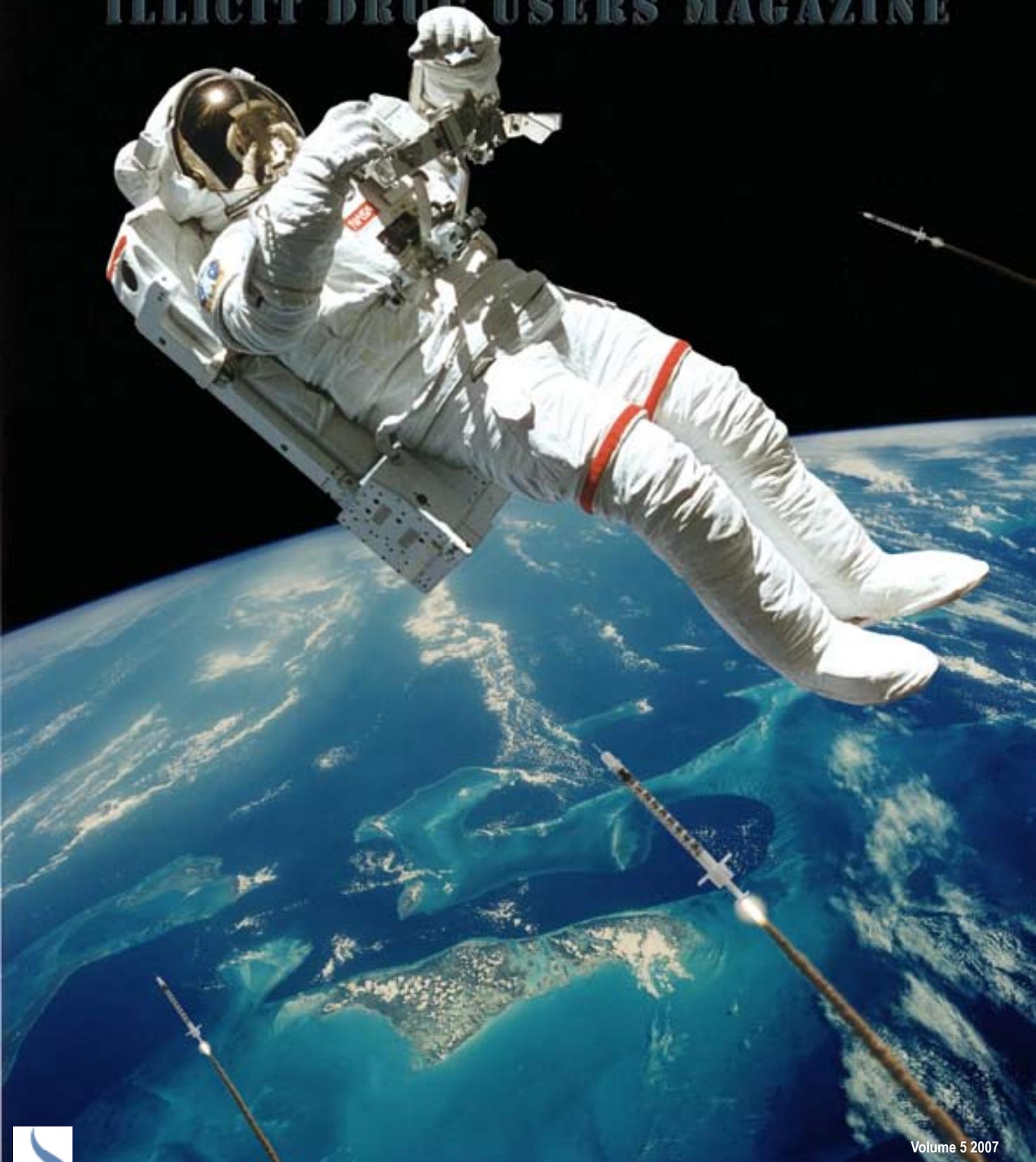


TRACKS

ILLICIT DRUG USERS MAGAZINE



Volume 5 2007



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Your feedback, suggestions and criticisms of this magazine are welcome to ensure this magazine is a useful harm reduction resource for all illicit drug users. Contact us by phone, email or feedback form on our website.

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

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

Needle and Syringe Programs (NSPs) neither condemn nor condone drug use, but aim to reduce harm by providing sterile injecting equipment, disposal containers and information. Harm reduction is part of Australia's official public health strategy.

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

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

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

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PMA... THE NEW MDMA?

Paramethoxyamphetamine, commonly referred to as 'PMA', has received widespread media coverage over recent weeks.

The rare and highly toxic amphetamine derivative was found in the system of a young woman who died after attending the Good Vibrations festival in Sydney (Alexander & Braithwaite 2007, p.1).

Reports state that Annabel Catt collapsed at a party after taking what she believed to be MDMA, or 'ecstasy'. While the coroner has not yet determined the official cause of her death, initial results of the toxicology report determined the presence of PMA in her blood (Gibson & Chubby 2007, p.1-2).

PMA is one of the most dangerous and toxic hallucinogens known, with hallucinogenic properties similar to LSD, and stimulant effects similar to other amphetamine derivatives. At doses lower than 50mg (depending upon body weight), PMA produces an increase in energy, minor visual hallucinations, and a mild euphoric state. At slightly higher doses, sudden increases in heart rate, blood pressure and body temperature can occur to dangerously high levels that, if untreated, can result in convulsions, coma and death (DanceSafe p.2).

Despite some media representations, PMA is not a 'new version of ecstasy' — rather it is being manufactured and sold as ecstasy because it is easier and cheaper to make than real MDMA (DanceSafe p.1). There have been a number of reported overdoses attributed to PMA in Australia over the last 12 or so years, with a handful of overdoses (one near fatal) occurring in Sydney in 2004 and 6 people dying as a result of PMA overdose in South Australia back in 1995/1996. Evidence suggests that in all cases the users believed they were taking ecstasy and had no knowledge that PMA was present in their tablets (ACON 2007, p.1).

What to look out for?

PMA is usually found in pressed pills, capsules and powder forms. When pure, PMA is a white powder but can also appear as beige, white or pink. Many of the PMA tablets sold as ecstasy

have appeared as white or beige 'Mitsubishi' tablets, have a diameter of 7-7.5mm and are slightly thicker than most pills, although it must be noted that labels and insignias area easily changed so not a reliable indicator of a pill containing PMA.

Harm minimisation:

If you are planning to use ecstasy in the near future, The Aids Council of New South Wales (2007, p.2) has recommended the following signs and guidelines to stay safe:

- Reduce doses
- Avoid double dosing
- Wait in between doses (effects of PMA can take up to 4 hours)
- Minimise the range of drugs consumed
- Avoid drinking alcohol when consuming illicit drugs.

Signs of high/toxic dose include:

- Excessively high body temperature
- Increased blood pressure and pulse rate
- Breathing difficulties
- Muscle spasms
- Nausea (vomiting)
- Delirium and hallucinations.

What to do?

- If with friends, keep an eye out for each other and be aware of symptoms
- If unforeseen symptoms arise call an ambulance immediately.

Reproduced from TASTE magazine (Autumn 2007) with permission from TasCAHRD, our cousins in Tasmania. Visit their site at www.tascahrd.org.au

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Reflections of an older injector

USER'S STORY

Life for me these last few weekends has been one continuous fuck up and I don't seem to be able to get it all under any sort of control at all.

I've lost a real close friend who died from an overdose of drugs, and also the most important person in my life, my mother, and all I've done to cope is take more drugs. I feel so much like a gutless wimp that it isn't funny, and I don't feel all that good about myself – my self-esteem is nonexistent.

I don't have much faith left in what life has to offer me, and I can't see any real reason for living. The doctors said I have emphysema with a cancerous region in my right lung, and a tumour on my prostate gland. If the tumour isn't operated on within three to six months, it will more than likely end up becoming terminal. Because I'm a public hospital patient on an invalid pension, there isn't much chance of me getting to have the operations I need in that time.

I guess what I'm trying to say is that the doctors' predictions on how long they expect me to live (one year) are probably going to be right, and it really scares the shit out of me. I really don't have the guts to commit suicide, and I wish I did as I can't really handle the pain anymore that I'm going through.

This all sounds like I feel sorry for myself, and that I am looking for someone to pity me, but I'm not. I chose the lifestyle I wanted to live when I was younger. I never ever thought for one moment of the long-term effects of my drinking, popping pills, shooting speed and heroin, and smoking dope. When I was young, life was one long party, that is now slowly killing me as each day goes by. There isn't one thing I can do about it except maybe to pray for a miracle that doctors can operate in the time they have nominated.

But unless I win Lotto or suddenly come into a lot of money, there isn't

much chance of that happening. All I can do now is live each day to the fullest and try real hard not to use any drugs. But even that seems to be impossible to do because I don't want to feel my emotions, or expose how I feel.

Through the lifestyle I chose to live, I have been to boys homes and prisons eleven times, and have been sentenced to a total of 20 years. I served 15 years in real time and when you consider that I am 45-years-old now, it works out I've spent one third of my life behind bars, with a criminal history that spans 20 years. All the crimes I committed were to supply drugs for what I thought was having a good time.

I never thought that I was addicted to drugs, or that drugs were a problem, or that the using of those drugs was going to be responsible for the illnesses that are now killing me slowly today.

Today I can only hope that whoever reads this learns from the mistakes that I made, and never abuses their life the way I have. If they are just starting out to use them, I can only hope this letter scares them enough to stop before it is too late. No amount of "fun and good times" is worth the shit I've put my life through, and the lives of my parents and family. You will end up being very lonely and having no one who trusts, loves, or even gives a fuck about you.

Don't feel sorry for me, or pity me. Just learn from a fuckwit, a would-be know-it-all, who has been there and who didn't get to hear a true story about the results of using drugs and alcohol over a long period of time. It is too late to save my life, but there is still a chance for any young person who reads this. I not only regret my past, but I'm also ashamed of it. Remember, you do need friends, and real friends who will listen when you need to talk about problems, and real friends won't judge you but offer their help.

From a man in the pain of loneliness, Garth H.

The Spacemen Cometh!

By 'Vibe Master'



USER'S STORY

I used to party. Oh, how I used to party, I used to love to party. I'm a psychedelic trance maniac, nothing I liked more than dropping some acid, popping a couple of Es and heading into outer space. The fun the excitement, the spin!

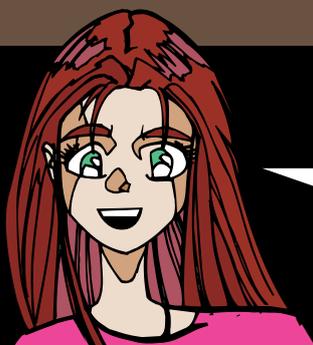
Trance and drugs are a perfect combination, especially LSD. There's nothing like a bit of psychedelic inspiration, going places that no man has ever explored (really!). I used to love it. I don't know why there isn't a bigger psy-trance scene in Australia.

I lived in Japan for 12 years, Tokyo in fact. The capital of madness and the best place in the world to trance the days away. Every weekend (or weekday for the more intrepid) dancing in the forest, off my head with thousands of like-minded space cadets.

Japan is also home to my favourite drug, one that is taking Oz by storm, crystal Meth or as we call it, SHABU. Pure crystal, made by the Yakuza, guaranteed to get you there and keep you there for days and days (no matter how much you wanted it to end!). The Japanese used to feed it to the Kamikaze pilots before they'd fly themselves into oblivion. Made them feel God-like, apparently. I know the feeling. What a rush, what a laugh. Never felt like eating, only dancing and having lots and lots of wild sex. I had to give partying up, I turned 40, lost too much weight and caught a couple of nasty diseases (not drug related though!!!!).

I did have the best time by anybody ever on the face of the earth. I used to say "I'm gonna get high 'till the day I die!". I'm not getting high anymore but I've got my memories and there's a total solar eclipse happening in South Australia in December. Five days of trance in the desert. One more time with feeling! I'm sure I'll have a taste.

Hi ho, hi ho, it's off to space we go!



Hey guys, welcome to another Tracks mag! We've got heaps of user's stories this issue, and I'm going to rave on about the A to Z of getting your drugs into you with less risk.





USER'S STORY

I TAUGHT MY SON ALL ABOUT FITS

The issue of safe disposal is not only relevant within the using community, it becomes an issue for everyone. Unsafe disposal such as needles being found at carparks, shopping centres, playgrounds and even schoolyards means that everyone is affected by unsafe disposal. Even children. Even my son.

As a using parent, I always saw it as part of my parental responsibility to be aware that although I had strict disposal rules for my own behavior, not everybody I visited or knew felt the same way. So I presented my son, at the very early age of three, with a situation that could have arisen in our everyday travels around the city.

I placed a clean capped syringe in some grass in our back garden. As the day lead on, I noticed my son heading towards this lovely shiny object. It was then that I said OOUCH! and NO! This training lasted for roughly one year, where I would let my son know that he was not to touch syringes by saying those words.

By four and a half, my son and I had migrated to Sydney, and we were living around the corner from Williams Street. We regularly came across unsafely disposed of equipment. It was then that I instigated the idea that this paraphernalia could not only hurt him by way of a jab or prick, but that it was also DIRTY. I said the work DIRTY in the same tone I used for DOG SHIT.

By six, we were back in Brisbane, and for some reason some irresponsible

loser junkies thought my son's schoolyard was an appropriate venue for a late night hit, as it provided shelter and access to running water.

By this stage he knew that a syringe with a bright orange cap on could do him no immediate danger (JAB or PRICK) other than a sharp reprimand from his Mum. He also knew not to take his eyes off the object, let no other child touch it, and send for an adult to get rid of it. This was very useful information, but led to some speculation from anxious teachers about his level of education in regard to drug paraphernalia. The excuse that grandma was a diabetic was very useful (and socially acceptable on this first of many occasions).

My child not only developed a healthy aversion to injecting equipment, but also felt that he had to inflict this knowledge on anyone who was within earshot of an unsafely disposed of syringe.

As the years have passed, my child has become more aware of my involvement in this large jigsaw, and several times we have openly discussed what causes unsafe disposal. I am at a loss as to why anyone would inject in a child's space, and furthermore leave their equipment in that place.

Now, as a young teenager, he feels that unsafe disposal is not just an issue for a user being lazy or slack. He knows that there are laws that prevent even him from picking up an

unwrapped syringe (regardless of whether it has been used) and taking that to an exchange; unless he puts it straight into a Sharps Bin, or other hard-walled, puncture-resistant, sealable container.

He understands that users will leave needles rather than run the risk of being busted by the law, which would add further mayhem to what may already be a chaotic lifestyle.

We have discussed the impact that drugs have had on both his and my lifestyle, and all I can do is to be honest and let him know what it is I am doing.

As with every other parent out there, I am also concerned that my child may experiment with drugs, so I keep accurately informed with the current information regarding drugs, be they ecstasy, speed, heroin or whatever drug is popular at the moment. I feel that this is all any parent can do when drug use is sometimes seen as experimental, fashionable or whatever hat it is given to fit the situation.

What I have instilled in my son is an understanding of what can harm him by way of unsafe disposal, and I know that over the years he has influenced many others not to pick up or play with an unsafely disposed of syringe.

This story has been reprinted from QuIVAA's old *Dart* magazine. Apologies to those who have read this before, but now that *Tracks* has a much wider distribution than the old *Dart* magazine, we will be reprinting some of these old stories over the next few issues for the benefit of new readers.

ALTERNATIVES TO INJECTING



Getting drugs into you via needles has a lot of risks, including the chances of overdose, infections, dirty hits, HIV, hepatitis C, collapsed veins and more.

Depending on your drug of choice, you may be able to snort it, swallow it, smoke it or shaft it (up your bum).

It pays to give your veins a regular break by using these alternatives – have a go and see what you think. There is less rush but your high usually lasts longer.



police as visitors

When it comes to inconsiderate house guests, like anybody, I have had a few. In terms of being consistently annoying though, it would have to be the police who win hands down. That this is so disproves a favourite theory of my mother's – that neat dressing is an indication of good manners.

For a start, their sense of timing can be atrocious. The other day, I was sitting quietly at home mixing up an after-work taste, when suddenly the front door swung off its hinges and in stormed three policemen. There were waving a piece of paper that they said was an invitation, when I knew I hadn't sent out any invites on account of only having enough drugs for one person.

It put me in an awful position. If I had put the needle into my arm before they reached the living room, I knew I would feel so rude for not being able to offer them anything. If I didn't do it, I felt certain that they would probably demand my drugs and not even share them with me. I'm sorry, call me rude, but I took the first option.

Well, the way they reacted you would have thought I had burst into their house and taken the last of their drugs. I offered them a seat but instead they asked me to stand, and demanded that I produce more drugs. I explained that I didn't have any left, but for some reason they wouldn't believe me. Now, when my friends ask me if I have any drugs left and I say "no", they will accept that there are none available and the topic of conversation will move on to something else.

The boys in blue however, could not take no for an answer. I mean I have had friends who never talked about anything but drugs, but that was because all they did was take drugs. That sort I can understand; it is boring, but understandable. But when people don't take drugs, visit you in a frenzied manner, and then want to talk about nothing but drugs, well personally I find it a bit much.

Either they had atrocious hearing or bad short-term memories, for

they kept asking me the same questions over and over. Given their extreme state of disappointment, I thought it best not to tell them that it was heroin I had just taken. It made me wonder: does the police force choose people with bad manners, or do they just train them to be like that?

