

# TRACIAS

ILLCIT DRUG USERS MAGAZINE



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**Needle and Syringe Programs (NSPs)** neither condemn nor condone drug use, but aim to reduce harm by providing sterile injecting equipment, disposal containers, and referral to other services, in line with Australia's official public health strategy of harm reduction.

**Counselling services** provide a range of strategies for people wanting to reduce or cease their drug use, including psychosocial education, and 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 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).

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# sex sex sex

**Woody Allen said sex was the most fun you could have without actually laughing, although personally I have a good giggle by fast forwarding porno movies. We've created a society where sex is all important - the pert breasts, the cut abs, the full lips.**

Let me issue a warning for all those in their twenties who think their fabulous bodies will never change - they will. Butts drop, bellies poke out and breasts head south. And unlike the benefits of some shampoos, these things can literally happen overnight. Personally speaking, I was in a supermarket queue when my butt gave up the battle with gravity and suddenly dropped four centimetres.

Of course, these physical changes partly explain why it gets harder to get a bit of action as you get older. My last sexual experience was trying on some underwear that was several sizes too small, and the closest I get to humping these days is negotiating all those strips of raised bitumen the council put in my street.

Is there no love after the passion, vigour and good looks of our twenties? Yes, but the game changes. Relationships after 30 are a bit like a game of musical chairs – once the music stops, everyone just grabs whatever they can. And for those lucky enough to score a relationship, statistics reveal that the chances of snoring during sex triple after 30 years of age, and foreplay for 62% of couples consists of muttering 'wanna do it?'

One thing that doesn't change with age is that bacteria and viruses love to hitchhike around the world for free, using the fact that we like rubbing our pink bits against each other. Harry Herpes jumps ship from a sex worker in Singapore to a sailor on shore leave, who passes it to a one night stand in Sydney, whose next boyfriend is exploring his sexuality so Harry thumbs a lift with not only the girlfriend, but with a few other blokes, and so on.

Sexually transmitted infections, or STIs, vary from the relatively harmless but painful cold sore, to heavy shit like being unable to have children or dying from cervical cancer. So the rosy picture of a life-long skin fest after the sexual liberation of the 1960s hasn't been quite as consequence free as imagined. Still, as Austin Powers said, with sexual freedom comes responsibility, and it can be kind of groovy, baby.

Let's face it, safe sex is a boring message, especially when we've heard it over and over since those bizarre AIDS commercials started a few decades back. And the problem is that some of these infections are on the rise, precisely because we've become bored with the safe sex message and are getting slack. So get a free checkup from your nearest Sexual Health Clinic, use condoms, dental dams, plenty of lubrication, and be safe! Yeah baby.

# A TO Z OF SAFER SEX



but isn't that kinky?

We humans have had the habit throughout history of trying to define what normal sex is. We then spending a lot of effort in criticising, ostracising, censoring, torturing, imprisoning or killing the large numbers of people who disagree. It might be sex before marriage, sleeping with someone of the same sex, or wearing revealing clothing – there is always somewhere in the world where not conforming could land you in jail or facing a firing squad. In the western world, we might like to think we are free of these prejudices, but we still have our ideas of what is 'normal' and what is 'perverted'. Let's have a look at sex in the animal kingdom to remind ourselves that trying to define 'normal' sex can be a lot tougher than it looks!

#### I like it both ways

Banana slugs are hermaphrodites - they can be both male and female. When they have sex, they choose what they want to be, and the male often chews off his own penis after coming so that it forms a plug in the female, stopping other males from having a go. However, the females often eat this plug which leaves them free to party some more. Sea hares are a type of mollusc that have both penises and vaginas, and often join up in a big circle to both screw and get screwed. They can even swap from the male to the female role during these gang bangs.

#### Adam and Steve in the garden of Eden

Same sex bonding is common in the animal kingdom, with examples of sheep, beetles, dolphins, fruit bats and orangutans ignoring the opposite sex. Pairs of male flamingos have been observed mating, building nests, and even raising foster chicks.

#### Does size matter?

The size of sexual organs varies dramatically across the animal kingdom. The record for the world's largest testicles is held by the blue whale, with each one weighing around 45 kilograms. A killer

whale holds the record for the largest penis at 2.4 metres in length. Of course, these measurements aren't so impressive when you take into account the size of the animals involved. The record then belongs to the Argentine Lake Duck which has a 42.5 cm long penis while the bird itself is only 20 cm long. This is comparable to a human male having a 3.5 m penis, which would be a problem due to passing out from lack of blood supply to the brain during an erection.

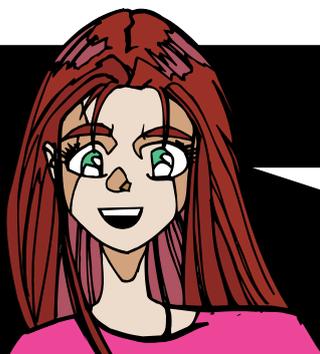
While we are on the subject of penises, some snakes can have up to four working penises. And on the female side of things, the spiny ant eater has a pair of vaginas while hogs can have up to 18 breasts (bras can be very expensive).

#### Lasting the distance

What about sex itself? Human males have often copped flak for lack of duration, but there are plenty of examples in the animal kingdom that show human males aren't doing so badly. Ducks and kangaroo rats take around two minutes. Whales and elephants take around 30 seconds to get their rocks off. Our close cousins, the male chimpanzees, only take about 10 to 20 seconds to reach orgasm, while mosquitoes can get it all finished in around two to three seconds. Before human males start congratulating themselves though, there are some insects who indulge in intercourse for up to 60 hours.

#### Don't stop till you get enough

Many of us will have heard that the female praying mantis may eat the male after sex. What is little known though, is that she may eat his head during sex (WARNING – don't try this at home). What is interesting is that he manages to keep going and finish the job, something that hasn't been tested in humans but many women reportedly suspect the human male just might be capable of the same stamina.



Hey guys, this issue we get down and dirty! We'll be looking at the A to Z of having fun with your pink bits while still looking after yourself. So slip out of something comfortable and read on ...



# ANAL SEX

Anal sex is common regardless of gender or sexual orientation. While many find it pleasurable, it has its own problems with the fragile tissues of the anus, and potential lack of hygiene.

