/ North Yarra CHS
9411 4333
COLLINGWOOD/ Melbourne Inner
City AIDS Prevention Centre.
9417 1466
Outreach 7 days
7:30pm - 11:15pm
0418 179 814
ELTHAM
9431 1333
EPPING
9409 8787
FITZROY/ North Yarra CHS
9411 3555
FITZROY/ Turning Point
8413 8413
FITZROY NORTH
9481 0671
GLENROY.
9304 9100
Outreach: 7 days.
7:30pm-11:30pm
0418 170 556
GREENSBOROUGH/ Banyule CHS
9433 5125
GREENSBOROUGH/
Nillumbik Shire
9433 3111
HEIDELBERG WEST
9450 2000

NORTHCOTE/ Darebin CHS
9489 1388
RESERVOIR
8470 1111
Outreach: 7 Days
7:30pm - 11:15pm
0418 545 789
RICHMOND/ Nth Richmond CHS
9429 5477
RICHMOND/ Bouyancy Foundation
9429 3322

EASTERN METRO

BELGRAVE
9754 8963
BOX HILL (CHOPER)
Outreach: 7 days
7:30pm - 11pm
0414 266 203
BOX HILL/ Whitehorse CHS
9890 2220
HEALESVILLE
1300 130 381
HUGHESDALE
9568 2599
LILYDALE
9739 4577
RINGWOOD EAST
9879 3933 / 9871 1800
YARRA JUNCTION
1300 130 381

SOUTHERN METRO

ALBERT PARK.
9699 5588
Outreach: Tue, Wed, Fri, Sat.
8pm-10:30pm
0409 179 127
BENTLEIGH EAST
9575 5333
BUNYIP
5629 5204
CAULFIELD
9523 6666
CHELSEA
9781 9333
COCKATOO
5968 8146
DANDENONG/ SEADS
Outreach: Thur-Sun
6:30pm - 9:45pm
1800 642 287
DOVETON
9791 5700
FRANKSTON/ Integrated
Health Centre.
9781 1622
Outreach Mon - Wed
6:30pm - 9:45pm
1800 642 287
FRANKSTON/ SHARPS.
9781 1622
Outreach: 7 Days
6:30pm - 9:45pm
1800 642 287
FRANKSTON/ City of Frankston
9784 1931
MORNINGTON
5975 1644
PAKENHAM/ Andrew Rewell
Priceline Pharmacy
5941 1933

PAKENHAM/ Cardinia-Casey CHS
5941 0500
PRAHRAN
9525 1300
ROSEBUD
5986 1285
SOUTH YARRA
9865 6700
SOUTH MELBOURNE
9690 9144
ST KILDA/ Inner Sth CHS -
Inkerman St
9534 8166
ST KILDA/ Inner Sth CHS -
Mitford St.
9531 8166
ST KILDA/ Solly Lew Pharmacy
9534 8084
ST KILDA/
Health Information Exchange
9536 7777
ST KILDA/ Rhed
9531 8166 / 0419 204 811

BARWON STH WESTERN REGION

AIREYS INLET
5289 6432
ANGLESEA
5263 1952
APOLLO BAY
5237 8500
COLAC
5230 0140
CORIO
5273 2200 / 1800 196 850
GEELONG/ Barwon Health
5273 4000
GEELONG NORTH
5277 0044
GEELONG WEST
5222 1700 / 1800 196 850
HAMILTON
5571 0222
HASTINGS
5979 2894
NEWCUMB
5260 3333 / 1800 196 850
PORTLAND CHS
5523 4000
PORTLAND/ District Hospital
5521 0333
TORQUAY
5261 3001
WARRNAMBOOL/ WRAD Centre
5560 3207
WARRNAMBOOL/ Ballarat CHS
5338 1277
WARRNAMBOOL/ Brophy Family
& Youth Services
5561 8888

GRAMPIANS REGION

ARARAT
5352 1007
BALLARAT
5333 1635
DAYLESFORD
5348 2523
HORSHAM/ Palm Lodge Centre
5381 1062

HORSHAM/ Wimmera Base
Hospital
5381 9274
HORSHAM/ Aboriginal Co-op.
5382 5033
Outreach: Mon-Fri. 9am-4pm
0407 868 379
MOUNT HELEN
5327 9477
SEBASTOPOL
5335 6661
STAWELL
5358 3700

LODDON MALLEE REGION

BENDIGO
1800 636 514
Outreach 7:30-11pm
CASTLEMAINE/ District CHS
5479 1000
EAGLEHAWK
5434 4300
ECHUCA
5480 6111
INGLEWOOD
5438 3000
KANGAROO FLAT
5430 0500
KERANG
5450 9200
KYABRAM.
5857 0200
Outreach Mon-Fri 9am-4pm
5857 2400
KYNETON
5421 1666
MARYBOROUGH
5461 3222
MILDURA
5023 7511 / 5025 2104
MERBEIN
5025 2104 / 5023 7511
NUMURKAH
5862 0555
SWAN HILL/ Aboriginal Co-op
5032 2964
SWAN HILL/ District Hospital
5033 9231

HUME REGION

ALEXANDRA
5772 0900
BENALLA
5762 2299
COBRAM
5871 0777
MANSFIELD
5775 2111
MYRTLEFORD
5752 1822
SEYMOUR
5793 6100
SHEPPARTON
5823 3200
Outreach Mon-Fri 9am-5pm
5823 3232
SUNBURY
9744 4455
WANGARATTA/
District Base Hospital
5722 0261 / 5722 0111

WANGARATTA/
Ovens & King CHS
5722 2355
WODONGA
02 6022 8888
YARRAWONGA
5743 8111

GIPPSLAND REGION

BAIRNSDALE
5152 0222
CANN RIVER
5158 6274
CHURCHILL
5122 0400
GISBORNE
5428 3000
KORUMBURRA
5654 2702
LAKES ENTRANCE/ Healthlink
5155 1151
LAKES ENTRANCE CHS
5155 8300
LEONGATHA
5667 5527
MALLACOOTA
5158 0603
MOE
5127 9100
MORWELL
5134 2011
NOWA NOWA
5155 7294
SALE/ Central Gippsland CHS
5143 8800
SAN REMO
5678 5388
TRARALGON
5171 1400
TRARALGON WEST
5173 8000
WARRAGUL/
West Gippsland Health Care
5623 4488
WARRAGUL/ Access Center
5623 4168
WONTHAGGI
5671 3333
YARRAM
5182 0222

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4-12 Buckley St, Footscray
(near Cnr Napier St.)
9687 6119
10am-6pm Mon-Fri
NEXT DOOR
350 Smith St, Collingwood
9417 1299
10am-6pm Mon-Fri
LIVING ROOM
Lvl 3, Baptist Pla, CBD
9662 4488
12pm-5pm Mon-Fri
FOSTER ST. CLINIC
84 Foster St, Dandenong.
9794 7895
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