If that wasn't enough, they then said they were going to go through my house with a fine tooth comb, and began to dismantle everything. At this stage, I found it a real struggle to remain polite. Once they had completely destroyed my house, finding of course no drugs (I'd told them there were none left), they left. No thank you for having them over, no invitation to visit them, I was quite shocked.

After putting my house back together, I gave the whole event some thought and concluded that there needs to be some serious changes made to police training.

A They need to be taught it is rude to visit people they don't know without an invitation.

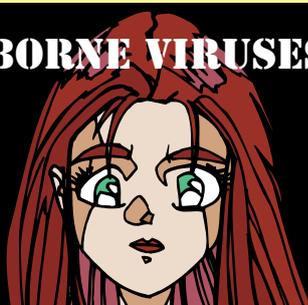
B If they persist in this, they should always bring their own drugs.

C They should stop asking the same questions over and over – in fact, they should have training in conversations, or they will have no friends .

D If they pick something up, they should put it back in the same place, and if they break something, they should fix it or at least offer to pay to have it fixed.

E Given their one track minds on drugs, I think their reading list should be broadened. As a last resort if they only want to read about drugs, they should be given *Fear and Loathing in Las Vegas* or this *Tracks* magazine, not *The Guide to Better Living* by Fred Niles.

BLOOD-BORNE VIRUSES



These tiny buggers laugh at the best filters and can move from person to person through traces of blood left on tourniquets, fits, fingers and your drug preparation area. The most common serious ones include HIV, hepatitis C and hepatitis B.

The best way to avoid them is never share any injecting gear with others, wash your hands with warm soapy water, have a clean preparation area and dispose of everything legally and safely!

DRUG SNIFFER DOGS



So you're heading out on the town, you're gonna meet your friends at a club and you've got your party favours stashed in your pocket. You've been waiting all week to let your hair down. You decided not to take your drugs before you went out because you wanted to relax first.

Instead you'll take some of your drugs half an hour before your favorite DJ came on, and some a bit later at the next club. You've been taking drugs for quite a while and you know the sensible thing to do is to pace yourself so you can enjoy your night and keep in control.

You line up waiting to get into the club, and then all of a sudden, from out of nowhere, you see some police with a dog heading your way. You start to sweat because you are holding. You're feeling intimidated, scared and completely paranoid. You are not only holding for yourself, but for your two friends who are already inside. Will the dog detect my stash? Will they think I'm a dealer? Your mind is racing. Everyone in the queue is getting edgy. The dog comes up to you and sits down beside your feet. The police approach you and ask you to turn out your pockets.

HOW THE LAW CAN PUT THE BITE ON YOU

Why can police use sniffer dogs? In Queensland, the Police Powers and Responsibilities Act 2000 outlines the powers the police have in order to carry out their duties.

Sections 34 - 41 detail the police powers and responsibilities connected with drug detection and the use of sniffer dogs, and give the police the power to use drug detection tools including dogs, power to search people in certain places and power to ask for identification.

WHERE CAN POLICE USE SNIFFER DOGS?

This Act allows police to use sniffer dogs to perform searches randomly without a warrant. Police are only authorised to use drug sniffer dogs to search people randomly in three situations:

- in pubs and other places where alcohol is served
- at entertainment events, including sporting events, concerts, dance parties and street parades
- on public transport and stations.

Any drug search of a person outside these situations is illegal unless the police have a reasonable suspicion or a warrant.

If you have been approached by a police sniffer dog team, or know of police using dogs outside these areas, you should report it by contacting QCCL, speaking with a solicitor, or lodging a complaint with the Crime and Misconduct Commission.

WHAT SHOULD I DO IF APPROACHED BY A SNIFFER DOG?

If a dog sits down next you, then police can search you. It pays to know your rights so check out the following pointers:

- Stay calm and be polite. You could be fined or arrested if you swear at the police, so don't give them an excuse.



- Be cooperative and let the police search you. But ask them why they are searching you. And ask them for their name, rank and station.
- Try to remember where (location) and when (time of day) police search you. This info might be important if you decide to make a complaint.

WHAT IF I HAVE DRUGS ON ME?

If you are searched and the police discover drugs on you, the law says you must give your name and address to police. But you don't have to say anything more, if you don't want to. This is your right to silence.

CAN I BE SEARCHED IN PRIVATE?

The usual first search is a request to turn out pockets and look in bags. The usual second search is a pat-down search on the outer clothes (should not be rude).

After that, not usual, you can be asked to remove clothes and have a full body search. Obviously this would be done in private.

WHAT IF I DON'T HAVE DRUGS ON ME?

If police ask for your name and address, ask them whether you have to. If police say you don't, then don't ... because they will put that information on their database and might use it against you later. If police say you have to give your name and address, then do so. It is better to cooperate and make a complaint later.

Thanks to the Queensland Council of Civil Liberties for this information

LEAN WATER



When you inject, you bypass all your body's natural filters, so you gotta make sure the water for your mix is as sterile as possible.

Your best bet is the sterile water from your Needle & Syringe Program.

The next best option is tap water you have boiled for several minutes, but remember to let it cool to room temperature.

Your last option is simply cold water from your tap.

Your night is about to end before it starts.

How you conduct yourself during this uncomfortable and sometimes scary situation will determine how many offences you can be charged with. If you are in this situation, and you are holding, chances are you are going to get busted. So it's all a matter of just remaining calm and following directions from the police. Whatever you do, DON'T RUN, remain calm and be co-operative.

Are sniffer dogs effective?

A recent report by the NSW Ombudsman into the use of sniffer dogs in NSW has found that "...despite the best efforts of police officers, the use of drug detection dogs has proven to be an ineffective tool for detecting drug dealers. Overwhelmingly, the use of drug detection dogs has led to public searches of individuals in which no drugs were found, or to the detection of (mostly young) adults in possession of very small amounts of cannabis for personal use. These findings have led us to question whether the Drug Dogs Act will ever provide a fair, efficacious and cost effective tool to target drug supply. Given this, we have recommended that the starting point, when considering this report, is to review whether the Drug Dogs Act should be retained at all".*

The Queensland Council for Civil liberties believes that the use of sniffer dogs is nothing more than stunt policing, a gross waste of police resources and a gross violation of the right to privacy. As well, the 75% of people being searched who are innocent are being humiliated in public and having their privacy trashed for the sake of scoring cheap political points.

What if I am attacked?

You can complain to the police, the QCCL, the CMC or a lawyer if a sniffer dog touches you or if the police are aggressive, rude or rough you up. To find out more about the QCCL and how you can join, visit their website www.qccl.org.au or ring 0409 574 318. While QCCL cannot represent individual matters or offer free legal advice, they are interested in hearing about individual experiences for the purposes of lobbying the government to make changes to legislation.

Sniffer dogs put the bite on harm reduction

A big concern that those of us in the health sector have, is that sniffer dogs actually work against the harm minimisation principles that drive our services. Particularly in the southern States, where the use of drug sniffer dogs is wide spread, some people are taking ALL of their drugs before they go out, therefore increasing the chances of having an overdose. If you are going to take your drugs out with you, just be aware that dogs maybe around. And also, don't hold onto other people's drugs to reduce the chances of getting charged with supply. It is interesting to note that in NSW most of the people charged with supply were carrying for their friends. Please consider the risks of taking all your drugs at once before you leave the house. Getting arrested with a small quantity of drugs and having your night ruined, it could be argued, is better than overdosing and ending up in hospital, or even worse, the morgue.

* Review of the *Police Powers (Drug Detection Dogs) Act 2001* by the NSW Ombudsman



NOSE DOUCHES

for coke snorters

NOTE: It ought to be stated here that sharing your snorting utensils is a known transmission route for hep C, hep B and HIV. Always use your own snorting equipment and play it safe.

Always cut, chop or screen the coke to a fine powder – use small doses at a time and aim it high up inside the nasal cavity. Clean you nose without fail after every coke session (not after every toot). However it is not wise to douch or oil your nose more than every few days, and if you are using coke more than that – well, your using too much.

There are two steps to cleaning and reviving your nose.

1 Warm salted water is the best douche to use. Dissolve ¼ teaspoon salt in a cup of warm water. Pinch your thumb and forefinger together and pour a little of this solution over them. Sniff it in gently so a warm salt spray is spread over the membranes inside your nose. Commercial nose sprays are pretty rough on nasal passages that are already irritated by cocaine and so should not be used frequently. This weak saline solution is really all you need.

2 Once your nasal cavity is irrigated, the second step is to lubricate it with vitamin E oil. Use natural vitamin E oil that contains only alpha-tocopherol in an organic medium like safflower oil. Or you can open up a vitamin E capsule with a razor blade.

If your fingers are large, use a Q Tip, or use the tip of your little finger making sure it's clean and not jagged. Dab some E oil on the swab or fingertip and very carefully and slowly, stick it up your nose. Gently wiggle it so the oil coats the membranes on all sides. Repeat the procedure in the same nostril, making sure that you lubricate the entire inner rim of the nostril and the little pocket near the tip of your nose.

3 Do the same to the other nostril, then look in the mirror and smile – you've just started a procedure that will help keep your nose and sinuses in better condition. Don't worry if your nose starts feeling stuffy again, it's just your mucous membranes beginning to revive. The tingling will stop in a little while.

A perforated septum is more often than not caused by clumsy attempts to clean the nose than by actually snorting cocaine. The nose needs time to recover after snorting drugs, and like cocaine itself, douching and oiling more than every few days may harm your nose – or worse, your sinuses. If crusting in your nose continues or you start getting nosebleeds, lay off the coke and see your doctor without delay. If you notice any malfunction in your system whatsoever, it could be a warning signal of an oncoming illness and should be checked out by a trusted physician.

REF: Lee, D. 1981 (first published) *Cocaine Handbook: An Essential reference*.

Reproduced with permission of Black Poppy, a UK-based drug user organisation. Check out their website at www.blackpoppy.org.uk for heaps of useful information.



Users have it tough enough with a judgmental society – please don't make it worse by leaving used fits lying around!

As all self-respecting users know, we need to clean up after ourselves. Safe disposal of used injecting gear not only protects others from needle stick injuries, it protects us from getting busted.

Safe disposal is required by law – in fact under Queensland laws you can carry used gear around for disposal if it's in the necessary rigid-walled sealed container.



SHOOTING CL

Re-using a filter?

Touching your spike with your fingers?

Sipping the water out of the cup you're going to use to draw up from?

Licking the end of your spike before a hit?

What occurs between you picking up that gear and then putting the spike in your vein, is a lot of idiosyncratic* practices and habits picked up over an injecting career. A closer look usually tells us there's a few ingrained habits that could prove to be dodgy, to down right dangerous!

* Idiosyncratic = bizarre, curious, eccentric, erratic, freakish, odd, outlandish or peculiar...

BUT BEFORE WE START...

We all know how important good hygiene is for injectors in the prevention of blood-borne viruses like HIV, hepatitis C or B – use your own or sterile syringes for each and every hit, and the more recent, but just as important, message of never sharing any spoons, filters, water or tourniquets. All these continue to play a critical part in a hygienic injecting regimen and will, if ritually adhered to, offer you protection against blood-borne viruses (but don't forget the condoms). So what about other infections and bacteria? How susceptible are injectors to these?

The answers seem to lie in your injecting routine and, to some extent, how hygienic your dealers are when they're fiddling around with the powder that is soon to be in your spoon. What occurs between you picking up that gear and then putting the spike in your vein, is a lot of idiosyncratic practices – habits picked up over an injecting career.

Like, for example: licking the end of your spike before a hit, re-using a filter, sipping the water out of the cup you're going to use draw up from, touching your spike with your fingers – all these seemingly small details carry risks of some pretty unpleasant bacteria entering your bloodstream or skin tissue. Long ingrained habits can be hard to break, but they are just that – habits and so they can be broken. If you can replace just one unhygienic practice with a safer one, you will be reducing your chances of experiencing future infections or complications – complications that can end up life-threatening, and that's gotta be worth a change.

It may sound a bit cliché: but taking a bit of extra care whenever you can, will be protecting your health now and for the future. And since newer injectors pick up injecting practices from other injectors, it's up to all of us to try and pass on safer injecting techniques (but don't ever encourage anyone to start injecting!).

HOW DO BACTERIA AFFECT YOU?

It seems that you carry slightly more risk of getting certain infections if you inject street drugs IM (intramuscularly) or under the skin (subcutaneously). Bacteria entering your body this way can cause skin or soft tissue abscesses, for example, from bugs like *staphylococcus* that normally live happily on the skin's surface; *streptococcus* - within in your mouth and throat, to the sorts that can be picked up from your drugs such as *Clostridium*.



Dude! The colours, check out the colours!

It's like, like I'm the lizard queen, man!

ENJOY WITH OTHERS



It doesn't matter if it's a legal drug like alcohol, or an illegal one like speed – most humans have a tendency to use drugs to party, feel happy, chill out, or experience the world in a different way. Most of us find that sharing the experience with mates makes it even better.

This is also a lot safer – your mates can talk you down if you have a bad trip, keep you out of trouble if you freak out, or call the ambulance if you overdose. Always try to be with someone you trust when you use!

LEAN?



CT INJECTORS?

Clostridium is a bacterium that some readers may have heard of already through the terrible infections and deaths that occurred over the last couple of years at a small number of injectors [in the UK - ed.].

Bacteria, when given the chance to enter your bloodstream through your veins, can travel to your heart (causing endocarditis) joints and bones (septic arthritis) and osteomyelitis (a bacteria infection of the bone and bone marrow), or induce other infections like septic thrombophlebitis, septicemia blood poisoning), meningitis, cellulitis (when bacteria infect deeper levels of the skin), brain abscesses and less commonly, tetanus and even malaria!

While the boiling up of a hit of heroin does appear to reduce or kill certain bacteria [actually heating your mix isn't recommended anymore, see page 18 - Ed.], those who hit up cocaine, speed, ketamine, pills etc. and use no heat at all when mixing up, are often at greater risk. The practice of repeated injections during a long coke session for example, can often mean that water, filters and spoons are all left out on the table for hours at a time - increasing the chances of bacteria entering your mix, your skin, and your bloodstream.

But from our experience and research, all injectors are vulnerable, and all must take extra care when using their drugs IV. While it's not a good idea to keep any hit mixed up for later, the reality is we all do it sometimes.

- If you've got to keep a hit for later, it's much safer to keep it in its powder form rather than mixed up with liquid. If you must, then keep any saved hits, filters, dex wash-outs, etc in the fridge. And not for more than 8 to 12 hours at an absolute maximum.
- Anyone who has any sort of infected sore on the skin i.e. abscesses, cellulitis, wounds, even infected pimples etc, must be **EXTREMELY CAREFUL AND HYGIENIC** when shooting up and should absolutely avoid injecting anywhere near the infected area. It doesn't take much for the bacteria involved to get on your fingers (especially if you're a 'picker or squeezer') and travel to your injecting site, particularly when one must feel for a vein.
- Never lick, or cough over, your injecting site/equipment either as a spray of bacteria is really bad news! Powder dealers - take note!

INFECTION CONTROL



There are three main ways to pick up infections associated from injecting drugs. They are the air, skin and blood.

SKIN

The skin is a common source of bacteria and viruses responsible for intravenous associated infection. Any bacteria found on the skin are usually referred to as resident or transient. Resident bacteria are those that are usually present on the skin, being relatively constant on each individual. They adhere tightly to the skin and as mentioned usually include *Staphylococcus albus* as well as *diphtheroids* and *bacillus* species. And since not all bacteria are removed by scrubbing, one must take particular care not to touch any of your injecting equipment - sterile or otherwise - with grubby fingers. Transient flora is loosely attached to the skin and is composed of bacteria which have been picked up by you from your environment, and it varies from day to day in its quantity and quality. There isn't that much of it on clean protected skin, but there can be loads of it on greasy, dirty exposed areas of the body. It is here that handwashing before a hit becomes essential to avoid transferring germs to your injection site or to your equipment.

AIR

While the actual number of 'microbes' per foot on skin varies whenever an infection is present, bacteria also escape in body discharges, contaminating clothing, bedding, dressings etc. If you have an infection on your body, any sort of activity such as throwing off your shirt, bed making etc, sends bacteria flying into the air - particles of lint and pus and dried skin! These contaminants can then find easy access to unprotected intravenous fluids. For example, a water filled glass that you use to draw water from for injecting is left open to the air - and any bacteria that has just flown off someone's bandages can find its way in. This also goes for spoons and filters. In order to avoid contamination, dispose of all the equipment you use after your hit. And if you have another one soon after? Well, get yourself clean equipment! The alternative of course, is to have a pack of sterile syringes, water ampoules and a regularly cleaned spoon etc. (Note - never use a silver spoon because of silver tarnish). Try and cover your water container with a clean lid, but only if you have no other way to get more fresh water.

BLOOD

As we know all too well, blood can harbour potentially dangerous viruses. The hepatitis virus, as well HIV, is a testament to that. As such, it is crucial to wash your hands before and after each hit to ensure you don't transmit or pick up often minute blood particles unseen to the eye that have been left behind, to be picked up by another person.

It doesn't matter what you inject, it is essential for injectors to keep themselves healthy. Groin injectors need to pay particular attention to keeping their site clean, and always take care to wash regularly if you inject here as any infection has the potential to be extremely serious. Those who use in their feet or legs, must also take particular care to keep their sites clean as all are areas that regularly get exposed to a variety of germs that can easily gain access to your bloodstream after being pushed in on the end of a spike.