## Ways of getting into it

Anal sex does not always involve a penis. Other alternatives are fingering, fisting, rimming (the manipulation of the anus by the mouth and tongue), or sex toys such as strap-on dildos, butt plugs or vibrators.

## Anatomical analysis

Though women can enjoy receptive anal intercourse, or even insertive anal intercourse (through use of a strap-on dildo or other object), only men have a fully developed prostate gland, also known as the “male G-spot”, which can be stimulated during anal intercourse. Rectal stimulation of the prostate gland, either by a penis, or sex toy can result in very pleasurable sensations for many males.

The prostate is located next to the rectum, and is the larger, more developed male version of the Skene’s glands, also known as the “G-spot” in women, which are located around the urethra – these can be felt through the wall of the vagina, but can not be stimulated anally in women.

## Hygiene

Anal sex is not necessarily messy because the rectum is usually empty: it only contains a significant amount of faeces at the point when it needs to be emptied. Once the rectum is emptied normally, it contains only trace amounts of faeces. Enemas can also be used to empty the rectum completely.

## Risks and protective measures

Anal sex exposes the participants to hazards of two kinds: infections, due to the high number of infectious microorganisms not found elsewhere on the body, and physical damage to the anus and the rectum due to their vulnerability. An insufficient amount of lubricant can make it especially painful or injurious.

## Infectious diseases

Among the diseases with which anal sex is associated are HIV, anal cancer, typhoid fever, and various other diseases associated with the infectious nature of faecal matter or sexual intercourse in general. Among these are chlamydia, cryptosporidiosis, gonorrhoea, viral hepatitis, herpes, human papillomavirus, lymphogranuloma venereum, pubic lice, shigella and syphilis.



Painting of Hadrian having anal sex with Antinous in Egypt, by Édouard-Henri Avril 1843-1928.

## HIV/AIDS

The high concentration of white blood cells around the rectum, together with the risk of cuts to the rectum and that one of the functions of the rectum is to absorb fluid, increases the risk of HIV transmission. Use of condoms and other precautions are a medically recommended way to lessen risk of infections. Unprotected receptive anal sex is the most risky sexual behavior in terms of HIV transmission.

## Physical damage

Physical damage to the rectum and anus can manifest as generalised ano-rectal trauma, haemorrhoids, anal fissures, anal fistula and rectal prolapse. Damage is more likely if anal sex is done without consent, if alcohol or other drugs have dulled sensitivity, if communication is poor, or if technique is clumsy. Incontinence has also been reported, the result of the anal sphincter losing its tone.

## Protective measures

As the rectum has no natural lubrication, artificial lubrication is most often required or preferred when penetrating the anus, either with natural appendages or artificial devices.

Because the vaginal opening is located so closely to the anus, without proper precautions it is common for sexual partners to spread bacteria from the anus into the vagina, as well as the urethra, the repercussions of which can include urinary tract infection. This also happens if an object or appendage is inserted rectally and then vaginally.

Latex gloves or condoms can be used to reduce the risk. It is also possible to take acceptable measures separate from such protection, which include (but are not limited to) hand washing and being conscious and wary of where one’s hands and devices are placed.

## How safe are condoms?

Condoms are alleged to be less effective and more prone to burst or slip during anal sex, as compared to vaginal sex. Various studies show failure rates of condoms between 0.5% to 32%. Generous use of a water-based lubricant should minimise the chances of a condom breaking.

Some manufacturers offer “extra strong” condoms designed specifically for anal intercourse. These condoms, while stronger, are usually not coated with spermicide and so offer less protection against pregnancy should semen enter a woman’s vagina, but will lessen the chance of irritation to the sensitive anus area.

Licensed under the GNU Free Licence Agreement and adapted from an article at [http://en.wikipedia.org/wiki/Anal\\_sex](http://en.wikipedia.org/wiki/Anal_sex)

Sex toys can be a reasonably safe way to indulge in anal sex, if used with care, plenty of lubrication and good hygiene.

Strap on dildos

Butt plugs

# A SPHYXIATION

Erotic asphyxiation, or breath control play, is the dangerous practice of intentionally reducing the amount of oxygen to the brain to heighten the pleasure of orgasm, due to the brain releasing more endorphins as it approaches the state of asphyxia.

Historically, the practice was used in the early 1600s as a treatment for erectile dysfunction and impotence. The idea for this most likely came from subjects who were executed by hanging. Observers at public hangings noted male victims developed an erection. While some people do enjoy incorporating asphyxiophilia into sex with a partner, many individuals enjoy this behavior by themselves, making it potentially more difficult to get out of dangerous situations, especially if any “rescue mechanism” they rigged up did not work properly once they lost consciousness.

Our advice? Too risky, and you can be up for manslaughter charges if it all goes wrong. There are plenty of much safer ways to get the most out of orgasm.

# preventing babies



History has seen its fair share of birth control methods with the most effective, of course, being abstinence. Other methods included coitus interruptus (pulling out before you cum), barrier methods (to block sperm), and herbal methods (to kill sperm or induce abortions). Barrier methods included Asian women using oiled paper as a cervical cap, and Europeans may have used beeswax. A primitive version of the modern condom appeared in the 17th century, made from animal intestine.

## Barrier methods

The **male** condom is the most popular barrier method, and also provides excellent protection from most sexually transmitted infections (STIs). Female barrier methods include the contraceptive sponge, the diaphragm and the female condom or femidom. Diaphragms are reusable and last for several years but must be fitted by a doctor.

## Hormonal methods

There are variety of delivery methods for hormonal contraception which involve combinations of synthetic oestrogens and progestins. The most common method is *the pill*, but there is also a patch, a contraceptive vaginal ring, intramuscular injections and contraceptive implants.

## Intrauterine devices (IUDs)

These are contraceptive devices which are placed inside the uterus. They are sometimes shaped like a "T" but the common type in Australia is more hook-shaped. There are two main types of intrauterine contraceptives: those that contain copper (which has a spermicidal effect), and those that release a progestin.

## Emergency contraception

Emergency contraception (EC) is sometimes called 'the morning after pill', and can be taken after unprotected sex to prevent (an unplanned) pregnancy. EC is available at the chemist without a prescription for between \$25-40. It's best to take EC as soon as possible, but it still offers some protection up to three days after unprotected sex. Copper intrauterine devices may also be used as emergency contraception. They must be inserted within five days of the birth control failure or unprotected intercourse.

## Abortion

Abortion can be done with surgical methods, usually suction-aspiration abortion (in the first

trimester) or dilation and evacuation (in the second trimester). Medical abortion uses drugs to end a pregnancy and is approved for pregnancies of less than eight weeks gestation. Abortion should not be considered as a means of birth control.

## Sterilisation

Surgical sterilisation is available in the form of tubal ligation for women and vasectomy for men. A non-surgical sterilisation procedure, Essure, is also available for women.

## Other methods

*Fertility awareness methods* involve a woman's observation and charting of one or more of her body's primary fertility signs, to determine the fertile and infertile phases of her cycle. Unprotected sex is restricted to the least fertile period.

*Statistical methods* such as the Rhythm Method estimate the likelihood of fertility based on the length of past menstrual cycles. Statistical methods are much less accurate than fertility awareness methods, and are considered by many fertility awareness teachers to have been obsolete for at least 20 years.

Coitus interruptus, or *the withdrawal method*, involves pulling out before ejaculation. While it is better than no contraception at all, it is a risky method, especially because pulling out in time can be tricky, especially when under

the influence of drugs or alcohol.

*Avoiding vaginal intercourse* can involve anal sex, oral sex, or using the hands, breasts, armpits, or almost anything the imagination can come up with.

Most breastfeeding women have a period of infertility after child birth, so prolonged breast feeding can extend this natural birth control method for some time.

## The most effective methods?

It is very difficult to say which methods are best. User error is a big problem – for example the pill is usually very reliable, but it's easy to forget taking it one day, or at the wrong time. And even the effectiveness of the pill can be affected by antibiotics and some illnesses.

Another thing is that we should not only prevent unwanted pregnancies, but reduce our chances of sexually transmitted infections (STIs), so condom is better than the pill in this respect.

The best bet is to get yourself along to a free clinic, such as the Family Planning Clinics that cover Queensland. You can talk confidentially with a health professional about the best method of contraception for your situation, and even get free tests for STIs while you are at it. If you live in Queensland, call 3250 0240 to find the nearest clinic.

## myths and crazy ideas on contraception

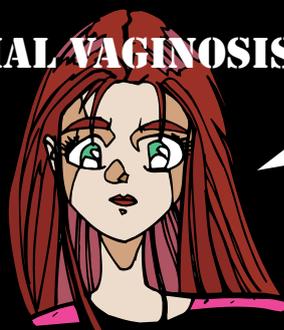
Modern misconceptions and urban legends have given rise to a great deal of false claims. While it may seem like a good idea to try to wash the ejaculate out of the vagina, douching does not work. If anything, douching spreads semen further towards the uterus. Some slight spermicidal effect may occur if the douche solution is particularly acidic, but overall it is not a reliably effective method.

While women are usually less fertile for the first few days of menstruation, it is a myth that a

woman cannot get pregnant if she has sex during her period. There are also no sexual positions that prevent pregnancy. Having sex while standing up, or with a woman on top, will not keep the sperm from entering the uterus.

Other bizarre ideas? It is a myth that a female cannot become pregnant the first time she has sex, or by having sex in a hot tub. Sneezing after sex is also completely ineffective. Toothpaste cannot be used as an effective contraceptive, and urinating after sex does not prevent pregnancy and is not a form of birth control.

# BACTERIAL VAGINOSIS



This is the name of a condition in women where the normal balance of bacteria in the vagina is disrupted and replaced by an overgrowth of certain bacteria. It is sometimes accompanied by discharge, odour, pain, itching, or burning. Bacterial Vaginosis (BV) is the most common vaginal infection in women of child-bearing age. Not much is known about how women get BV.

Any woman can get it - however, some activities or behaviors can upset the normal balance of bacteria in the vagina and put women at increased risk. These include having a new sex partner or multiple sex partners, douching, and using an intrauterine device (IUD) for contraception.

Medicinal properties notwithstanding, there are other ideas to explain why people take psychedelics. Siegel found that he could persuade monkeys to voluntarily smoke the hallucinogen DMT when they were in a situation of severe sensory deprivation. He had already trained three rhesus monkeys to smoke for a reward, to study the effects of nicotine. When he laced their smoking tubes with DMT, they briefly tried it, then avoided it. But after several days in darkness, with no stimulation, the monkeys began to smoke DMT voluntarily. They ended up grasping at and chasing non-existent objects and hiding from invisible dangers. "This was the first demonstration of a non-human primate voluntarily taking a hallucinogenic drug," Siegel says. "We share the same motivation to light up our lives with chemical glimpses of another world." Boredom it seems, will drive animals to experiment, even when the experience is not altogether pleasurable.

The same drive to seek novelty or stave off boredom could explain why people take drugs that have overwhelmingly negative effects. PCP, for example, which some consider to be the most dangerous illegal drug, is a "dissociative". Among its myriad effects are numbness, loss of coordination, paranoia, hallucinations, acute anxiety, mood swings and psychosis. But for some people the altered state is clearly worth it – PCP was hugely popular in the US in the 1970s. "People seem to say they liked feeling different or funny," says Siegel. "When there's nothing else to do, people will take anything to feel different."

In some ways novelty-seeking is a basic behavioural drive. Literature on child development reveals that once infants are no longer sleepy, hungry or thirsty, they will explore and seek new experiences. They wriggle their limbs, put things in their mouths, touch things, taste things and bash things together. Without this drive, they wouldn't learn anything about the world around them. Perhaps this spirit of exploration simply continues into adulthood in a different form.

### Intoxication as adventure

There's another drive, too, that probably plays a role: risk-taking. For some people taking risks is itself pleasurable. According to Koob this might come from a slightly different brain system to the pleasure circuits. For animals that forage, there is always the risk of being attacked by a predator. In other words there is a conflict between seeking new foraging sites, or novelty, and risk. Evolution has got around this conundrum by making novelty rewarding and pleasurable in its own right.