Reproduced with permission of Black Poppy, a UK-based drug user organisation. Check out their website at www.blackpoppy.org.uk for heaps of useful information.



FILTER

Swallowing ecstasy? Your stomach filters the mix. Smoking freebase? Your lungs do the filtering. Shafting heroin (up your arse)? The lining of your rectum filters the crap from your mix. But when you inject, your body has no defence against the fillers in your mix that can cause some very serious shit to your health!

At the very least, use the special filters that come in every kit from your Needle & Syringe Program and swab your fingers before you handle the filters. Your next best bet is cigarette filters. But if you can get them, 0.2 wheel filters even filter out bacteria! Check out page 26 for more on wheel filters...

tips for sex workers



Most clients will be easy going and easily led by a sex worker when they feel that they are getting the services that they paid for. But, no matter how much effort you put into some bookings, nothing is going to satisfy some clients.

This fact sheet provides some tips on how to deal with difficult clients and difficult situations which may arise. These include redirecting clients, clients who don't want to wear condoms, drunken clients, rough or annoying clients, clients who fall in love. and

clients who sexually harass you.

Redirecting clients

If you are able to redirect a client so that they do not feel offended, or the erotic mood is not ruined, it should not make too much of an impact on the booking. Suggesting something else, without saying anything negative about what they are doing, can do this. For example, if a client puts his hand on your crotch from the moment you hit the bed but you are sore from the last few clients, you could tell

them you really enjoy your breasts being played with. Then you can position yourself with that part of your body out of their reach without it looking obvious.

Drunken clients

Many times, clients arrive with issues that are outside of your control. Drunken clients tend to be argumentative and aggressive, especially when they may not be able to cum or have an erection. Another consequence of alcohol seems to be an ability to lie and not feel any guilt or responsibility at the time.

Dealing with difficult clients

Getting yourself out once you are in a booking with a drunken client can be done in many different ways. Most workers have dealt with this at some stage in the game, and everyone has their own way of getting out of it. If you have a chance, ask around and see what other workers have done to minimise this issue. You could try using the following phrases:

- "Honey, why not ring me in the morning and I can come back and we can finish the job?" (most drunk clients don't remember who they rang by the morning anyway)
- "Why not call me before you go out next time and we can really enjoy ourselves?"

If the client gets lost in thought trying to work out what you are talking about, take the opportunity to get out while you can. If you have co-workers or security staff, you can ask them to assist. If you are a sole operator and have no security in place, prevention is better than cure.

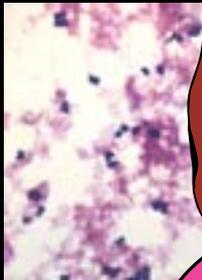
Rough or annoying clients

Every worker is different and therefore what may be acceptable for some may be painful or uncomfortable for others. Some clients don't quite know what is acceptable and what isn't. Some will push the boundaries to see what you will and won't put up with. If a client has gone past your limits, you need to be able to bring them back without causing too many issues such as him losing his momentum (or hard on). The limits that you set for your workroom are your choices. Common ones include no biting, kissing, hickies or other marks being left on your body.

Client expectations

For some clients, nothing you do will be good enough. This could be due to the fact that they could be just a total pain, or that their expectations of you were too high. These expectations could be anything from what you look like, to the way they would feel when it is all over, and anything in between.

G ERMS



Those blood-borne viruses aren't your only worry. There are millions of bacteria itching to get into your system via that fit. These blue dots are just one example - *s. epidermidis* live on your skin and can infect the valves in your heart. It's only one of over 200 types that live in or on your body!



Clients who do not want to wear condoms

Most of the time it is easy to keep the condom on the clients. However, sometimes clients do not understand the risks, or they don't care enough about their bodies to keep the condom on. Some feel sex is not as enjoyable, or that their most precious asset won't work when covered by latex. Whatever the reason, sometimes men feel it is their right to break or take off the condoms.

Look for the following warning signs that clients may be reluctant to co-operate:

- if a client asks you if he has to wear a condom
- if he offers to pay more if you don't make him wear it
- if he uses body language which shows he is turned off or repulsed by the condom
- if he says he has difficulty 'keeping it up while wearing one of those things'.

Watch for these and other signs that the client may try to break or take off the condom. Trust your instincts. If you suspect the client might try to give you trouble, you can try different strategies through the booking to help yourself stay safe. These include:

- keeping your eyes open and making sure there is enough light to see the condom clearly
- leading the client into positions where you can see the condom and tell him you like to watch e.g. squat on him.
- if in doggy or missionary positions, feel around behind their balls as this can help them cum faster. While you're there, feel for the condom by checking the base to feel if the condom is still in place and check the shaft for breakage.

These things can be done in an erotic way so as not to make the client defensive. You can put in a bit of teasing, or the impression of personal satisfaction (we know this can be difficult) when you are checking the condom is still there and in one piece. When the booking is nearly finished, talk to him about how enjoyable it was even with the condom. This might make it a bit easier the next time you see him or for the next sex worker he sees.

It's hard not to feel hurt and/or defensive when someone insults you or your work. At the time, the best thing to do is try to get out safely. If you start retaliating or getting angry with them, they could turn on you. If you have the luxury of support staff, they can assist you.

Refunds

If a client wants a refund or any sort of reimbursement, you could tell them they have paid for your time, and that your time cannot be returned to you.

If the client voices his concern early enough in a booking to cut the time down (eg. an hour down to a half hour booking), you could cut the booking short and give them a partial refund.

If you feel your safety is in danger, do what you need to get out safely, regardless of any refund you may have to give. An assault leaving bruising can force you into having time off work, in turn losing more money than one client's booking fees.

If your safety is not at risk and you have security or co-workers close at hand, you can call for assistance. If you are working in a licensed Queensland brothel, you may want to know what the management of that establishment may do in this situation. You have every right to ask them as early as the interview, and if you are not satisfied that they would support your judgement on when a client needs to be thrown out, it might be

worth looking for somewhere else to work.

Clients who fall in love

It is a good idea not to encourage clients to fall in love with you, especially clients with a disability, as they tend to get very attached if they only see the same worker every time. If you are able to make a client understand that this is not real love, nor is the booking a part of a relationship, you can make your own mind up whether or not you will continue to see them.

If it is making you feel uncomfortable, or you feel that the client is getting too attached and has unreal perceptions on the purely professional relationship you have with them, you can look at ways of getting them to move on. Possible ways of assisting them to move on include:

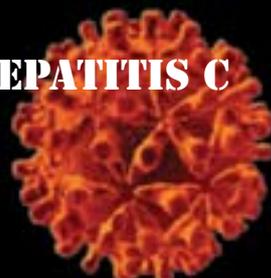
- referring them on to a brothel or getting them to contact another worker
- refusing to see them by being booked
- talking to management about not allowing them to choose you.

If the management of the agency do not understand your concerns and refuse to assist you, look for somewhere else to work.

If the client does not accept the choices you have made, it might be sexual harassment.

This fact sheet reproduced with permission from the now defunct SQWISI, a community-based organisation funded by Queensland Health to provide health and information services to the sex industry and the broader community.

HEPATITIS C



Hepatitis C (HCV) is a major issue for all injecting drug users. In some countries, it is reaching epidemic levels. Australia's harm reduction approach is only now starting to keep HCV in check, but HCV is very common in our prisons, where new needles and syringes aren't distributed (well duh).

Hepatitis C is a blood-borne virus, and it is transmitted very easily between users through poor infection control, particularly sharing fits and other injecting equipment. There is also a very small risk of getting HCV from unsterile tattoos and body piercings, or sharing razors and toothbrushes.

Hepatitis C is an inflammation of the liver that can lead to serious health problems including cancer of the liver. As the symptoms don't always show, it's worth getting checked out by a doctor if you've ever injected drugs. The good news is there are treatments available.

HANGING OUT

It's Sunday, and there's no dope, nothing, no morph, no hammer, and we are down to aspirin. Fucking Jesus, what a wonderful world this is. We can't get on until tomorrow, and today is the day of hanging out, that is going cold turkey for approx 28 hours till 8am tomorrow.

My partner's mind is racing and he is trying to read a book, he is trying to remain calm – sometimes I wonder if the biggest killer is the anticipation, the knowing that soon he is going to be sicker than God, and that everything is going to hurt and scream and shriek until he goes insane and does something. Not that there is anything that can be done – we have no money or resources to change the situation and we're not really the crime types. We don't rob, kill and maim for drugs. In fact we are the "let's pay the phone bill so we don't go score" types. But it doesn't make it any easier.

The physical side is bad enough, to be offended by your own odour because all your senses are overloaded, your sense of smell screams that you reek like a hole digger after a hot day in the sun, even though you had a shower before you went to bed last night. It's because of the toxins in your body, the poisons you inject every day, and the fact that without the junk, you sweat as your sweat glands go into hyperactive overdrive.

It's the way your body — which ceases to run your stomach when your using junk — decides to purge now that you are without junk. There is nothing more intense than spending your entire day in the bathroom sitting on the toilet while retching your heart out into the bathroom sink. You have no idea how bad this smells when you have heightened senses. Your skin crawls, and you know your hair has six weeks worth of grease on it. Every nerve screams pain, hunger, I need, I need. And that's just the physical side of it.

Emotionally you've only just begun — you know how long you have to go, and you know you can make it — but emotionally you never know. You just know you hurt and there is an instant cure and some fucker who must hate you won't let you have it. Your mind races, and you become increasingly paranoid – its not that you can't cope, it's just that telling your subconscious to behave is so much easier when you don't run a habit. This subconscious is no longer a persistent crying baby, it is now an enraged teenager and it wants blood! It screams and tears relentlessly.

It's hard to fight back the emotions, the anger, the rage, the grief, the hurt. It comes flooding in waves as your body creates emotions to release the much needed endorphins to fill your synapses. It has to work with extremes.

Once he was fighting with the flat mate, and was incredibly enraged, and wanted to go out in such a vile state of temper at midnight, or to physically attack our flat mate, I stood in the way. The end result was a broken nose. This isn't included to solicit your sympathy. What is interesting is that the rage and the anger is uncontrollable, he was crying and carried me into the bathroom and all the while he is throwing punches at the wall and still going on about our flat mate who he was fighting with about whether he got a fair share of the dope.

He was hanging like a cunt, the small amount he had could no longer contain the monster inside. It got out, despite his best efforts. His body and his addiction totally controlled him, and what was left behind cried for the problems he had created, the hurt he had done to his beloved and how far removed from humanity he felt at that time.

Yet he is intrinsically a beautiful and gentle man, whose biggest problem is that often he cares too much, never too little.

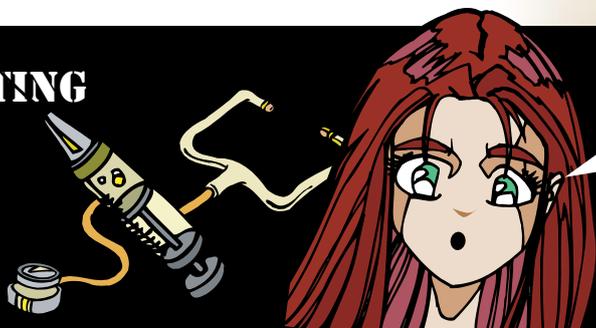
This weekend we have two whole days to get through, and though he's going to hang, we're quietly confident that the monster will stay locked in the cage, that he is in control, and nothing is going to go wrong. It's a long time till Monday morning!



USER'S STORY

by Jessamy

INJECTING



Injecting first started in 1853 when morphine was used to treat painful nerve disorders. In the 1860s, injection became very popular in Britain, Europe and the USA. Just over a century ago, morphine and syringes were given to the wealthy to treat themselves for all sorts of ailments. We'll bring you a history of the syringe next issue!

BLOKES chicks



& getting on



Blokes control more but know less

Research has shown that women are have a greater risk of blood-borne viruses such as hepatitis C and HIV, as the person who holds the drugs holds the power, therefore having the right to inject first, and the person with the power is usually the man (Marsh and Loxley :1994: 82). Research conducted by QuIVAA several years ago also found that men are often in control of women's drug use. This sometimes related to a lack of contacts to dealers, but most commonly was associated with male *partners* controlling the buying and the mixing up. Disturbingly, women often commented upon men's lack of knowledge in relation to hep C and HIV, as well as unevenly dividing the mix. Yes you read correctly, research has now proven men can be greedy when it comes to drugs!

Chicks more likely to share

Sharing fits and injecting equipment (tourniquets, spoons and filters) is a major risk for contracting hep C. However women are more likely to share injecting equipment. Research asking people for reasons why they share, found that women think of sharing as social and relate it to situations such as sharing with a lover; men's reasons for sharing relate to being intoxicated, 'hanging out' or caring less about potential dangers and report using alone more often, while women tend to use in groups, and the younger the woman is, the more people who are likely to have used the syringe before them (Marsh and Loxley: 1994: 88 & 82).

The research at QuIVAA had similar findings when it came to why people share. Women

commented upon sharing 'with partners' as a form of intimacy, as part of the relationship. Women often assumed that because they were sexual partners, they had 'shared everything already', despite the fact that hep C is only transmitted by blood-to-blood contact and not considered a sexually transmitted infection. While some men did share with partners, they associated it with not having enough fits, rather than intimacy.

Girls handle withdrawals better

When it came to men and women hanging out on heroin, women without a doubt were able to better manage their withdrawal (and not generally take it out on everyone around them). Men became very angry or stressed without heroin and often 'did anything to get it'. Women were more likely to use pills or pot to manage or distract themselves from thinking about drugs. Women were often the ones left to manage both their own and their male partner's emotional stress, and were often expected to carry on, while men generally indicated they either got angry or sulked in their rooms. This is where you act surprised like you didn't already know this!

Crime to support habits

When it came to involvement in crime, men and women were markedly different. The majority of women had never been arrested (despite having engaged in drug use and often dealing, sex work and some opportunistic theft). Only two women identified having possession charges. More commonly, women used legal means to access drugs (work pay) or used the sex industry or partnerships with men who had access to drugs. Men, in contrast, often used illegal

means to access drugs and had a high level of police contact, and some men had served lengthy prison sentences. Charges varied with importing, trafficking, break and enter, armed robberies, grievous bodily harm, 'fail to appears', shoplifting and possession.

Women have better contacts

The way in which men and women bought their gear was also quite different. When buying heroin, men used a variety of sources and liked to keep many contacts, who they considered to be simply 'someone to buy from or acquaintances' preferring 'big dealers' whom they often commented upon having problems with relating to violence. Women, on the other hand, often had one regular dealer, particularly bought from a woman at her home, who was a person they valued as a friend, and whose opinion they felt they could trust if the gear was strong or badly cut. This places women at an advantage when buying, for they are less likely to get ripped off by a street dealer or business dealer, and are less likely to be seen by police when scoring in public and are exposed to a lower level of violence.

Take control

So while women may be taking unnecessary risks when it comes to sharing equipment and letting others mix up for them (especially partners), they are controlling risk when it comes to police contact and buying from a stable, safe source and therefore having a good understanding of exactly what they are buying. So no matter how much you may love someone, stay safe, take control of *your* drug use and have control of *your* health and *your* life.

Jodie Walton 2004

JACKING BACK

Jacking back is when you draw back on the plunger to make sure you are in the vein. You should get a bit of dark red blood. If the blood is bright red, then gently pull out gently as you have hit an artery! Arteries are very dangerous to inject into, and usually painful as well because they are surrounded by nerves.

Always jack back very slowly and gently to avoid vein damage. If you've missed the vein, pull out, take a few deep breaths and try again.

Jack back while your tourniquet is still on, but remove before you inject.



The Valley. I get a sickening dread that starts in my gut and spreads out to engulf me if I think about my time in the Valley for too long. It was 18 months ago.

My mother had just taken me to court to get custody of my 13-month-old son, Z. In retrospect, I understand why my family did what they did, but at the time it tore me apart. Not only had I lost my son but my family disowned me as well. Before that, my family had always been supportive. To have them disown me so suddenly sent me spiralling down towards a new all time low.

I stayed at a women's hostel in New Farm for a couple of weeks. My plan was to go to rehab from there. The hostel was pretty good. The women there were really supportive. But I think I needed more counselling than they could offer.

I was using a lot of speed and I had a raging Valium (diazepam) habit. I visited every doctor in New Farm and the Valley for my supply of vals. I usually just told them the truth about how fucked up my life was (minus the drug use) and 9 times out of 10 they would agree that Valium would help my anxiety and depression. The trouble is, taking diazepam in large doses leads eventually to even more anxiety and depression. It also causes you to forget you have a conscience, and you lie and cheat and steal – conveniently forgetting what stupid things you have done. It was kind of because of vals that I became totally homeless.

Losing my son

While I was staying at the hostel I had to attend a court hearing about my son. I hadn't seen much of him since the first court hearing 12 weeks earlier. I had agreed that it was better for him to stay with my mother until I found somewhere stable to live. Also my mother wasn't making contact very easy. The hearing was very depressing for me. I had no lawyer, and I felt like I had no control over anything that was happening. I felt like I got completely bulldozed. The court decided he would continue to live with my mother and I could see him six hours a week. After the hearing, a friend took me to the pub where I proceeded to drown my sorrows. I was gobbling diazepam all night too, so I was in quite a state. I wonder why when I felt like I had no control in my life I would go out and lose all control by getting legless.