Pleasure, excitement, therapy, novelty: seen



# The intoxication instinct

## PART TWO

by Graham Lawton

In the last issue, we looked at the human urge to get intoxicated on psychoactive substances, whether it is for pleasure, self-medicating our pains, staving off boredom, or to simply seeking novel experiences. Read on...

in this light, the pursuit of intoxication looks very different from its standard portrayal as a pathological drive that must be suppressed before it leads to harm, addiction and squalor. Yet the mainstream debate on drugs, alcohol and tobacco seems unable to acknowledge that there is anything positive at all to say about intoxication. Instead it is locked into a sterile argument between prohibitionists and those who want to reduce the harmful effects by, for example, making heroin available on prescription. Both groups start from the belief that psychoactive substances are inherently harmful but disagree on what to do about it.

Some activists, however, are starting to argue for an entirely different attitude to intoxication. One prominent critic of the debate is Richard Glen Boire, director of the Center for Cognitive Liberty and Ethics in Davis, California. He believes that intoxication is not just a part of human nature, it is a basic human right. "Why should it be illegal to alter your style of thinking?" he says. "As long as you don't do any harm to anyone else, what you do in your own mind is as private as what you do in your own bedroom." Boire advocates changes to the law that would allow people to experiment with psychoactive substances at home or in designated public places. "It's the right of people to explore the full range of consciousness, and our duty as a society to accommodate that," he says.

Some scientists are moving in the same direction, arguing that instead of suppressing, medicalising

and criminalising our basic drive to experience altered states we should apply ourselves to making it safer, healthier and less squalid - in short, to taking the "toxic" out of intoxication.

The approach favoured by Siegel is to tweak existing drugs to make them better, with shorter effects and no addictive potential. "What it would be like," he says, "if we had a drug like alcohol, which didn't lead to violence, fetal damage, liver failure, that was safe, wouldn't lead to drink driving and never gave you a hangover. What would be wrong with it medically? Maybe we'd even prescribe this alcohol substitute to help people relax." We could even design entirely new chemicals that allow us to experience all the pleasures, thrills and adventures of intoxication without the downsides. "This is not science fiction," says Siegel. "Civilisation will eventually take this direction."

Perhaps this would be the greatest contribution a full understanding of the intoxication instinct could offer - a spur for society to move beyond the irrational position of sanctioning caffeine, alcohol and tobacco while fighting a "war" against other psychoactive substances. David Lenson, a social theorist at the University of Massachusetts in Amhurst and author of the 1995 book *On Drugs*, makes this point by comparing the war on drugs with efforts to eradicate homosexuality: both are based on an incomplete understanding of human nature. Siegel, too, sees an analogy with sex. "We can't be expected to solve the AIDS problem by



**1000 BC :** The ancient Egyptians used a linen sheath for protection against disease.

**100 - 200 AD:** Earliest evidence of condom use in Europe in cave paintings at Combarelles in France. There is also some evidence that some form of condom was used in imperial Rome.

**1500's** Syphilis epidemic spreads across Europe gave rise to the first published account of the condom. Gabrielle Fallopius claims inventing a sheath of linen to protect men against syphilis.

**1700's** Condoms made out of animal intestines began to be available. However, they were quite expensive and the unfortunate result was that they were often reused. This type of condom was described at the time as "an armour against pleasure, and a cobweb against infection".

**1885** The first rubber condom is made - 1-2 mm thick, seams down the side, and reusable!

outlawing sex," he says. "We have to make drugs safe and healthy, because people are not going to be able to say no."

### A window on the mind

DRUGS provide some of the best evidence we have that the mind is the brain; that our thoughts, beliefs and perceptions are created by chemistry. Take a drug, particularly a hallucinogen, and any of these can change. This means these drugs can be scary and need to be taken with great care and respect. But it also means they have the potential to reveal some of the deepest secrets about our minds and consciousness.

A century ago, psychologist William James experimented with the anaesthetic nitrous oxide. Our normal rational consciousness, he said, is just one special type of consciousness, while all around it, "parted from it by the filmiest of screens", are other entirely different forms of consciousness, always available if the requisite stimulus is applied.

Others meticulously described the effects of inhaling ether, chloroform and cannabis, and the strange distortions of time, perception and sense of humour they induced. More curiously, they also described changes in

belief, and even in philosophy. When Humphry Davy took nitrous oxide in 1799 he ended up exclaiming that "nothing exists but thoughts". Others made similar observations and found their views profoundly shifted by even brief forays to the other side of that filmy screen.

This raises the peculiar question of whether what James called "our normal rational consciousness" is necessarily the best state for understanding the world. After all, if one's view of the world can change so dramatically with the aid of a simple molecule, how can we be sure that our normal brain chemistry is the one most suited to doing science and philosophy? What if our brain chemistry evolved to help us survive at the cost of giving us false beliefs about the world? If so, it is possible that mind-altering drugs might in fact give us a better, not worse, insight than we have in our so-called normal state.

Take the common hallucinogenic experience of losing our separate self, or becoming one with the universe. This may seem, to some, like mystical hogwash, but in fact it fits far better with a scientific understanding of the world than our normal dualist view. Most of us feel, most of the time, that we are some kind of separate self who inhabits our body like a driver in a car or a pilot in a plane. Throughout history many people have believed in a soul or spirit. Yet

science has long known that this cannot be so. There is just a brain that is made of exactly the same kind of stuff as the world around it. We really are one with the universe.

This means that the psychedelic sense of self may actually be truer than the dualist view. So although our normal state is better for surviving and reproducing, it may not always be best for understanding who and what we are. Perhaps we ought to try doing science in some of these intoxicated states.

This was just what psychologist Charles Tart of the University of California, Davis, suggested in 1972, in the journal *Science*. He likened different states of consciousness to different paradigms in science and proposed creating "state specific sciences", new sciences which would be done by scientists working and communicating in altered states. These new sciences might only have limited application but this makes the point that our normal state may not be the only way to try to understand the universe.

Since Tart's work, most psychedelic drugs have become prohibited and research has largely been stifled. Perhaps one day, when prohibition is abandoned, scientists may once again take up the promise offered by those tiny little chemicals that can tell us who and what we are.

Many thanks to *New Scientist* magazine for permission to reproduce this article from the November 2004 issue, No. 2473.

## UNDER THE INFLUENCE

How common is the use of mind-altering substances? Accurate figures are hard to come by, largely because most psychoactive drugs are illegal and the task of keeping tabs on the legal ones is monumental. But it's safe to say from the available figures that the use of mind-altering substances is a widespread - if not near-universal - human experience.

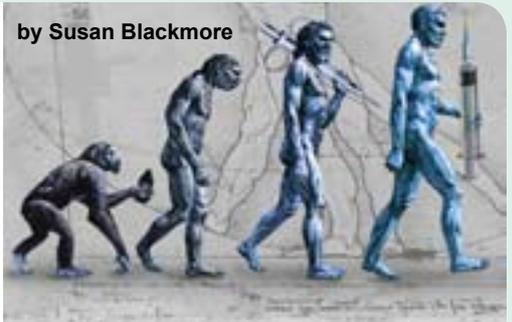
According to the latest drug data from the United Nations (*World Drug Report 2004*), about 185 million people worldwide have used an illicit substance in the past 12 months. That's around 1 in 20 of the adult population. With 146 million users, cannabis is by far the most popular, followed by amphetamines (30 million), cocaine (13 million) and ecstasy (8 million). Despite prohibitionists' best efforts, these figures have remained unchanged since the first World Drug Report in 1997.

Illicit drug use in western countries is higher than the global average. According to the 2003 US National Survey on Drug Use and Health, 19.5 million Americans had taken at least one drug, mainly cannabis, in the 30

days before the survey. That's about 1 in 12 of the "adult" population (aged 12 plus). An even higher proportion report having taken illicit drugs at some point in their lives. According to a recent survey, 77 million Americans, a third of all adults, have used drugs at least once (*Human Psychopharmacology: Clinical and Experimental*, vol 17, p 140).

And illegal drugs are just the tip of the iceberg. The World Health Organization estimates that there are 1.3 billion tobacco smokers worldwide, 30 per cent of the adult population (*World Health Report*, 2003). Alcohol use is even more prevalent. In the US, a relatively sober country, just over 50 per cent of adults have had at least one alcoholic drink in the past month. In the UK, 88 per cent of people drink at least once a month and 48 per cent drink at least twice a week. Outside the Islamic world very few people abstain completely. The figure is 20 per cent in Canada, 9 per cent in Germany, and as low as 4 per cent in some Nordic countries.

Of all the world's psychoactive substances, however, none can match the reach of caffeine, the only universally sanctioned drug both legally and culturally. Its main source, coffee, is immensely



popular, with 79 per cent of the US adult population drinking it regularly, according to the US National Coffee Association. Add to that all the tea, chocolate and caffeinated soft drinks consumed in the world, and it's fair to say that caffeine is the most widely consumed psychoactive substance on Earth. The majority of us are probably under the influence of caffeine most of the time.

Overall, it's hard not to conclude that the vast majority of people are current or former users of psychoactive substances. The clinching figure, of course, would be one for "lifetime abstinence", the percentage of people who have never, ever taken anything that alters their consciousness. But it appears that no one has ever worked out such a figure, perhaps because, to all intents and purposes, it is zero.

## DENTAL DAM

You can make your own dental dam by cutting a rolled condom to the centre and then opening it up. Very clever! A dental dam is a thin 6" x 6" square of latex which a dentist uses to isolate a tooth when working on it. It is also used to make oral-genital sex safer.

Place the dam over the genitals of your partner, being especially careful to cover the area of oral-genital contact. Just be sure your mouth touches only one side of the dam, and her genitals touch only the other side. You would use it the same way for rimming: mouth on one side of the latex, anus on the other. Do not use the same dam to perform cunnilingus that you use for anilingus (rimming). Use two separate dams!

# SECRETS OF HAPPINESS



Remember Keanu Reeves in the *Matrix* films? Along with millions of other humans, he grew up in a pod as he was farmed by artificial intelligence. Initially the machines created what they thought was a paradise for humans, a fake world where happiness was the ideal, but they found humans simply died off.

They got it right when they created a fake world that also had suffering and frustration included, which, for an American block buster movie, showed a great deal of insight.

#### We shouldn't be happy all the time

According to evolution, happiness developed as part of ensuring we would enjoy doing the things that helped us survive as a species. It's no surprise then, that we get such a kick from sex, eating and bonding together in groups.

However, suffering, or lack of happiness, is equally important. If we spent all day on the savannah having sex, we would have had very sore genitals, and been easy targets for those sabre tooth tigers. If we spent all day eating around the camp fire, then ditto – there'd be little chance of outrunning that sabre tooth tiger lugging all that fat around. The key is that we didn't evolve to be permanently happy, as depression and other negative emotions indicate we aren't doing something right and need to change in some way.

#### Bad feelings as warning signs

How can this desire for permanent happiness be a bad thing? Let's assume that most of the time, negative emotions such as depression and anxiety are meant to be sign posts that something is wrong in our lives – a destructive relationship, social isolation, poor health, low self-esteem or a job you hate. Instead of trying to set things right, we try to dull the pain and hang on to happiness through things like prescription medications, drinking, or other recreational drugs. While prescription medications can be useful in some situations, the fact still remains that we often look for short cuts to happiness, and avoid dealing

with the causes of negative emotions.

#### It's just a chemical thing

Our brain has around a billion neurons in it. These connect up with each other in many different ways, and little jolts of electricity fire away between them as we think, sleep, walk, talk and take the rubbish out. At a basic level, happiness is determined by how well all these little electric impulses are firing away. This is mainly regulated by two key chemicals in our brain – dopamine and endorphins.

**Dopamine** is a chemical that goes to the connections between neurons and helps those electric impulses to jump across the gap. It does a very good job of this in areas of the brain responsible for emotions and memories so the outcome is happiness. Not surprisingly, many recreational drugs temporarily boost levels of dopamine.

**Endorphins** are a kind of opioid, which means they are chemically similar to heroin, morphine, opium and pethidine. While dopamine encourages electrical messages between neurons that create pleasure, endorphins work differently – they discourage those signals that are pain signals.