The hostel had a rule that you could only



t h e

stay away two nights a week, or you had to leave. I had already stayed two nights at a friends' room in the Valley that week. I didn't really care if I was kicked out, I didn't care about anything. I felt like nothing mattered anymore. I'd lost my son indefinitely and my family hated me. I ended up at a friends' house that next morning. I felt too ashamed and depressed to go back to the hostel and explain. All my belongings were still there (two whole garbage bags).

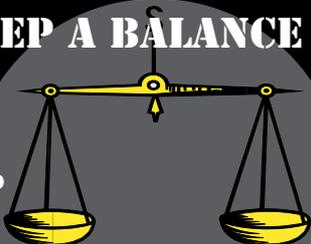
Working the streets

My boyfriend and father of one, S., was living in a boarding house in Brunswick Street. I wasn't really with him, but I used his place as a crash pad. I wasn't allowed to stay there but I usually managed to sneak in and stay. Having a shower was a bit more difficult. There are no facilities for women in the Valley after hours. There are showers at the 139 Club but there is a towel deposit. I did a lot of sneaking around the boarding house S. stayed at. I was dodging the owner as well as the sleazy men who lived there

and who were always harassing me with whistles and jeers – the kind of sexual harassment they think is a bit of harmless fun but is actually very insidious and degrading.

I started working on the street not long after I had to leave the hostel. Everything was going downhill so fast and I was feeling worse about myself. I was having problems with S. We were both using a lot of speed. We both suffered from speed psychosis to varying degrees. He would get abusive and I would get irrational and depressed. I decided I couldn't stay with S. any more and started staying with a new 'friend' in the Valley. He was a friend of my dealer which was convenient for me. I stayed on the floor of his lounge room the nights I didn't stay out all night on the street. I met a couple of working girls there (they also stayed at his place). We started working together in as much as street walkers work together. Most of the women I met were pretty nice.

KEEP A BALANCE



It's tempting to use drugs to kill the pain or boredom when we aren't feeling so good. The problem is drugs only help for a moment and can leave you feeling even worse in the long run.

Most users find the key to getting the most out of a drug is balancing use with other fun things in life – friends, family, exercise, work, hobbies. Like chocolate or wanking, too much of a good thing leads to a bum trip. Remember there are groups like QuIHN in Queensland who can help you work out a balance, or take a break, or stop using all together... whatever YOU decide is best for you.



USER'S STORY

v a l l e y

They all had habits, more often smack than speed. I think if I hadn't been on methadone, I would have gotten a full on smack habit again very quickly. Thank god for small mercies.

Emotional predators

I don't like to think about the times I worked. Suffice to say, I was feeling so low, I didn't care what happened to me. I didn't care if I was raped (and I was). I wasn't even really worried about getting hurt or assaulted. I got in some pretty dicey situations. But generally the guys who picked me up just wanted either oral sex or someone to talk to. Most tried to haggle over the price and most of the time I let them off \$10 or \$20 because I was desperate for the money to get more speed. I liked to stay very out of it whilst working. Because I was always out of it on speed or Valium, my jerk radar was a bit out of order. I got taken advantage of constantly. Guys would play on the fact I was depressed and lonely. I trusted anyone, not caring about the consequences. I really hate

those men who told me any bullshit to try and get me into bed. I hate that I felt so low about myself that I believed those jerks when they told me they cared about my situation, that they cared about me. They preyed on my vulnerability and insecurities. I know these emotional predators would still be doing this to other women now. That's how jerks like that work. Why stop if they're getting what they want?

Half a brain

I also met a couple of good people. But the bottom line is – no one was going to get me out of the gutter but me. For a long while I didn't care about my situation. I thought everything was hopeless. I didn't want to live. I knew I shouldn't be living how I was. I didn't want to be working on the street. I didn't want to be using. But when you're in that really bad situation it is almost impossible to implement changes in your life. Because I felt powerless and depressed, I didn't think I could make my life better. Also, I believed I didn't deserve any better. I felt worthless. When you use a lot of speed, it affects your decisions. When I stopped using speed, I felt like I got half my brain back. I had really been functioning on reduced capacity brain power. I eventually moved to the southside of Brisbane in a flat with S. I organised some drug counselling and stopped using. Then I found out I was pregnant. I did some hard yards staying clean. I found a cheap flat and moved out by myself. It has been a big learning curve – for the first time in my life I have learnt to look after myself. I am learning to like myself. Now I see my two-year-old son two days a week when he comes and stays with me. I have a beautiful baby boy. My boys are my focus.

Survivor

When I think about who I was 18 months ago, homeless and using, hopeless and depressed, I fell like that was a different person. But I am trying to see the experiences I had in a positive way. I am trying to see that all those experiences make me who I am today. I am a survivor. One day I would like to go back and help the women who are homeless and lost to gain some self-respect and get their lives back on track.



Sometimes I get so fucking lonely

I wonder what I'm doing this sober thing for
And I know that drugs created
craziness and danger.

But sometimes now, without them

I feel like there's nothing

Nothing to look forward to

Nothing to keep me warm at night.

No fuzzy warmth pulsing through my veins
making me feel like it will all be okay

At least for a few hours

It hurts so bad sometimes that I want to die.

But I tell myself tomorrow will be better

Maybe tomorrow I'll be smarter

And know exactly what to do

How to handle the pain and not fall into
trouble.

Tomorrow mum will ring

And she'll say she's sorry

And that she wants to see me

She'll say that my brothers and
sisters miss me

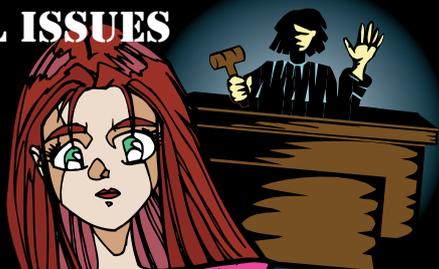
and wonder when I'm coming home.

That she never meant to turn her back on me

How she hopes that we can be friends

But maybe tomorrow I'll spend the day
looking for my glass slipper.

LEGAL ISSUES



There are all sorts of legal hassles you can get caught up in, whether it's possession, distribution, being classified as an unfit parent, or done for a crime to support your habit.

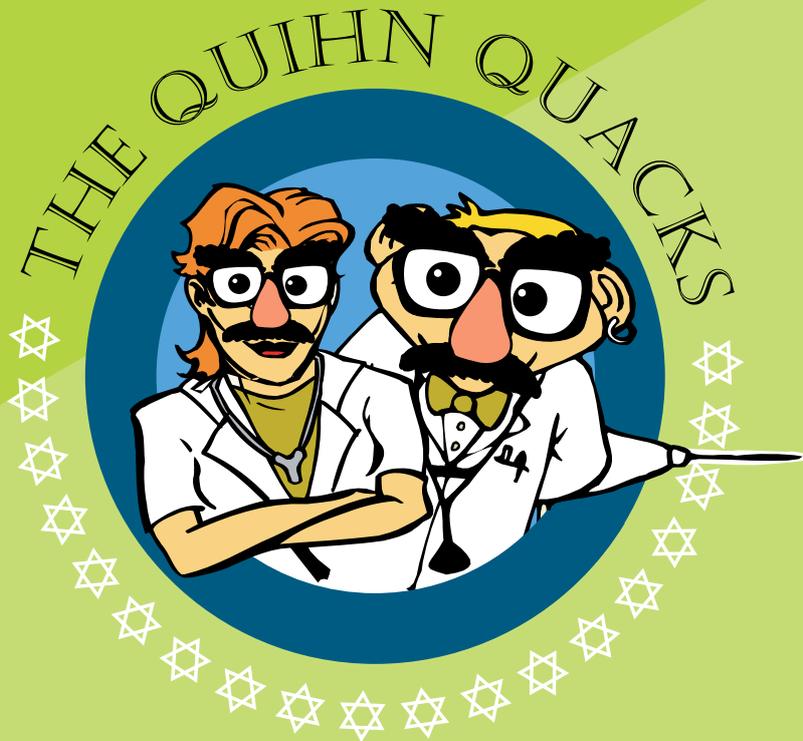
The legal system is gradually starting to see serious illicit drug dependency as a health issue, not a criminal one. Contact QulHN for good legal support contacts in Queensland, or call Legal Aid Queensland on 1300 65 11 88.

The QuiHN Quacks are here to answer the curliest questions about shooting straight and looking after yourself...

Send your questions for the quacks to PO Box 2470 Fortitude Valley 4006 or by email to hqmb3@quihn.org.au. You can also check the Drug Info page of our website at www.quihn.org.au for answers to many of your questions.

Remember the guys at your Needle & Syringe Program usually know of non-judgmental doctors in your local community who know the go with illicit drugs, so have a chat with them to get your health issues sorted.

Please note that this column does not constitute medical advice. All health issues should be checked with your doctor or medical specialist. QuiHN will not be held liable for any harms arising from actions taken upon reading the information in this section, or the rest of the magazine.



I'VE GOT HEPATITIS C AND A MATE SAID HE KNEW SOMEONE WITH THIS WHO GOT CIRRHOSIS OF THE LIVER. I THOUGHT ONLY ALCOHOLICS GOT THIS! WHAT DOES IT DO TO MY LIVER? WHAT ARE MY CHANCES OF GETTING IT?

Hepatitis C can cause inflammation of the liver. This inflammation can lead to the development of scar tissue (or fibrosis) in the liver. Scar tissue develops from cycles of damage and repair as the liver attempts to restore itself.

Blood cannot flow freely through scarred liver tissue. Eventually, if the damage continues, much of the liver may become scarred and hardened. A much reduced amount of blood flows through the liver worsening the injury caused by the hepatitis, liver cells die due to a lack of oxygen and nutrients, and the liver loses its ability to remove toxins and to perform its other functions.

Severe scarring (or cirrhosis) is, in most cases, irreversible. However, the scarring is often slow to progress and it may take as long as 30 years after becoming infected with hepatitis C before liver function is weakened. Only between 7-16% (percent) of people infected with hepatitis C will develop cirrhosis.

Some people have no outward signs of liver disease for as long as 10 to 15 years after being first diagnosed with cirrhosis, even though their liver is damaged. This is known as compensated cirrhosis. The liver 'compensates' or makes up for damage and a normal life can be maintained.

The results of liver function tests may also be normal with compensated cirrhosis. Even after much of the liver has been destroyed, it can still function well under normal circumstances. Liver function cannot be restored to the parts of your liver that have turned to scar tissue, but if disease is detected and managed early, your chances of slowing or preventing further disease are much greater.

Decompensated cirrhosis is when damage to the liver over time stops it from working normally and you develop signs or symptoms of liver failure. With decompensated cirrhosis, the results of liver function tests would be abnormal. People with decompensated cirrhosis will experience a general and noticeable decline in their health and may show signs of liver failure.

Liver transplantation is an option for some people when cirrhosis becomes decompensated. Treatments to reduce serious complications, such as gastrointestinal bleeding, infection and fluid accumulation include increasing nutrition intake, fluid tablets, salt reduction and surgery in some cases. Your doctor, specialist or clinic nurse can provide advice about the best treatment options available to you.



It is important to remember that being diagnosed with cirrhosis is not the end of the world. People with cirrhosis can have completely normal liver function and remain well for many years.

Progression from cirrhosis to liver failure or liver cancer (hepatocellular carcinoma) does not happen in every case. About 2-5% (percent) of people infected with hepatitis C, at the same point in time, whom develop chronic hepatitis C and related cirrhosis are at risk of developing liver failure or liver cancer.

METHADONE & SUBUTEX



If you've got an opiate habit, there are quite a few ways to handle it if things are getting out of control. Methadone has been around for a long time, and some users find it the best way to stabilise their life when heroin or morphine use has got out of control.

Subutex is a similar treatment which can also be used for rapid detox. There's also suboxone which includes naloxone which blocks any other opiates that enter your system.

Have a talk with staff at your Needle & Syringe Program about these options if you want to get off heroin, morphine or other opiates.

emergency contraception

Topic: Emergency Contraception

Emergency contraception can be used to prevent pregnancy after sex. This could happen:

- if no contraception has been used
- if a condom has broken
- if a woman has been sexually assaulted.

Emergency contraception does not prevent sexually transmissible infections.

Do's

Women who are sexually active are advised to talk with their local doctor, family planning clinic or sexual health clinic about reliable contraceptive methods and safer sexual behaviours.

Tips

Several methods of emergency contraception are available including the emergency contraceptive pill and the intrauterine contraceptive device (IUCD).

The emergency contraceptive pill (sometimes called the morning after pill) contains special doses of the female hormones oestrogen and progesterone. These hormones are used in different doses in oral contraceptive pills. The emergency contraceptive pill may be either oestrogen and progesterone together, or just progesterone alone. The tablets are taken in two doses, 12 hours apart.

Sometimes the intrauterine contraceptive

device is also used as emergency contraception. This is a device inserted through the cervix into the uterus (womb) to provide long term contraception. It may not be suitable for some women. You can ask your doctor, sexual health service or family planning clinic for more information.

Any woman can take the emergency contraceptive pill. Women who cannot take the oral contraceptive pill are able to take the emergency contraceptive pill.

The emergency contraceptive pill (ECP) can prevent pregnancy in a couple of ways:

- If ovulation has not already occurred, it can delay ovulation – this means a delay in the egg being released from the ovary, so fertilisation cannot occur.
- If an egg has been released and has been fertilised by sperm, the ECP can prevent the fertilised egg from implanting in the uterus. This means a pregnancy cannot develop.

If a woman is already pregnant and that pregnancy is already planted into the uterus, ECP will have no effect on that pregnancy.

The risk of becoming pregnant after taking the ECP is between one and three per cent. That is,

for every 100 women who use ECP following an episode of unprotected sex, between one and three will become pregnant. ECP is more reliable if it is taken within 12 hours of the episode of unprotected sex.

ECP is more likely to fail if:

- it is more than three days since the episode of unprotected sex
- if a woman has unprotected sex again before her next period
- if a woman vomits after taking the ECP.

Helpful Hints

The common side effects of the emergency contraceptive pill includes:

- nausea (feeling like vomiting) which occurs in up to half of all women given ECP
- vomiting, which can occur but is less likely with newer preparations. If vomiting occurs within two hours, the dose should be repeated.
- the next period may be early or delayed or come at the due time.

Tablets can be taken before the ECP to prevent nausea and vomiting.

Practical Advice

For more information about emergency contraception, you can talk to:

- your local doctor
- your local sexual health (see p.28)
- your local family planning clinic.

This information is used with permission of Queensland Health from their website at www.health.qld.gov.au/sexhealth

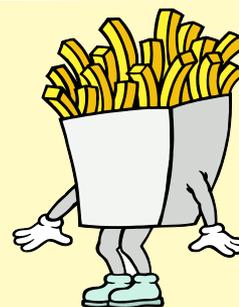
since i got hep c, i rarely do speed anymore but i've really packed on the weight. i've got to admit i like my fried food and other crap, is this really bad for my hep c?

You don't need to cut out all fats and oils just because you have hepatitis C. Everyone needs to eat some fats to make hormones and to allow body cells to function properly. However people in Australia tend to eat too much fat.

There are different types of fat and consumption of 'bad' fats is associated with the development of heart disease, diabetes and becoming overweight. Eating greater amounts of *saturated* and *trans* fats are associated with an increase in heart disease risk. However fats such as *polyunsaturated* and *mono-unsaturated* fats have been found to reduce the risk of heart disease. *Mono-unsaturated* fats

have also been found to lower levels of cholesterol when they replace saturated fats. Fat is higher in energy (kilojoules) than any other nutrient. Eating less fat can assist in weight loss and a diet low in saturated fat that includes moderate amounts of *polyunsaturated* and *mono-unsaturated* fats meets our essential daily requirements in providing us with fat soluble vitamins and essential fatty acids. Thus people are generally advised to eat less saturated fat.

Having hepatitis C may make you tired or *nauseous* (feel like vomiting) even if your liver is not damaged. Some people with hepatitis C report having



trouble coping with fats. If you feel sick or nauseous for any reason and find that fatty food does not agree with you, try avoiding such foods while you feel nauseous. Reintroduce these foods gradually.

This information is used with permission of Hepatitis Council Queensland. Check out their website at www.hepatitisc.asn.au for plenty of hep C information and advice, or you can call them on 1300 437 222.



A new fit every time means less chances of viruses, bacteria and vein damage. And of course, don't share that fit with anyone else.

A great idea is to plan ahead so you never have to look longingly at that used syringe for your next hit. Most Needle & Syringe Programs will let you take a good number of fits at one time, so stock up.

If you absolutely have to reuse a syringe, try the 2x2x2 method. Rinse twice with clean water. Rinse twice with bleach (shake for two minutes each time). Rinse twice with clean water again. Remember that this is a last resort though!

Emotional Fitness Program

The Emotional Fitness Foundation is running free groups for anyone wanting to improve their emotional fitness. Groups are run at both South Brisbane and Spring Hill in Brisbane.

From Hell with Love

The group is a topic meeting about the emotional reality of recovery. Subjects such as shame, grief, anger, guilt, intimacy, jealousy and at least another 50 topics are discussed. This group helps individuals process their emotions in a supportive peer support environment.

Scars into stars

Transforming the Scars of abuse into Stars of recovery is exactly what takes place internally for those choosing to heal emotional wounding. This gentle hour topic group deals specifically with issues surrounding abusive trauma.

20-week self-study workshop

The Emotional Fitness Foundation Workshops run for 20 weeks and offer individuals a structured approach to overcoming their history of abuse and/or addiction.

Call our head office on 07 3366 0533 or email enquiries@emotionalfitness.com if you are interested in coming along. It is essential that all attendees are at least 6 hours clean and sober prior to attending any group.

Chronic Disease Self-Management Program

The Hepatitis Council of Queensland is offering a free course on self-management for people with chronic conditions and families/carers.

Topics covered will include:

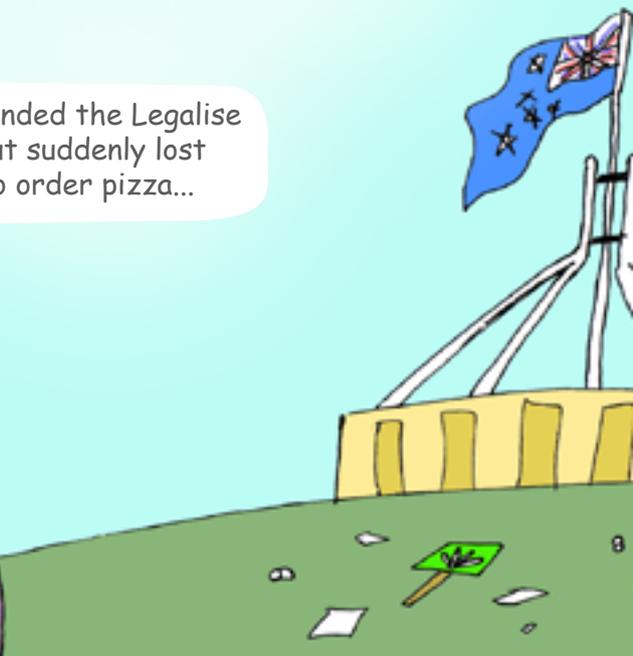
- Managing symptoms
- Fighting fatigue and frustration
- Living with depression
- Making daily tasks easier
- Medications
- Talking with healthcare providers
- How to get more out of life!

Courses will be held:

Monday evenings for 6 consecutive weeks

from 6 - 8pm starting 14th May 2007 at New Farm, Brisbane. If you would like to register, contact the Hepatitis Council of Qld Inc by telephone on 1300 437 222 or email: development@hepqld.asn.au

Over 9 000 people attended the Legalise Marijuana protest but suddenly lost interest and went to order pizza...



While there has been some research which has linked cannabis use with psychotic episodes in people with a predisposition to schizophrenia, the major harms associated with cannabis use are cardiovascular and bronchial. Simply put, smoking anything is harmful to the lungs, throat and heart. But how you smoke your cannabis can have a large influence on how much harm you do to these areas of the body.

MIXES

While it is common in Australia to mull up cannabis with tobacco, doing so increases the potential health risks, as the smoker ingests more tar and other harmful carcinogens. Although many smokers may mix their cannabis with tobacco to make it last longer, doing so means you will take in more toxic compounds in the smoke to reach the desired effect. Also, it may be harder to reduce or stop smoking if you mix tobacco with cannabis as you may experience nicotine withdrawal.

Some people mull their cannabis with herbal preparations in the belief that this is less harmful than mixing with tobacco. Doing so will reduce the risk of nicotine withdrawal if you stop smoking, but there is no evidence that these mixes are better for your health [and it is likely that they are more harmful - Ed].

SMOKING METHODS

There is a great deal of debate about which methods of smoking cannabis (joints, pipes, bongs, etc.) are the least harmful for your health. A lot of this debate focuses on which method provides the best ratio of THC (cannabis' active ingredient) to tar. While there is no consensus among experts about which method is best for your health, there are some things you can do to reduce the harm to your body regardless of which method you prefer.

JOINTS: Most experts agree that smoking

cannabis in joints is one of the least harmful ways to use the drug. To maximise the ratio of THC to tar and carcinogens, it is recommended that you do not use cigarette filters in joints as they eliminate up to 60% of the THC in the smoke, leaving you with a much higher proportion of tar and other toxic substances in the smoke. Instead, smoke unfiltered joints or use rolled pieces of unbleached cardboard in the end of the joint.

BONGS: While many people prefer to smoke cannabis in bongs because the cooler smoke doesn't feel as harsh on the lungs, recent research suggests that using a bong may be one of the most harmful methods of smoking cannabis. The water in a bong absorbs a great deal of the THC in the smoke, thus increasing the amount of tar the smoker must ingest to get the desired amount of THC. Also, using a bong which has a mouthpiece less than 20cm from the water level can allow water vapour and water drops to enter the lungs.

If you do use a bong, it is recommended that you do not use one made of plastic bottles, rubber hose or with an aluminum cone, as these materials can give off harmful fumes when heated or melted. It is best to keep your bong clean and change the water frequently too, as a dirty bong can harbour germs and viruses like Hepatitis A.

PIPES: If you use a pipe, it is best to choose one made of glass, stainless steel or brass, as wooden or plastic pipes can give off noxious fumes when you burn cannabis in them.

INHALING

Among many cannabis smokers the conventional wisdom is that holding in an inhalation of smoke increases the effects felt, but the consensus among experts is that this is not the case, and in fact holding in the inhalation causes more harm to the

VERDOSE



Don't be shy – your average ambo is non-judgmental, friendly and just wants to keep your mate alive. If someone drops, call the ambulance straight away. They never call the cops unless they believe they could be in personal danger.

If the person is unconscious, roll them on their left side. It only takes a tiny bit of vomit to drown someone if they are on their back!

CANNABIS HARM REDUCTION TIPS

When the subject of harm reduction for drug users comes up, most people tend to think of the issue in terms of so-called “hard” drug use — distributing clean syringes to injectors, providing information on avoiding overdose to heroin users, educating people about the dangers of mixing pills with alcohol, operating methadone maintenance programs, etc.

But in recent years, many researchers and drug educators have begun to look into harm reduction for what is often considered the most benign of illicit drugs — cannabis.



lungs without increasing the amount of THC absorbed. Studies indicate that 95% of the THC in cannabis smoke is absorbed in the first few seconds of inhaling, so holding in the smoke any longer just allows more tar and other noxious chemicals to be absorbed by the lungs. It is better to take small, shallow puffs rather than deep inhalations.

EATING CANNABIS

One of the best ways to avoid the harmful effects of cannabis smoke on the lungs is to cook your cannabis in cookies or cakes and eat it rather than smoke it. The main drawback of this, however, is that it can be harder to gauge how much you have taken in, as the effects of eating cannabis can take anywhere from 60-90 minutes to hit and can last from 4-12 hours. People who eat cannabis often report the buzz is stronger and trippier than when the drug is smoked. It is best to use caution when eating cannabis and to wait a few hours before eating any more.

HYDRO V. BUSH

Much debate has raged about the merits of hydroponically grown indoor cannabis versus naturally grown “bush” cannabis. The main difference between the two varieties is the THC content of the cannabis, with indoor grown buds reaching a THC content of 13-20% THC, compared to 7-14% THC content for outdoor plants. While some people point to the high THC content of hydroponic cannabis as a factor in the onset of psychological problems, others emphasise the harm reduction benefit of hydroponic cannabis in that the user needs to smoke less to reach the desired effect.

If you are unused to smoking strong hydroponic cannabis it is probably best to go easy on it until you are familiar with your tolerance.

BACTERIA ON CANNABIS

During the handling and curing of cannabis plants, it is possible for fungi and bacteria to contaminate the cannabis. This poses a low-level risk for most smokers, but for those with compromised immune systems (such as those with HIV/AIDS or cancer) it can be a serious health hazard. The best way to handle this is to heat your cannabis in an oven heated to 66-93 degrees Celsius for about 10 minutes to kill any fungi or bacteria.

QUITTING CANNABIS

If you are trying to cut down or stop smoking cannabis, many drug and alcohol agencies have started quit smoking groups to assist people with managing their cannabis use. These groups usually hold weekly sessions where you can discuss quitting methods, coping mechanisms and relapse prevention with other people who are trying to quit or cut down on smoking cannabis. For information on groups in your area, call QuIHN on 07 3620 8111 or the Alcohol and Drug Information Service (ADIS) on 1800 177 833 within Queensland only.

The National Drug and Alcohol Research Centre (NDARC) has produced a booklet, “Marijuana; A Guide to Quitting”, which outlines some strategies for quitting cannabis smoking. For a copy of this booklet call NDARC on 02 9385 0333.

The information in this article was compiled from the following sources:
• *Mulling it Over: Health Information for People Who Use Cannabis*; Annie Bleeker and Annie Malcolm, Manly Drug Education and Counselling Centre, January 1998
• Multidisciplinary Association for Psychedelic Studies Newsletter, Volume 6, Number 3, Summer 1996.

Thanks to our New South Welshmen cousins at NUAU for permission to reprint this story from their excellent mag, *User's News*. Check out their website at www.nuaa.org.au

As a final note, cannabis smokers who have hepatitis C should be aware that new research shows that regular daily smoking of cannabis can increase liver damage.



heating your mix?

Some users are still heating their mix before injection, although there are a few health issues and it is simply better to avoid heating your mix.

Why do people do it? Usually it is to help dissolve the mix. But if it isn't dissolving properly without heat, then it shouldn't really be going into your body! Some users think heating the mix will kill bacteria, but you actually need to boil them for five minutes at high temperature to kill most of them, something you don't want to do to your mix!

So why is heating your mix bad for you? Heating your mix helps to dissolve impurities in your mix so that they can do more harm to your body. If you are injecting pills, heat will melt the wax which may reform inside your veins. Also, a heated mix can do extra damage to your veins.

Your options? If your mix doesn't dissolve well, then filter it through a 0.2 micron filter and inject away. Otherwise, consider alternatives to injecting such as swallowing the mix, or shafting it. Shafting means taking the needle off the syringe and putting the mix up your arse. Unlike swallowing, it can give a fairly good rush as the anus is lined with many blood vessels to absorb the drug rapidly.

PRISON



A lot of people find that using on the inside isn't worth it. You can't get new fits, so the risk of vein damage, infections and viruses like hep C and HIV are really high. Getting caught can lengthen your stay, and all sorts of shit can happen if you can't pay the dealer in prison for what you've used.

If you do go to prison, take your time to make friends and get to know who is who. Inevitably there are a lot of internal politics. Most inmates find the best way to do their time is to stay clean and to avoid the rush in joining any groups. Your sentence will go faster if you grab whatever work is going and get into some of the programs — people even come out the other end with diplomas and degrees!

2100: A DRUG

So despite all the doomsday predictions from the prophets of overpopulation and environmental disaster, we made it to the year 2100. Everyone was right to some extent – the environmental fundamentalists got some things right, as we did lose a lot of species, although they are now being slowly replaced from DNA recreation projects as their habitats are restored. The eternal optimists were partly right, as human ingenuity and technology did come to the rescue to a large extent.

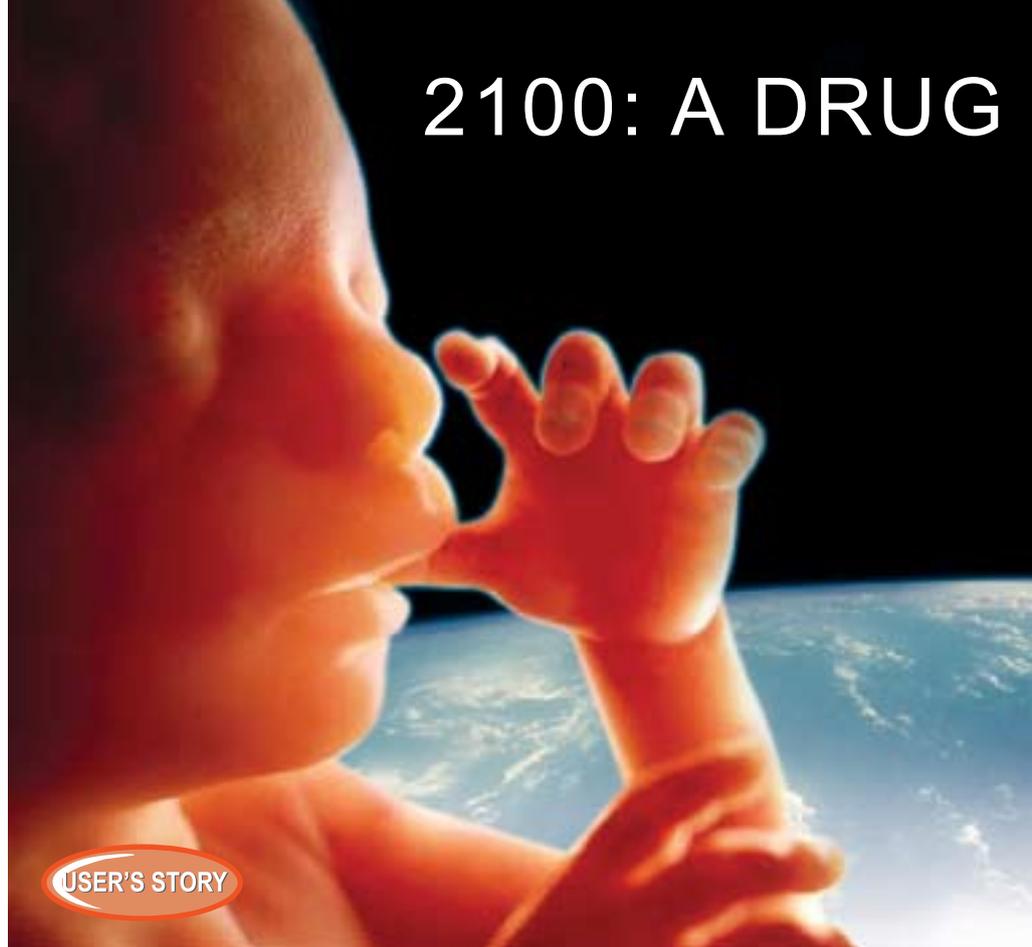
The sea levels did rise as predicted due to global warming. Low-lying islands and nations ejected their environmental refugees to Western nations, who were threatened with third world nuclear weapons for their lack of compassion. Weather patterns changed and as predicted, affected the equatorial developing nations most as diseases spread and agricultural output dropped. Again, they threatened to nuke the richer nations unless they reversed their fucking around with the thin envelope of air around this round rock.

It wasn't just the threats either. A revival of the 1960s flower power occurred in the 2030s and jaded, cynical, self-interested, consumerist youth of the 'yeah, like whatever, dude' generation were replaced by an idealist globally-minded green power generation proclaiming 'stop fucking with our planet'. A homegrown kind of militant Buddhism sprang up, with the Buddhas half-jokingly proclaiming 'chill out, be one with the Earth, or we'll kill you'.

It was amazing to see what could happen when people decide to do something about it. I guess if you keep shitting in your own backyard, you'll do something about it as you get close to drowning in a pool of your own stinking body waste. Wind farms sprang up everywhere. All roof panels were replaced with photovoltaics to produce electricity from the sun. Coal-burning power stations and internal combustion engines were outlawed and electric vehicles became the cool thing. Iron seeding of the oceans not only stored carbon but restored depleted fish stocks. A massive sheet of alfoil was erected in space at the L1 point between the sun and Earth to regulate the sunlight precisely.

Constant change is here to stay

As everyone knows, the most amazing event since the Industrial Revolution took place in 2068, when fusion power finally got to a workable stage. Suddenly, all nations had access to the power potential of the sun, just using a glass of water. This clean, abundant cheap energy source saw



the final decline of poverty, wars over oil, starvation and a host of other human ills. The enforced global cooperation to fight global warming saw a beefed-up United Nations that could actually enforce the peace, and most insurrections and wars didn't seem worth fighting when you quickly had the armies of at least 26 nations gathering at your borders.

A common slogan is 'constant change is here to stay' and yet in some ways, 'the more things change, the more they stay the same'. Parents are still horrified by teenagers manipulating their appearances for shock value or to follow the latest fashions seen on 3D vid – genetic modification of skin colour or growing an extra breast is common, but easily reversed.

Old school and new school drugs

Drugs are rife throughout society and many nations are happy with this state of affairs, although not all. The Nations of the Islamic Federation quickly became very moderate in their beliefs once fusion power saw the end of poverty and fundamentalists simply couldn't find any converts. A grudging acceptance of drug use is growing although many nations still outlaw Radiance, Healium and of course, the old school drugs – heroin, speed and cannabis. A

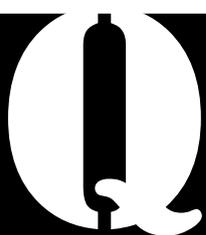
policy of harm reduction is in place so the flood of drugs into their lands is tolerated, if not approved of yet.

In the so-called Western nations, it is a free-for-all. As legal restrictions were lifted, laboratories began replacing harmful drugs like alcohol and nicotine with safer alternatives. Radiance is a synthetic opioid that you simply can't overdose on. It engages feedback systems in the central nervous system and simply blocks opioid receptors when the heart rate slows too much. Dosage is extremely easy to control so it is quite a common drug for after dinner drinks for mellow conversation. Being legal, it is extremely cheap. A large recreational dose to keep you high for the day is only \$2400, the price of a loaf of bread.