For example, marathon runners find that endorphins flood their system and suppress feelings of pain and exhaustion, resulting in the 'high' that many runners enjoy. Again, some recreational drugs mimic this so heroin can produce an intense high as all negative emotions are temporarily suppressed in the brain. Other drugs, notably nicotine and alcohol, affect both dopamine and endorphins.

#### The problem with drugs

As mentioned, the brain has evolved a series

of checks and balances to make sure we don't spend the entire day making love or stuffing our face with chocolate, or even worse, both at the same time (unless that happens to turn you on). The same applies with drugs, whether they be legal ones such as alcohol and cigarettes, or illegal ones such as ecstasy, ice or marijuana.

In physics, there is a rule which states that any force is met with an equal and opposite reaction. The same roughly holds true with the brain. Each time we artificially manipulate our happiness levels with drugs, our brain seeks to counter this to keep a balance. For example, stimulating the brain with amphetamines like ice will usually lead to a corresponding emotional flatness after the effects wear off. With regular use, the brain adjusts itself to work normally in the presence of a foreign drug. This is why the regular drinker or smoker finds that the drug has less and less effect over time, so more is needed to get drunk or feel that buzz from a cigarette.

The problems really start when heavy use of a drug is stopped abruptly. The brain has altered its chemistry to stop the effects of the drug – now the opposite reaction sets in, and withdrawals occur. The effects tend to be the opposite of whatever effect the drug had. If it stimulated the brain, the central nervous system will now be in a depressed state until a new balance is found. If it was a depressant drug like alcohol or smack, the brain will now be in a stimulated state until it adjusts to life without the drug. Dependency sets in as our brains crave the drug simply to feel normal – the way we did before we got dependent on the drug.

Our brain has evolved over millions of years to ensure our survival by balancing our need to eat, reproduce and look out for each other. If we are into legal or illegal drugs, it pays to do so in a balanced way, and control our level of use to ensure it increases our happiness in the long run.

## EXHIBITIONISM



Exhibitionism, or "flashing", is the psychological need and pattern of behaviour to exhibit naked parts of the body in an extravagant, often sexual way, to captivate the attention of another. Flashing usually involves the female breasts, genitalia or buttocks of either gender, and the male "flasher" who indelicately exposes his penis to an unwilling observer.

Flashing can be done for a momentary "thrill" to inflate the ego of the flasher, and often for sexual arousal as well. While it is ultimately a sexual fetish, some see it as an art form. Night clubs and goth bars encourage mild exhibitionism to enhance the venue's atmosphere. "Streaking" is exhibitionism in front of large crowds, typically at sporting events. Other exhibitionists use the internet to distribute their stories and pictures on websites, sometimes using webcam feeds and other amateur methods.



# a day in the valley

## USER'S STORY

I open my eyes lying in a pool of sweat – legs are cramping straight away, brains running one hundred miles an hour, how am I going to get a taste and fix myself? I know if I can drag myself down to the local hang, I can scam a tickle after a hundred mile walk which is only half a kilometre. I sit my arse down on the seat. In my right pocket I have three bodgies. In the left, some crumbs of White Ox and two papers.

I start rolling my first durrie and the first unsuspecting customer turns up to ask me if they can score a \$50. My reply is - only the best mate, cops are hot around here. So I'll slide it to you here. Show me the buggie first. As he showed me the money I slid him the panadol packet. Thanks mate he says. I say no fucking drama. Soon as he is out of sight, I'm off to see the local gook with \$50 and a 33 year old body that feels 102.

I drag myself down, I ring, I score. I know where to go. If I go to someone's house they hang their arm out. So I've got to find somewhere to have a tickle. Anywhere will do. I find a good looking bush. I sit down behind it. I pull new fit, spoon and water out. Golden powder into the spoon. It mulls up clean. Straight away I drop in filter and suck up twenty mls.

Where's my fucking vein? The normal ones have collapsed from the buprenorphine. A bit of heat, it goes clear. I roll over my arm. There's the passage to no pain. A few pumps of my wrist. Swab. In it goes, jack back, push, that beautiful taste hits the back of my throat. The pain gone instantly.

I'm alive, so if the gronk comes back for his \$50 at least I can punch on now. But I dare say he won't because they're all jellyfish up here. No one has got a spine, not that I have met yet, and the best thing is I've still got two more panadol packets. By the time I sell them I might actually go on the nod. Well, one can only hope. It's only 8:30 in the morning. I have a long day ahead of me. It can only get better because tomorrow's pension day.

So come see me. I sell the best panadol and air packets in the Valley. There'll be a few people who know who the author of this is. Keep it quiet guys...



### women may fake orgasms, but men can fake entire relationships

So where the fuck did the word "fuck" come from? The English language branched off from a Germanic source, so it is no surprise that 'to copulate' in German is *ficken*, the middle Dutch is *fokken*, and the Swedes say *focka*.

"Fuck" is used in various ways as a verb: transitive (John fucked Jane), intransitive (John and Jane fucked), active (John fucked Jane) or passive (Jane was fucked by John). It can also be an adverb (John is a fucking bastard), a noun (Jane is a terrific fuck), or an adjective (Jane is fucking beautiful). "Fuck" is a versatile swear word:

- Greetings** "How the fuck are you?"
- Fraud** "I was fucked by the McDonalds Drive-through"
- Trouble** "Well, I guess I'm fucked again"
- Confusion** "What the fuck....?"
- Disappointment** "This fucking fucker is fucked"
- Starting a relationship** "Let's fuck now!"
- Professional appraisal of mechanical failure** "It's fucked"

- Dismay** "Oh, fuck it"
- Desperation** "Fuckityfuckfuckfuck"
- Disbelief** "Unbefuckinglienable!!!"
- Agreement** "Absofuckinglylutely"
- Directions** "Fuck off"
- Apathy** "Who gives a fuck"
- Agreement** "Fucking oath."

## SEX FACTOIDS

According to the Kinsey Institute, the biggest erect penis on record measures 13 inches. The smallest tops off at 1 3/4 inches. The average is around 5 to 7 inches.

The most common fantasy is oral sex.

3. 8% of us have regular anal sex.

60% of men and 54% of women have had a one-night stand.