Say goodbye to physical dependence

Careful engineering eventually saw that no physical dependency could develop, and heavy use would eventually lead to very muted effects from the drug. Hard core users often tend to just move on to another drug then, like Healium.

Healium is the most common stimulant and is chemically similar to speed. Healium has almost replaced coffee now as the workplace stimulant. In low doses, it enhances mood, concentration and



QUITTING



Some of us find it easy to keep our habit under control, while others only have trouble when the shit hits the fan in one way or another. Still other users find they just can't keep their use in balance with other things in life, and it always spirals out of control.

At some point, most of us have had a full blown dependency and have needed to detox – whether it was to take a break, get off for good, or forced on us by being in prison.

The good news is that there is detox support, whether you detox at home, in prison, with medication, or in a residential detox. There's also a lot of support out there to either help you stay clean, or manage your habit more effectively if you get back on. Have a talk with the guys at your Needle & Syringe Program.

ODYSSEY



attention. In higher doses, it is similar to speed but has amplified the warmth of Ecstasy. The Buddhas use it for the popular love-in sessions of group sex or all night dance parties. Derivatives of Healium, such as Glow, are less manic and used for meditation and those romantic moments.

Psychological dependency has been a tough nut to crack. As with any drug, a small percentage of hard core users simply stay bombed out of their minds as much as possible. As the controlling chemical cascades set in, they simply rotate to the next drug until the chemical receptors in their brain begin to shut down on that one too. Health-wise, these users don't suffer physically unless they forget to eat, but these level of dependence leads to a variety of emotional problems.

Growing a third penis

While growing a third eyeball or a larger penis is simple gene therapy, the incredible complexity of the human brain is one the last barriers to gene therapy. There are some experimental therapies for so-called 'dependency-inclined personalities' but they are not always effective. And of course, it comes down to choice. Some users simply prefer to get bombed all day and this is their chosen lifestyle. The beauty is that they aren't judged or imprisoned for this choice in 2100, just seen as a bit odd when life has so much else to offer.

Funnily enough, the old school persists. Although illegal in most countries, heroin, cocaine and speed are still made or grown for the black market, although they cost much more than their legal offspring. The purists claim that you can't really 'connect' with the new drugs because they have been overengineered in the lab. Policing of production and distribution of the old school drugs is half-hearted at best. These old timers are much better educated about their drugs and overdoses are rare. In keeping with the old traditions, they often inject with the syringes that were a medical tool used until the 2020s. In keeping with harm reduction policies, these syringes are still made available for their use. Closed veins are easily treated nowadays with gene therapy. Blood-borne viruses such as hepatitis C and HIV are almost non-existent except within this community. When they do spring up, a one-off treatment sees the problem gone with days.

Disease is only a state of mind

So a new century gets underway. We now live to around 120 years of age. Most countries have adopted the three day working week. The Mars colonies are thriving with fusion power-assisted space flights and industrial expansion, and terraforming of Venus is being researched. Disease is more a state of mind than a physical reality. Bob Hawke's prediction was only out by about a century, but there is pretty much no child living in poverty nowadays.

But it isn't all roses. Ten billion people crammed on a tiny planet means there isn't much room to swing a cat, unless it is a very small one and it doesn't mind a few knocks to the head. We are getting more forests back slowly, but it is hard to convince people to live underground, and the Martian colonies won't be ready for mass immigration for decades.

Turn on and drop in

For those who need religion, the main choices are joining the Buddhas or the Islamists. Otherwise, everyone still faces that existential angst that can hit you late at night, when you realise you have pretty much everything you want, yet still feel strangely empty inside, till you swamp the feeling with Radiance, Healium or whatever you have in the bathroom cupboard.

Still it's the life you make it. At least we've scrapped old ideas such as racism, poverty, terrorism/freedom fighting, aggression, non-renewable energy, military persuasion to convert to the one true religion, and forbidding biochemical alteration of our mood states. So as the young Buddhas would say, turn on, tune in and drop in.



IT ALL STARTED

Where to begin... well I guess I'll start with when I was fifteen-years-old. Sitting in the back of a Ford station wagon, handed a bong (what tha-hellis a bong), told to stick in my mouth, light and suck. Well, from there all I wanted to do was eat and eat and eat. What is this shit?

So that's the beginning, I guess you could say, fifteen-years-old, didn't even know what pot was, what it looked like or how you took it ... just did it.

Now twenty-three looking back, wish to God I had never put that horrid dirty little bottle, with the scum stuck to the sides into my — at that time — innocent mouth.

From there I spent the next eight years of my unstable existence, trying to find me!!! Who was I, where did I fit in?

So after trying every drug possible, from pot, coke, speed to ecstasy (the worst) I finally realised that drugs and drink were not the way to go.

My one and only ecstasy tablet and the copious amounts of speed helped in a big way (not), I am now a paranoid schizophrenic and have to take a stupid prescribed drug to keep myself sane. It's not a fun feeling.

So believe me when I say — don't do drugs — they will only screw your life more than you think it is now.

ROTATE YOUR SITES



We humans are creatures of habit, whether it is the way we put the toilet paper roll on the dispenser, or where we choose to inject our drugs. Everyone has their favourite spot, but you damage your vein lining every time you inject, even with new fits.

Give your veins time to recover by having a few spots you can rotate each time you use. Also see if you can use your other arm as well to share the load.



DROPPED



USER'S STORY

We encourage all readers to take overdoses seriously - read up on first aid (see our last issue). Remember to not panic, and call the ambulance every time. They don't call the police unless they think they are in danger themselves from violence. - Ed.

"Greg! You okay, mate?" says the dealer, "Someone call the ambulance quick!"

George starts mouth-to-mouth on him while Jules calls the ambulance on my mobile phone. "What's the address here?" she says.

"Fuck no", says his ex, who we scored with this morning. She's afraid that she will get raided.

"He's fucking blue, he's dead, man! We don't have time for this crap" he says between breaths into GB's mouth. Robbo, her boyfriend, continues with beating at his heart. "We can carry him down the stairs mate; there are two of us."

"Jesus, get the fit out of his arm first, for Christ's sake."

"Dump him on the corner, I don't think he's going to make it this time," says the paranoid ex. She screams at him, "Get him the fuck out of here; fucking bastard".

I look on in horror, this is my partner, the father of the child growing in my stomach and he's dead. I can't even speak, I can't move, until I see that any chance he has is slowly slipping away...

"Fuck off and leave him alone bitch," I say as she goes to hit him.

She continues on with her litany to get him the fuck out of there, she is so worried about herself; it doesn't even occur to her that this is a human being and he's dying, she has completely lost her humanity.

Jules gives them the street corner as the address, saying he is lying on the footpath.

"He's breathing," says the dealer who has been doing the mouth-to-mouth while Rob pounds on his chest to get his heart moving.

"C'mon Rob, let's carry him downstairs quick before the Ambo's get here."

They think him down the stairs, he hits his head several times, no one seems to care, they just don't want to get busted. I go with them and they all run away - they don't want to be there when the ambos come.

They come and I give them a false name and they ask what he was using. I don't know what it was today, but George wanders by and overhears and comes forward and says "looks like hammer to me matey". They hit him with the Narcane.

Narcane is an inhibitor and he is immediately not only awake, but cold stone sober and hanging out - that means he feels like shit and is about to vomit and shit his pants, it's not good. The ambo's wanted to take him in to hospital, but he refuses, we jump in the car and drive away.

"We got to go back out and score" he says.

I cried a lot of tears that day, because my baby's Daddy is a junkie, but he is booked into detox, and it will only be a few more weeks until he will be straight and we can have a normal life together.

If he makes it that far...

S MALL TASTE FIRST



If you buy cigarettes or a beer, you know just how much drug you will be getting into your system. A huge problem with illicit drugs is you usually have next to no idea how strong or weak your hit will be.

Sometimes the urge to jump right in is overwhelming, especially if you are hanging out. But when injecting, it's a good idea to inject a small bit first to see how strong the mix is. It won't reduce your rush, and may just save your life if you've scored some really strong shit!

POSITIVE NOT PUNITIVE

h o w i s h e p C t r a n s m i t t e d ?

Hep C is transmitted by blood-to-blood contact – meaning that the blood of a person already infected with the virus must leave their body and enter the blood stream of another person.

Hepatitis C usually enters the body of another person via a rupture or opening in the skin such as an injection site.

For transmission to occur, the virus must be concentrated enough (viral load) to present a threat of infection.

In Australia the greatest risk of transmission is through the sharing and reusing of all injecting equipment. Surfaces used for mixing up and using drugs, disposal

containers, hands and puncture sites can become contaminated with blood during the injecting process and pose a risk for the transmission of hepatitis C.

Tattooing and body piercing with equipment that has been contaminated with blood can transmit hepatitis C.

Hepatitis C has been found in body fluids other than blood, but the viral load is thought to be too low for transmission to occur.

Hepatitis C is not classified as a sexually transmitted infection due to the very low risk of infection through sexual contact. Hepatitis C is transmitted through blood to blood contact, therefore there is a

risk of transmission during sex if blood is present. Whether hepatitis C is transmitted depends on:

- The susceptibility of the recipient;
- The viral load or concentration of the virus in the blood;
- Amount of blood involved.
- Microscopic amounts of blood not visible to the human eye can transmit hepatitis C.

There is no evidence to show that people living with hepatitis C transmit the virus to others that they live with by sharing cups, toilets etc. The sharing of tooth brushes and razors which are contaminated with infected blood do pose a low transmission risk.

g e n o t y p e s

Genotype is the term used to describe the specific genetic structure of hepatitis C subtypes. Ten different hepatitis C genotypes have been identified, however the current tests can only identify six.

They are all closely related in their genetic make-up but differ enough that scientists have classified them into distinct groups. The major genotypes (1-10) have been further divided into subtypes (1a, 1b, 2a, 2b, etc).

Genotypes appear to be geographically localized, for example 1, 2, and 3 are widely distributed in Western countries and genotype 4 is found predominantly in the Middle East and Central Africa.

In Australia, the predominant genotypes are genotype 1 (about 55% of notified infections) and genotype 3 (about 35% of infections).

Genotyping plays an important role in the decision making process about whether to undergo treatment and the duration of therapy as genotypes predict treatment responsiveness.

The above information comes from **Positive not punitive**, an exciting project of the Australian Injecting and Illicit Drug Users League (AIVL). Here you will easily find all that you need to know about hepatitis C. You have at the click of your mouse an array of factual up-to-date information that you can read and download to keep for future reference – from *What is hepatitis C* to *How it can be treated*. There is also a quiz that you can do – it won't take long, and it's a fun way to test your knowledge.

www.positivenotpunitive.com.au



T O U R N I Q U E T S

Tourniquets help to get your veins pumped so they are easier to see and enter with that needle. Some Needle Syringe Programs sell tourniquets for around \$2, or you can make do with a long sock or tie.

Leave the tourniquet on while you 'jack back' to make sure if you are in the vein, but **ALWAYS** release the tourniquet before injecting! Otherwise, you inject into a vein that's under pressure, increasing your chances of a missed hit or vein damage.

Have own tourniquet that you don't share with anyone. Sharing your tourniquet increases your risk of contracting blood-borne viruses like hep C and HIV.

toward a philosophy of

DRUG USE

for the new millenium



Why do we use drugs? It can be for medical, recreational, creative or spiritual purposes. They don't always interfere in other parts of our life. There are easy ways to reduce risk of immediate danger to ourselves or others. Legal or otherwise, recreational drugs can be used to simply feel on top of the world, even if for just a few moments.

No way, dude in a suit! I speak up for the conservative public who enjoy alcohol and nicotine but are against 'real' drugs. I'm not sure why, and I don't really want to think about it, but illicit drug use just seems irresponsible, because those drugs are dangerous and often very addictive. Why should we legalise harmful substances that are just a fruitless escape from reality?



Interesting point, my red headed friend! Take this glass of gin and my Marlboro here. Addictive? Yes. Harmful? Yes. How do we draw the line on acceptable drugs or otherwise? And who makes these decisions for us? Many argue that humans will always use various drugs to feel good, and making certain ones illegal simply increases the cost, impurity and stigma. The result? Crime, health problems and a lot of people trying not to drop the soap in the prison showers.

Regardless of arguments, most people will use some kind of drugs to alter their mood. If I want to maximise my health, I can say "no". Otherwise, I can say "know"... learn how to use my drugs responsibly, whether they are legal or not. In a nutshell, I can:

- Know my drug, and strategies for its safe use and infection control
- Test and dose myself carefully to avoid overdose, and not use alone
- Avoid driving or operating machinery if I'm off my face
- Avoid encouraging non-users to get into my thing
- Balance my use with other bits of life; family, friends, work, diet, exercise, nose picking, overthrow of the existing regime, and so on.



USE SWABS

Swabs come with the fit pack you get from your Needle & Syringe Program. Use the swab to wipe ONCE, and in ONE direction only, across your injection site. Why? Wouldn't a good scrubbing kill bacteria better? No! Germs are killed by the evaporation of the alcohol, so scrubbing or wiping a few times just moves the bacteria around.

No swabs? Another option is to dip a tissue in methylated spirits and wipe once. The best option of all is warm soapy water for your hands and injection site, then use the swab on your site just to make sure.

Only in America! Some recreational drug users got together and created this oath for responsible drug use. They say it is intended for recreational drug users who wish to use drugs in a relatively responsible manner, as opposed to doing so in the “stereotype of a lifeless, ethically bankrupt, hedonistic and self-destructive “junkie””.

The document suggests that drug use should be considered a legitimate personal choice, not a crime, personal failure, or societal illness. Have a read and let us know what you think...

I swear or affirm that:

- **I understand the effects of all recreational drugs I take, to the best of my ability. I shall research the neurochemical, psychological, physiological, spirituality effects, the legal issues surrounding the drug and its use.**
- **When taking a drug I am inexperienced with, I shall begin with the lowest dose suggested to be psychoactive by the aforementioned research before progressing to higher dosages. I will measure the drug carefully, with an accurate scale.**
- **If it is possible that the drug may contain harmful adulterants or in fact be a different drug altogether, I shall have the drug chemically analysed for purity and content.**
- **I will learn the overdose limits for my own body weight and adjust them for any possible synergistic effects due to diet, prescription or other drugs. I will also adjust for dangerous side effects and my own health condition. After calculating my personal limit, I will stay under 75% of this limit, to minimise risk.**
- **While under the effects of a drug, I shall not take physical risks such as driving, climbing, swimming, or any other physical activity in which my actions may cause harm to myself or others.**
- **When first using a drug I am inexperienced with, I shall take it in the company of an experienced user, also known as a spotter. The spotter will remain sober during this experience, and will also have fully researched the drug.**
- **I shall not attempt to sway, force, trick, or otherwise coerce another person to take any drug; rather, I shall discuss previous drug experiences and research frankly and honestly, allowing all people to make their own personal decisions about drug use.**
- **I shall defend the rights of others to make educated, responsible decisions about drug use. I shall not support any person or movement that attempts to remove or abridge said rights.**
- **I shall not allow my drug use to overshadow or disrupt the other important aspects of my life, including social interaction, employment or even other personal pursuits.**
- **I will also take responsibility for the drug use of friends and relatives, if their drug use becomes dangerous to their health or personal relationships.**
- **I understand the effects of habituation, and therefore I shall exercise caution and significantly reduce the quantity of any familiar drug I use when taking the drug in a new and different environment for the first time.**
- **As a drug consumer, I will embrace responsible drug production and distribution methods, such as growing or pharming your own, and shun suppliers who use violence when not necessary for their self-defense.**

I swear this with the hope of creating a society in which safe, responsible drug use is a personal decision, not a criminal offense.

This oath has changed my life, Carol! I not only avoid nasties like hep C and HIV, I can balance my speed habit with the vacuuming, sewing, shopping and cooking for Harold!

PROPOSED AUSSIE OATH

**Shoot clean.
Fuck safe.
Dance proud.
Bloody oath, mate.**

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WEIN CARE

As we all know, injecting is the riskiest way to get the goods into you. It's worth giving your veins a rest by taking breaks from injecting, and rotating your sites. Be on the lookout for any lumps, bumps, pains or strange skin colour around your injection sites. We strongly urge you to see a doctor at the first hint of trouble – these things can even lead to losing an arm or leg eventually. Your Needle & Syringe Program staff will usually know of non-judgmental doctors in your area, or you can get yourself to QulHN's doctor if you live in Brisbane.

IN THE Smoke Shack, a “head shop” in Nelson, British Columbia, the air is thick with marijuana and the atmosphere is mellow as the staff stage a demo of their dope-related paraphernalia. The clients range from tourists and business types to the dreadlocked and dishevelled. All walks of life are welcome.

Over the border in the US, the police call to the man in the car for the last time. If he doesn't step out they will shoot. He stays put – maybe because he's embarrassed about being caught naked from the waist down, clearly aroused. Or maybe he's just too high on methamphetamine to care.

High up in the mountains of Peru the men brew coca leaves into a tea. While they don't approve of the habit of snorting the powdered extract, the tea gives them a mild buzz that helps fight the headaches and nausea of altitude sickness. Up here, cocaine is part of life.

Lounging in a restaurant, two old friends share a second bottle of wine, sinking lower in their seats as they enjoy the numbing haze and warmth it creates. Later they'll order brandy. The bartender pours himself a cup of coffee. It's going to be a long shift.

The pursuit of intoxication

As diverse as these episodes are, there is a clear common thread running through them: the pursuit of intoxication. Since prehistoric times, humans have been seeking out and using intoxicating substances. Most people who have ever lived have experienced a chemically induced altered state of consciousness, and the same is true of people alive today. That's not to say that everybody is constantly fighting the urge to get high, nor that intoxication is somehow a normal state of consciousness. But how many of us can claim never to have experienced an altered state, whether it be a caffeine kick to help us get going in the morning, a relaxing beer after work, a few puffs on a joint at a party or the euphoric high of ecstasy?

In the present prohibitionist climate it is difficult to talk about the use of psychoactive, literally “mind-altering”, substances without focusing on their harmful and habit-forming properties. And it's true that excessive use of consciousness-altering drugs, both legal and illegal, is bad for individuals and bad for society. People who seek intoxication are taking risks with their health and flirting with addiction. Drugs can lead to crime, violence, accidents, family disintegration and social decay.

Nonetheless, intoxicants remain a part of most people's lives. And indeed most of us are able to consume them in moderation without spiralling into abuse and addiction. Take alcohol, for example. Its potent psychoactive properties and potential for wreaking havoc are well known, yet the majority of people still drink and enjoy

The intoxication instinct

PART ONE

by Graham Lawton



it without becoming alcoholics. There's also ample evidence that, despite public health campaigns and the threat of severe penalties, millions of people every year join the legions who have experimented with illegal substances, from cannabis and cocaine to ecstasy, amphetamines and LSD.

A natural part of who we are?

It seems that intoxication in one form or another is universal, a part of who we are. “It's a natural part of consciousness to change one's consciousness,” argues Rick Doblin, who runs the not-for-profit Multidisciplinary Association for Psychedelic Studies in Sarasota, Florida. But why is it that we choose to alter our state of consciousness by dosing our brains with chemicals?

The answer is straightforward. We seek intoxication for a simple reason that we are almost too scared to admit – we like it. Intoxication can be fun, sociable, memorable, therapeutic, even mind-expanding. Saying as much in the present climate is not easy, but an increasing number of researchers now argue that unless we're prepared to look beyond the “drug problem” and acknowledge the positive aspects of intoxication, we are only seeing half the story – like researching sex while pretending it isn't fun.

A full understanding of intoxication, and the quest to achieve it, could have numerous pay-offs. For one thing, there is the prospect of better ways to tackle abuse and addiction.

There are also good reasons for studying intoxication as a phenomenon in its own right. What is it about psychoactive substances that we like? What do they tell us about who we are? Is there a way to get the good without the bad? Some researchers believe that such enquiries will lead to a new understanding of the human mind, including the mysteries of consciousness or new treatments for mental illness. Others go as far as to argue that it is time for society to accept that intoxication is an inextricable part of human nature, and find a way to let us explore it openly.

Brief history of research on getting high

The quest to understand intoxication wasn't always so constrained. Back in the 1950s, 60s and early 70s, many scientists took a very personal interest in it. In those more liberal days, researchers such as physician Andrew Weil, latterly of the National Institute for Mental Health in Maryland, and ethnobotanist Terrence McKenna charted the effects of many drugs, tested them in the lab and in the field, explored their mind-altering qualities first-hand, documented their use in different cultures, and suggested that many of the compounds had medicinal benefits.

Many of these pioneering researchers came to the conclusion that seeking intoxication was programmed into human nature. As Weil pointed out in his 1973 book *The Natural Mind*, from an early age children experiment with spinning around or hyperventilating to

WHEEL FILTERS

Wheel filters are usually used in industrial settings but are such a good way to filter your mix that many Needle & Syringe Programs are starting to supply them. If you are going to inject pills, these wheel filters are a MUST to reduce the risk you face when injecting all the extra fillers (i.e. chalk) and crap that come in pills.

They are not only the best filter for injecting any drug, but the smaller 0.2 size even filters out bacteria! You can't reuse wheel filters because bacteria grow inside them, but at around \$1.20 to \$2 each, it's a small price to pay for a very clean hit. See if your Needle & Syringe Program has them in stock, or contact QuiHN at Brisbane for supply of wheel filters by mail.

Just as many animals naturally seek medicinal plants such as antibiotics or emetics, we seek to medicate our minds. When we are agitated or in pain, emotionally as well as physically, we seek substances that tranquillise and sedate. When tired or depressed, we seek stimulants.



experience mind-altering giddiness. He suggested that when we get older, this quest to alter our feelings stays with us, but we pursue it chemically as well as physically.

The spirit of personal research, however, was largely quashed in the late 70s and 80s as a US-led "war on drugs" took hold. Drug research became dominated by the "addiction paradigm", with pleasure and benefits strictly off-limits. "It was so controversial it had to be shut down altogether," says Charles Grob, director of the child and adolescent psychiatry department at Harbor-UCLA Medical Center in Torrance, California, whose interests lie with the potential medical use of psychedelics.

But some researchers carried on regardless. Ronald Siegel, now a psychopharmacologist at the University of California, Los Angeles, was one of them. As a psychology graduate student in the 60s he busied himself with studying pigeon memory. One day, a fellow student was arrested for marijuana possession, and his lawyer asked Siegel what he knew about the drug's effects. Not much, as it happened, so he brewed up an extract and watched what happened when a pigeon got stoned.

Ever since, he has been fascinated by intoxication, what it is and why we and other animals seek it. He managed to keep studying "controlled substances" such as LSD, mescaline, PCP, cocaine and psilocybin in his clinic, in animals and in volunteers, all legal and above board. He's passed out, thrown up, been attacked by intoxicated animals, and

even been shot at by drugs barons – all in the name of research. And he has gained a unique perspective, spelled out in his 1989 book *Intoxication: Life in pursuit of artificial paradise*, which is being reissued next April by Park Street Press of Rochester, Vermont.

Siegel believes there is a strong biological drive to seek intoxication. "It's the fourth drive," he says. "After hunger, thirst and sex, there is intoxication." Whether we are seeking pleasure, stimulation, pain relief or escape, at the root of this drive, he says, is the motivation to feel "different from normal" - what has sometimes been called "a holiday from reality". Some people reach this state through travel, books, art, roller coasters, sport, religion, exploration, love, social contact or power. Others use intoxicants. "It's the same motivation," says Siegel. "We wouldn't live if we didn't seek to feel different."

Intoxication as the fourth drive

One of the main "different" feelings we want to experience is pleasure. Pleasure, neuroscientists believe, is the brain's way of telling us that we are doing something that is good for survival, such as eating and sex. The circuits that create the feeling are driven by natural opioids and cannabinoids. No surprise, then, that we have a penchant for putting versions of these chemicals into our brains.

But the equation is not quite as simple as chemical in, pleasure out. At last month's Society for Neuroscience meeting in San Diego, California, neuroscientist Kent Berridge of the University of Michigan in Ann Arbor described preliminary work showing that rats given a natural cannabinoid, anandamide, seemed to become unusually partial to sweet tastes. Rats primed with anandamide had higher pleasure responses to sugar than unprimed rats. It seems that the cannabinoid may not just be pleasurable in its own right, but also enhances other pleasurable experiences, making the world seem a generally more likeable place. Perhaps this is one aspect of the well-known "munchies" effect of marijuana, they conclude.

A related idea is that some people take psychoactive substances to suppress "negative pleasure". George Koob, a neuroscientist and addiction specialist at the Scripps Research Institute in La Jolla, California, has proposed that the brain has a natural system for limiting the amount of pleasure we can feel. He argues that pleasure has to be transient or humans and other animals would get so absorbed in it that they would succumb to the next predator that came along. Koob thinks that the brain has a way of bringing us down - a kind of "anti-pleasure" mechanism if you like. What if this system goes into overdrive? "Some people seek excessive pleasure because they are born with too much anti-pleasure," he says. "They may take drugs to feel normal."

Self-medicating animals

But there is more to intoxication than simply massaging our pleasure circuits. Some altered

states, Siegel believes, have a utilitarian value. Just as many animals naturally seek medicinal plants such as antibiotics or emetics, we seek to medicate our minds. When we are agitated or in pain, emotionally as well as physically, we seek substances that tranquillise and sedate. When tired or depressed, we seek stimulants. According to some researchers, including Grob, this medicinal use is an underlying thread running through all forms of intoxication.

The drive to medicate mood is pervasive throughout the animal kingdom, Siegel says, and he and his colleagues have documented thousands of examples. Elephants, for instance, enjoy the taste of fermented fruit. They will usually just browse it, but if they lose their mate (elephants usually mate for life) they may seek oblivion in an alcoholic fruit binge, even drinking neat ethanol if researchers provide it. It's hard not to conclude that, like humans, they are drowning their sorrows. Stress can also lead animals to take intoxicants as a form of escape. When stressed by overcrowding, elephants are more motivated to seek alcohol. And fear can take its toll too. During the Vietnam war, Siegel and his team filmed water buffalo grazing on opium poppies to the point of addiction. And animals don't just take downers: there are numerous reports of goats guzzling stimulants such as coffee beans and the herbal amphetamine khat.

Medication with uppers and downers may be fairly easy to understand, but there are other intoxicants whose attractions are harder to fathom. These are the hallucinogens, which can't easily be explained in purely survivalist terms. Most animals actively avoid this category of intoxicant.

Despite this, some researchers believe that psychedelics can have a medicinal effect in humans. Doblin, for example, argues that the drastically altered states they induce can play a role in maintaining mental health. Hallucinogens — and to some extent cannabis and MDMA — allow us to escape, temporarily, from a reality ruled by logic, ego and time, and explore other aspects of our consciousness. "The brain functions best when it has access to altered states," he says.

This might sound like hippy mumbo-jumbo, but there is plenty of evidence in the medical literature that hallucinogens are effective against mental illness, including anxiety, post-traumatic stress disorder, alcoholism and heroin addiction. Most of this research was done in the 1950s, but the field is now showing signs of a revival. Grob recently received approval to test psilocybin as a treatment for severe anxiety in terminally ill cancer patients, and there are ongoing studies in the use of psilocybin for otherwise untreatable cases of obsessive compulsive disorder, and MDMA for serious post-traumatic stress disorder.

Many thanks to *New Scientist* magazine for permission to reproduce this article from the November 2004 issue, No. 2473. The second half will appear in the next issue.

MARKS THE SPOT

As many long-term users know, your veins start to shut down, especially if you use old fits, don't take regular breaks from injecting, and don't rotate sites.

Your lower arm is the best place to inject, but what do you do if you lose all your veins there? See if you can use your other hand to access the veins on the lower half of your other arm.

Otherwise, the next safest place is the upper arms. If they have closed down too, then next best place is the veins in your hands, although these are very fragile so use a fine needle if you can (we suggest 29 gauge). After that, the risks just keep getting higher at other sites on your body. Have a talk with your Needle & Syringe Program staff if you have trouble finding good veins, and remember exercise improves your veins.



IN MY SKIN

Angela Yin interviews Kate Holden about her experiences with heroin addiction, sex work and writing her new book

This is your first book since you completed your first Arts degree all those years ago. It must be a dream come true! It is! I'm kind of pinching myself. I'm delighted that I have it out there.

You're very candid about your drug use and sex work. Was it difficult to go back and re-live all those painful memories? I spent a year writing the book. I have been clean for five years, so there is a distance between me now and the story of that time. When I was writing it, I didn't feel like I was dwelling on the pain, I just felt like a writer, drawing characters and stories, even though everything in the book is true. It's actually doing interviews that I find more confronting because people are asking me questions and wanting to know stories that aren't in the book. It's one thing to write the book in the privacy of your own home, tapping away at a keyboard in your bedroom, and it's another thing to publish it where everyone can read it.

Did you write much when you were using? I didn't write creatively, because I didn't have the energy. I kept a journal, because I had a compulsion to chronicle what was happening in my life, and it's just something that I've always done. I did feel the need to describe everything that was happening at the time.

Your book breaks a lot of stereotypes about drug users and sex workers. Have you ever felt trapped or stigmatised by them? When I was using, nobody ever brushed me off as a 'dirty junkie'. Except Centrelink, when you're depending on payments and you have to be accountable to them. I guess I just had an internal confidence that I wasn't a 'junkie', I was just a person who was addicted to heroin. And it wasn't because I was a 'bad' person. For some reason I was never ashamed to say I was a heroin user or a sex worker. When I was upfront with people about what I did, I somehow diffused negative reactions.

Your book is very detailed about your life as a drug user and a sex worker, but it is not vulgar. Was that deliberate? It was tricky getting that right. I wanted to write what was involved, but I didn't want to do a hideous grunge-lit piece. I just didn't want to shock people for the sake of shocking them, but it was important to retain the reality of situation and not gloss over anything. The style that came out didn't lend itself to brutality.

You're parents sound really amazing, how they coped with the knowledge of your life for the five years you were using. My parents are just ordinary people. They weren't hippies or anything. Like any parents, they were horrified that I was

using and there was a really long time when my relationship with them was not great. It was a tough journey for them, as well as me. They went to a support group called Families Anonymous. They are very brave and loving and I am very lucky to have them.

You talked about accessing the needle exchange programs in St Kilda. What was your experience using those services? I thought they were fantastic. It was great to be able to get clean fits and condoms. The staff never looked down on me. I was upset when they were considering charging for fits and condoms once clients exceeded their limit, especially for working girls who were trying to do the right thing. The staff at needle exchanges were surprisingly fantastic because they would even put up notices to help working girls identify "ugly mugs".

I recently read a statistic that 70% of people who use drugs were abused in some way,¹ yet that isn't your story. I know! Drugs are a kind of medication to help you feel better and cope with your problems, whether they be physical or psychological. I remember going to rehab and being with other drug users who had all these tragic stories of horrendous abuse, and I felt like an imposter... I was going to say that

getting to know your pink bits ...

Trichomonas is caused by a tiny parasite called *Trichomonas vaginalis*. This parasite infects the genitals and urethra (the tube which carries urine from the bladder to the outside) in both men and women. Trichomonas is spread by unprotected sexual contact with a partner who has Trichomonas.

Symptoms of trichomonas

Trichomonas is widespread. It is most common amongst young people. How would you know if you had trichomonas? There may be no symptoms. Men and women with trichomonas may not know they have an infection. Women with trichomonas may notice:

- change to vaginal discharge such as smell and/or change of colour
- itch or irritation around the outside of the vagina
- painful vagina, especially during sex
- discomfort in the lower part of the abdomen
- burning or stinging when passing urine
- needing to pass urine more often than usual.

Men with trichomonas may notice:

- discharge from the penis
- burning or stinging passing urine
- needing to pass urine more often than usual.



TRICHOMONAS

How can you test for trichomonas?

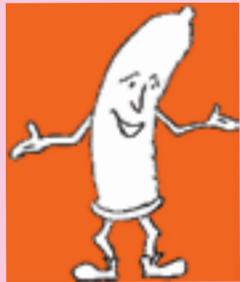
Swabs from the urethra in men and swabs from the vagina in women can be tested for trichomonas. Urine should also be tested. Some people with trichomonas have other sexually transmissible infections. Tests for other STIs can be done at the same time. If you think you have been at risk of getting trichomonas, it is best to have a sexual health check to be sure.

If you find out that you do have trichomonas, anyone you have had sex with in the past few months will need to also be tested and treated. This is to make sure that they are cleared of the infection and to prevent you from being re-infected. If you feel uncomfortable or embarrassed about telling your partner or partners, the doctor or nurse can contact them. This is a confidential process and your name will not be mentioned. This is very important for your health, for your partner's health, and the health of other people they have sex with. Trichomonas can be detected from a pap smear test.

How can you be treated for trichomonas?

Trichomonas can be effectively treated with antibiotic tablets or vaginal creams. To ensure the infection has been cured:

- it is important to finish the course of treatment, otherwise the



YOUR HYGIENE

Your skin has natural oils in it that bacteria use to glue themselves to you. Soap gets rid of this oil so the bacteria just wash right off, and they don't get a chance to get into your body via your fit.

You can go for extreme hygiene and use bacterial soap, but careful hand washing with ordinary soap will usually do the trick.

It's also a good idea to use warm soapy water to clean your spoon and preparation area – bacteria like to hang out there as well!

perhaps it would have almost been easier if I had been abused because I would have an excuse for going down the path I did, but it probably wouldn't have been.

Whatever happened to Robbie, your boyfriend? When I read that you were doing sex work and supporting both yourself and him, I felt like slapping him!

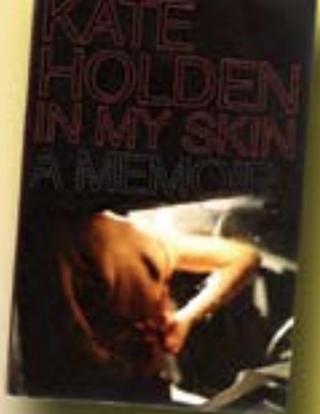
Robbie's well. I see him occasionally. He's clean now. He's living in housing commission. He has trouble finding work because he has really bad teeth, which is what heroin and methadone can do to you. No, I think he's brave and that he loved me.

So this was your first book. What is the topic of your next book going to be based on?

It's historical fiction. It will be very sexy and interesting. It's rather in the infant stages because I'm still doing the publicity for the current book. I'm really looking forward to getting down to work on it over the summer.

You talked about your employment prospects at the time when you were using, how you had done your undergraduate degree in Classics and that your employment prospects weren't that good. Are you making a living out of writing now?