Women buy 4 out of every 10 condoms sold.

In 1609, a doctor named Wecker found a corpse in Bologna with two penises. Since then, there have been eighty documented cases of men similarly endowed.

A female orgasm is a powerful painkiller because of the release of endorphins (some males thus believe headaches are in fact a bad excuse not to have sex).

56% of men have had sex at work.

Among the Manganians of Polynesia, 18-year-old couples make love an average of three times a night, every night, until their thirties, when the weekly average drops to a mere 14.

1 in 3 of us have had an extramarital affair.

62% think there is nothing wrong with affairs.

The maximum speed at which erotic sensations travel from skin to brain has been clocked at 156 miles per hour.

England's King Edward VII, a man of considerable heft, had a special table built so that he could comfortably engage in sexual intercourse.

29% of us are virgins when we marry.

The average sexual experience lasts about 39 minutes.

58% like dirty talk during sex.

22% rent porno flicks at least once.

Given today's average frequency of sexual intercourse, it would take the typical Western couple more than four years to try every one of the 529 positions described in the Kama Sutra.

The Kinsey Institute was founded in 1947 to promote interdisciplinary research and scholarship in the fields of human sexuality, gender, and reproduction. Visit their site at [www.kinseyinstitute.org](http://www.kinseyinstitute.org)

### HISTORICAL USE OF THE F WORD

- General Custer - Where did all them fucking Indians come from?
- Captain of the Titanic "Where's all the fucking water coming from?"
- Michelangelo - "You want me to paint what on the fucking ceiling?"
- John Lennon - "Is that a real fucking gun?"
- Richard Nixon - "Who's going to fucking know?"
- Picasso - "It does fucking look like her."
- Michael Jackson - "It's a fucking skin condition"
- Walt Disney - "Fuck a duck."
- Joan of Arc - "I hope it fucking rains."
- George Bush - "Fcuik! I can't spell."
- Paris Hilton - "Fuck me."
- William Tell - "Keep fucking still."



# SAFER SEX POSITIONS

When working in the sex industry, your safety is very important. Safety should be your main concern when making the booking, providing a sexual service and getting the client to leave.

Some clients can try to seduce you by money or other means into dangerous sexual practices. This can happen regardless of whether a client is regular or new.

## USE SAFE POSITIONS

Always try to be in the top position with your client as this gives you control of the situation. You can also check that the condom is in place and has not slipped off or been removed. Such positions as 'doggie' allow the client to assault you from behind or slip the condom off and are not recommended. If doing 'doggie' with your clients, check the room for mirrors, windows or other reflective objects which allow you to see your clients in the reflection.

Being tied up or placed in restraints by your client can place you in a very vulnerable and dangerous position. At times, you may be asked to see two clients at once. It is not good practice to see more than one client at a time, especially if you work alone. If you are working in an establishment and a booking of this nature arises, ask the manager to check on you half way through your booking to make sure you are safe and that the clients are treating you with respect.

## TAKE CARE WITH CONDOMS

If you are in other sexual positions, please be sure to always check that the condom is in place. Place your hand at the front of your vagina so you can feel the condom. Always use your own condoms. If the client requests that you use the ones he has, explain to him that you have just purchased yours and besides it all comes with the service. You can never tell where the client has stored his condoms – they could have been sitting in a wallet or in the sunlight, which weakens the condom. Remember, SQWISI and Needle Syringe Programs only sell condoms that meet with Australian Standards.

If the client is taking his time to cum, it's best practice to change the condom and add more lubricant. Always apply the condom yourself - DO NOT let the client do this.

As a final thought, trust your own instincts and judgment. They are your best guide for safe sex practices between you and your clients.

## IF IT DOESN'T FEEL RIGHT, DON'T DO IT! STAY SAFE AND PRACTISE SAFE SEX

Many thanks for this article to SQWISI, a community-based organisation that supported sex workers in Queensland but is unfortunately is no longer running.



THEDRAMADOWNUNDER.INFO

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information

•  
SMS reminders

•  
eCard and SMS  
partner notification

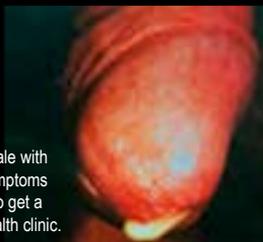
•  
clinic locations

Stop the drama downunder and schedule yourself in for regular sexual health checks. Have a chat with your local Sexual Health Clinic and see how often you should get checked out! It's free and confidential – ring the Brisbane clinic on 07 3837 5611 to find your nearest clinic.

Courtesy of [www.qahc.org.au](http://www.qahc.org.au)

# GONORRHOEA

Example of discharge in a male with gonorrhoea. Remember symptoms don't always show. It's best to get a free check at your sexual health clinic.



Gonorrhoea is spread through unsafe sexual contact – either vaginal, anal or oral sex. Both girls and guys can get it, and the only cure is to have the correct treatment.

Symptoms don't always show, but girls may notice cramps, a change in vaginal discharge, pain when going to the toilet, or vaginal pain/bleeding between periods or after sex. Guys may notice a yellow discharge from the penis, swollen/sore testes or testicles and pain/burning when going to the toilet.

Testing for gonorrhoea is easy and requires just a urine sample or swab. It can be easily treated and cured with antibiotics. Remember that your partner/s will also need testing and treatment. Re-infection is common especially if your partner/s are not treated and this will increase the chances of Pelvic Inflammatory Disease or infertility.

# how romantic...

“Well, what’s your problem, we’re fucking aren’t we?”

God, how romantic. This was how my boyfriend tried to convince me that it was okay to share a fit with him. And it was true. We were screwing each other without condoms, and god, I was pretty sure I loved him.

Or at least I was sure that we were something closer than most of my other boyfriends. I felt connected to him somehow. He filled the lonely, desperate, abandoned part of me. He accepted the crazy, weirdo girl that none of my other boyfriends seemed to understand. It was like all of the parts of me that my family made me feel bad about were suddenly okay. That maybe I was lovable, or at least that’s what I believed at the time. And it was a desperate situation.