I'm lucky that I am making a living out of writing. The world is populated with taxi drivers and bar workers who want to be professional writers, but I'm fortunate to write for newspapers, as well as having my book published.



In My Skin by Kate Holden

Kate grew up in a middle class Melbourne family with no major childhood dramas. Towards the end of her honours year, she experimented with heroin for the first time. What follows is a fascinating, disturbing and compelling insight into a five-year addiction — a chaotic descent from a classics degree graduate, to heroin addiction and sex work. One factor was always constant — the unconditional love of her parents and sister. While the book does not romanticise any notions of approval, it does illustrate the pragmatic and jovial response of her parents.

In My Skin is a candid revelation about drug addiction and prostitution. The book does not resort to shock tactics, but approaches heroin addiction and sex work with a certain modesty but not ignoring the realities.

infection may not be properly cured

- do not have sex until you have finished treatment and you have returned to your doctor or clinic for a follow-up appointment to check you have been cured.

Sexual partners who could have been infected should be treated at the same time, otherwise you may be infected again. If you are uncomfortable to talk to previous sexual partners your local sexual health clinic can assist with confidential contact tracing.

What happens if trichomonas is not treated?

Without treatment, the infection persists. It has been shown to persist in women for many years, and in men for many months. During this time, it can be passed on to sexual partners. Trichomonas may also increase the risk of the spread of HIV, and affect pregnancy outcomes eg, premature delivery of baby.

How do you avoid getting trichomonas?

Practise safe sex. Always using condoms when you have vaginal or anal sex is the best way to avoid getting trichomonas. Using water-based lubricant with condoms is recommended. This reduces the risk of the condom breaking and increases both partners' enjoyment of sex. Oil based lubricants (such as Vaseline) should not be used. They weaken the condom and may cause it to break. If you are giving a man oral sex (his penis in your mouth) then he will need to wear a condom. It does not matter whether you are male or female, if you put your mouth

in contact with your partner's anus or vulva while having sex you will need to use a dental dam.

If you are having unprotected sex, talk to your sexual partner about the risks involved (while some can be cured, others cannot – don't forget that by having unprotected sex you are at risk of being exposed to HIV). From a good discussion with your partner you may be able to come to a clear agreement about using condoms.

There are lots of ways to enjoy physical intimacy with your partner. Explore other ways to be intimate, which do not put you at risk of sexually transmitted infections or an unintended pregnancy.

If you tend not to use condoms after drinking alcohol or taking other drugs it may be time to have a think about this and the risks involved. While, for some it may be unrealistic to think of not enjoying a drink, there are many ways of cutting down so that you stay in control and can make more rational choices about your sexual contact.

If you or your partner have more than one sexual partner and do not use condoms, have regular sexual health checkups.

Sexual Health Clinics

Gold Coast	(07) 5576 9033	Brisbane	(07) 3227 8666
West Moreton/pswich	(07) 3817 2428	Sunshine Coast	(07) 5441 2459
Cairns	(07) 4050 6205	Mackay	(07) 4968 3919
Rockhampton	(07) 4920 6262	Toowoomba	(07) 4616 6446
Townsville	(07) 4778 9600	Bundaberg	(07) 4150 2754



We thought it was tough finding a topic for X, but Z was a real brain stopper. Eventually we figured zzz could stand for nodding off.

While nodding off is kinda neat, remember it is actually at the milder end of what is technically an overdose. Always shoot up with people you trust, who can keep an eye on you, and can call the ambulance if you do drop.

That's it for this issue – stay tuned for the next issue when we do the A to Z of sex, and find out why banana slugs like to eat each other's penises (ouch).



Straightdom a threat to our youth

Straightdom is now a national epidemic, with increasing numbers of youth being exposed to this terrible scourge tearing at the fabric of society.

Social workers report an alarming tendency for youth to turn away from a normal drug lifestyle to pursue work, money, status, cosmetic surgery and expensive hairstyling. A small percentage of adults with 'straightive' personalities have always proved difficult to treat, but the media (if no one else) believe the problem is spreading like wildfire.

"A blight on our society!" says Reverend Eckie, of the United Church of Bob. "This undermines the very foundations of the Horsestralian way of life. The almighty Bob himself was persecuted two thousand years ago by the Persian authorities for showing how opium was the path to inner truth and world peace. This denial of drugs, and chasing materialism is the downfall of society as we know it, mark my words'.

Community leaders agree. Instead of the warm bonding at ecstasy raves or communal toking at nature camps, they fear young adults may get caught up in the desire to feel better about themselves through long hours of study, spending over a third of their life at work and surrounding themselves with possessions.

Known derogatively as "flunkies", these people pursue their addiction in any way they can. False identities are often forged so they can work second, third, even fourth jobs as they neglect their friends and family.

"We have been pandering to the straights for too long," says Superintendent McSpeed. "Once this materialism has its hooks into them, they should just be locked away, not treated. Many of them are addicted to money after just one pay cheque. They need a good smack around the chops, if not in their veins."

Horsestralia has adopted a policy of harm reduction, where minor straightists can avoid legal proceedings and go on the Straightadone program. This has been criticised by the United States of

Amphetamine, where anyone working more than the statutory 15 hour work week and refusing to take drugs faces a hefty prison term on a "first strike you're out" basis. While some sociologists and human rights groups have called for a more lenient approach to straightists, most believe that compromise could lead to disaster in the long term.

"While most of us aren't technically Bobbists, our religious heritage is an integral part of the Horsestralian way of life," says Professor Kanabis of the Meth Institute. "We've spent centuries harnessing the power of psychoactives for the celebration of life, intimacy, world peace, artistic creativity, and living at one with the earth."

Some sociologists predict that rampant straightism could lead to a restructuring of the economy to form what they call kapitolism, where the earth would be plundered to feed the increasing needs of straights for possessions and technology, as the environment became toxic from the factories required to meet these addictions.

"That's ludicrous," says Verk Ethik, a serial overwork offender and now in a Straightadone program. "We just want to make more money to get transport devices, cool clothes, music makers and few dozen other things. I'm trying to quit, but this potential environmental problem crap is just media hysterics as usual."

Straightism has mainly been an underground movement created by extreme sects such as the Mormons who believe even tea and coffee should be not taken. While many have been imprisoned, there is increasing criticism of the War Against Straights.

"Treating straightism as a legal issue is simply filling up our prisons," says the Honourable Bud Leaf of the Chemically High Court of Australia. "No amount of punishment will deter flunkies from what is essentially a mental health problem. We need to treat them, not punish them."

school student knows, various African and Middle Eastern civilizations at this time developed religions forbidding the use of psychoactives, and encouraged slavery, war for profit and the accumulation of wealth in its place. It was only the persecution of Bob by Persian authorities that provided a rallying point for users, and emergence of a movement based on selective socially sanctioned use of various psychoactives to promote spirituality, empathy and joy while reducing the negative side of our evolutionary past – survival of the fittest, aggression, territoriality and dominance.

The subsequent underground movement grew despite harsh persecution by the Sheik Dontuch that stuff until he surprisingly converted to Bobbism after a Bobbist slave slipped a hash cookie into his lunch. As they say, the rest is history.



Warning signs of straightism include short hair cuts, a tendency to tuck shirts in and well trimmed nasal hairs

Straightadone program under fire

Over a decade ago, the Straightadone program began, providing straightists, often known as flunkies, a chance to adapt to a normal life. Instead of illegally working long hours and neglecting others socially, they are given large bundles of pseudo-money which they can store in pseudo-bank accounts. When their cravings are particularly strong, they can watch movies of consumer products while counsellors gently croon in their ear, "You earned and own all this, therefore you are a worthwhile person".

While critics of the program believe patients should be forced to take psychoactive drugs that will promote warmth and empathy toward others, defenders of the Straightadone program believe patients need understanding for their dependency, not judgment.

Community anger at proposed straight room

Citizens are visibly upset over the proposed straight room, despite receiving free doses of Traquillidine from local authorities. The suggested site is Sydney's infamous north shore region where sporadic outbreaks of individualism and consumerism threaten to create a kapitolist slum.

The Straight Room is for hard core cases – they can eat and drink non-psychoactive substances while discussing the stock market, fashion and their bank accounts.

"Mark my words, this is the thin point of the fit," says resident Meth Kristal. "These flunkies just build higher fences and seal themselves off from neighbours. I'm moving my family out of here."

Although surveys show that 83.2% of statistics are not reliable, they also show the majority of residents believe a Straight Room would drive up property prices, lead to an influx of investment dealers in the area and result in used copies of the *Financial Review* littering the footpaths.

"This is typical media exaggeration and stereotyping," says Sobuh Az, President of QUIHN (Queensland Institute of Healthy Non-users). "Many non-users manage to balance their material desires and work ethic with the rest of their lives, and still interact with others."

The Institute supports the Straight Room and has incurred strong community reaction, as judged by the number of anonymous joints mailed in with an invitation to "toke with the community, not take from the community".

Mr Az believes that many non-users can still party hard, overcome violent urges, do the mind meld, and also create meaningful music, literature and art, but without drugs. "We shouldn't be imprisoned because our lifestyle differs to the norm," says Mr Az. "And those who do get dependent on materialistic individualism should get treatment, not be marginalised and criminalised."

A historical perspective

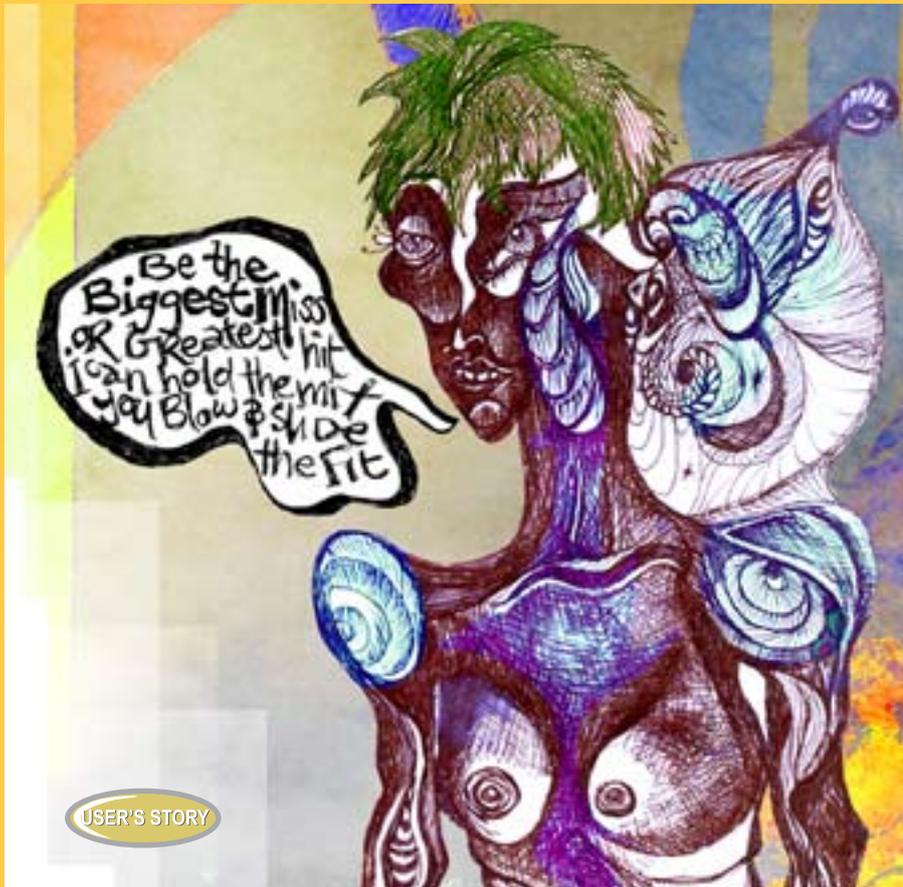
Straightist historians point to a possible long history of non-use since early times. Some anthropologists believe some early humans may not have used cannabis or fermented fruits.

"Evidence suggests that shamans and witchdoctors may have been completely straight to better guide their tribes," Dr T. Totaller proposes. "Even ordinary tribe members may have abstained if they had bad reactions to various psychoactive substances."

Around two centuries before Bob, most anthropologists agree that many European civilizations had catalogued a wide range of naturally occurring drugs and developed socially approved ways of using these to develop cohesive happy communities, that cooperated with others in the vicinity. As any



OLD TIMERS ON THE SOAP BOX



In the early 80s, most of us true blue users sometimes had to do scripts to substitute for our heroin use. My favourite script was for Physeptone (methadone 10mg tablets). Most of the scripts were from stolen doctors' bags and surgeries. I became an expert at writing scripts — the trouble was so many people were doing it. The chemists became suspicious of any S8 scripts so only about less than half had any success, and around one in five got pinched.

One night, my girlfriend and I had a hot script but no way of cashing it, coz the chemists all knew us. We always had to keep going to new chemists as once you were stung, you couldn't go there again.

Anyway, the chemist at Normanby was notorious for spotting fake scripts. Noone would even go to him, coz he'd catch you, keep the script and keep you there till the cops arrived.

I did ten years in the army, so this night I went in my army uniform as a sargeant Vietnam veteran, cashing a script for my girlfriend who was in real pain.

"Do you know these tablets are very strong?" he asked me.

"No, never heard of them" I replied. "But Karen broke her arm and that's what the doctor ordered".

"Yeah, well the junkies all try to get these. These are one of their favourites".

"Well they won't be robbing me", I said.

"No", he laughed. "All the best".

I couldn't believe my luck, I couldn't help but think how pissed off he'd be when the script came up false. - Peter

PAIN, STRESS, TIREDNESS?

Traditional Chinese medicine can be highly effective! If you are in the QuIHN program in Brisbane, you can get free acupuncture treatment. Our qualified acupuncturist is at QuIHN in Forititude Valley every Monday. Book for an appointment at the front desk or call 07 3620 8111.

famous last words

Dammit...Don't you dare ask God to help me. - Joan Crawford. This comment was directed towards her housekeeper who began to pray aloud.

Hurrah Boys! Let's get these last few redskins then head on back to camp. Hurrah! - George Armstrong Custer

I am not the least afraid to die - Charles Darwin

That guy's got to stop... He'll see us. - James Dean. Words said before dying in a car accident.

But how the devil do you think this could harm me? - Denis Diderot, the French encyclopedist, upon being warned by his wife not to eat too much.

It's very beautiful over there - Thomas Edison, spoken to his wife as he lapsed in and out of consciousness. There is debate over if he meant the afterlife, or the view from his window.

Hurrah for anarchy! This is the happiest moment of my life. - George Engels, anarchist, union activist, shouted before his execution at the gallows.

Now why did I do that? - General William Erskine, after he jumped from a window in Lisbon, Portugal in 1813.

Hey, fellas! How about this for a headline for tomorrow's paper? 'French Fries'! - James French, a convicted murderer, was sentenced to the electric chair. He shouted these words to members of the press who were to witness his execution.

This is absurd! This is absurd! - Sigmund Freud

Don't worry,relax ! - Rajiv Gandhi, Indian Prime Minister, said to his security staff minutes before being killed by a suicide bomber attack.

I know you've come to kill me. Shoot, you are only going to kill a man. - Che Guevara

Love one another - George Harrison, said to his family on his death bed while dying from cancer.

God will forgive me. It is his profession. - Heinrich Heine

I swear that there is no God but God and Mohammed... [is his prophet] - Saddam Hussein. The final words were cut off when the trapdoor opened.

LSD, 100 micrograms I.M. - Aldous Huxley, said to his wife. She obliged and he was injected twice before his death.

Father, into thy hands I commend my spirit - Jesus of Nazareth

Vancouver! Vancouver! This is it! This is... - David A. Johnston, Volcanologist with the United States Geological Survey. Last radio transmission before being killed in the May 1980 eruption of Mount St. Helens.

moments of zen

If you lend someone \$20, and never see that person again, it was probably worth it.

Don't squat with your spurs on.

If you tell the truth, you don't have to remember anything.

If you drink, don't park; accidents cause people.

Some days you're the bug, some days you're the windshield.

No one is listening until you fart.

Don't worry, it only seems kinky the first time.

Good judgement comes from bad experience, and a lot of that comes from bad judgement.

The quickest way to double your money is to fold it in half and put it back in your pocket.

Timing has a lot to do with the outcome of a rain dance.

A closed mouth gathers no foot.

Duct tape is like the Force. It has a light side and a dark side, and it holds the universe together.

Generally speaking, you aren't learning much when your mouth is moving.

We are born naked, wet, and hungry. Then things get worse.

Always remember you're unique. Just like everyone else.

Do not walk behind me, for I may not lead. Do not walk ahead of me, for I may not follow. Do not walk beside me, either. Just leave me the hell alone.

The journey of a thousand miles begins with a broken fan belt and a flat tyre.

It's always darkest before dawn. So if you're going to steal your neighbour's newspaper, that's the time to do it.

Sex is like air. It's not important until you suddenly realise that you aren't getting any.

It may be that your sole purpose in life is simply to serve as a warning to others.

It is far more impressive when others discover your good qualities without your help.

If you think nobody cares if you're alive, try missing a couple of car payments.

Before you criticise someone, you should walk a mile in their shoes. That way, when you criticise them, you're a mile away and you have their shoes.

If at first you don't succeed, skydiving is not for you.

Give a man a fish and he will eat for a day. Teach him how to fish, and he will sit in a boat and drink beer all day.