A mate had just arrived from Melbourne with a stash of speed. Of course it would’ve been more than enough for the three of us if this mate wasn’t such a pig (but then again, we would have been the same in that situation – boring long bus ride with an onboard toilet). And when the fever hits, there’s no stopping. It’s the mad rush for spoons, fits, and water. And by this stage (when we realise that there are only two fits) safety runs a very poor second to the tiny white crystals.

## Shoot that poison arrow through my heart

Where the fuck does sanity go in those moments? It’s as if you’d move heaven and earth to stick a needle in your arm, and get the rush and exhilarating euphoria of a good whack. Fuck knows what our friend’s been up to in Melbourne, I mean the guy hasn’t brushed his teeth in about ten years. And he’s never been too particular about who (or what) he sleeps with. And in those moments I don’t seem to care that my boyfriend and I have to share a fit. In all my romantic innocence, I feel the same that I did when I was seven when my best friend and I punctured our thumbs and pressed them together in a solemn vow to remain soul sisters forever. Forever is something that I’ve always truly desired. The idea that someone would love me no matter where I was, or what I did. And across all time there was someone who cared about me, deeply.

So I believed (in those split seconds) that sharing with my bloke was okay. It didn’t occur to me at the time that I should’ve had my shot first. I knew I’d been clean and hadn’t been using for very long. What I didn’t know at the time was that my boyfriend had been using for ten years, and started in the era when hep C didn’t have a name, and HIV was around but no one really knew what it was. He knew what he’d done in the past (sharing with his buddies), and he knew that what he’d done had put him in a high risk category.

In retrospect I should’ve taken responsibility for my own body, and never taken such a huge risk – trusting his honesty when he said he didn’t have any diseases. But you can’t argue with a man with a fit in his hand, and in those days I was just happy enough to know I was getting a share. Before we got together, I’d always used clean gear, and never would’ve taken that shot if it meant I’d have to share. But he made me feel like this was forever — we were something special — and I wanted that more than life itself.

## Enter the virus

The years passed and we found out about the hep C virus. I was so angry and upset, and I wanted to blame my bloke, but I knew



USER'S STORY

that I only had myself to blame. That whole romantic idealism — the intimacy of shooting up together — gets way out of hand when you find yourself at the mercy of your partner, and reliant on them for a shot. When it comes down to it, it is just another power trip (whether you want it that way or not). I was completely dependent on him to put that needle in my arm every time. That made me feel more helpless, unable to function without him.

We became lazy, and because we knew that we both had hep C it didn’t seem to matter that we shared. As the drugs took over our lives, our relationship fell apart piece by piece. But my fear that no one else would ever love me (because of hep C) cemented me to him. We endured torture upon torture together, and I tried so many times to leave. But that blood tie kept me there, growing weaker by the day, and doing stuff that before drugs I would never have done in a million years.

## Respecting my body

This year I feel like I’ve been given a reward for my hard work in giving up the needle. I went for my regular blood tests and was told that the hep C virus was no longer active in my body. I wanted to shout it to the world, and especially to my ex, and all of the people that made me feel like a dirty junky scumbag (you can all go and get fucked). I have nothing to be ashamed of, with or without the virus. I feel like this is a second chance for me now I’m no longer using. This whole experience has been a major learning curve. I’d like to think that I’ve grown enough to respect my body and my health, and will never risk it for any man again.

# HIV



A stylised picture of the HIV virus. HIV/AIDS had killed at least 25 million people by January 2006. In 2005 alone, AIDS claimed roughly three million lives – more than 570 000 were children.

**HIV is the Human Immunodeficiency Virus, which develops into AIDS (Acquired Immune Deficiency Syndrome). Over time (usually many years), HIV destroys a person’s immune system leaving the body less able to protect itself from disease. HIV can be passed on through unsafe sex, or sharing needles and injecting equipment contaminated with blood.**

**Users in Australia have very low rates of HIV infections because they have learned to not share needles and other equipment — something to be really proud of. But figures for getting HIV are on the rise because we are getting slack, so practise safe sex as much as you can. There are no visible signs of someone having HIV — they might not even know it themselves.**

# b e y o n d t h e b r a i n

**A freak chain of events that unfolded in ways unexpected... it is funny the way the universe sets things up to work out, as if unseen hands guide us in ways we really need to go in...**

It started out innocently enough... Kickin' back on my lush brown corduroy couch, favourite bong in hand, 4ZZZ on the radio, and one of my favourite DJs selecting the tracks. I've loved electronic music since my first dance party when I was 15, in the middle of nowhere, under the stars, totally drug-free, and totally blissed on the vibe.

Times had changed, and I preferred to up the ante when partying nowadays — psychedelic drugs being my favourite — although I felt I needed amphetamines to get through a night

of burnin' up the dance floor. Anyway, my tale digresses...

## **Free tickets**

So bong in hand, the DJ interrupts his tunes to announce a give-away. Two tickets to the up coming "Beyond the Brain" party, at the Epicentre (former whaling station) just outside Byron Bay.

Since it was about 3.00am at this point, I figured I'd have a good chance of winning... It was 4ZZZ after all... Who else is listening at that hour but lazy stoners??? I picked up the phone, and the DJ answered (no receptionist here!) and said in a rather vague manner, "Yeah man, you like won a double pass, but I gave it away to this dude Igor, but Igor can't go. Igor's name's on the door already though, so all you gotta do is turn up and tell them at the door that you're Igor."

Obviously as stoned as I was, the DJ congratulated me and hung up. I had basically no money, and no way of getting to Byron Bay by that coming Saturday, so I fell asleep, and promptly forgot about the whole thing, never really expecting to actually go through with the whole "Igor" deal. Sounded pretty dodgy anyway, right?

The following Saturday night (the night of the party) a friend popped in, and told us he was driving to Byron to visit his girlfriend that night.

I promptly realised a unique opportunity! A ride to Byron is all I need, and the party will be on? I decided to run with it. I quickly co-opted my flatmate, snorted up about a gram of speed, grabbed a few trips and jumped in the car.

## **The ride begins**

We arrived at Byron just as people were beginning to gather at the front of the Epicentre. I'd never seen anything like it as we walked up. I'd been to my fair share of parties, but these guys had decorated an entire building, lit it up with psychedelic projections, and created a giant dragon's head, through which party participants entered.

I promptly ate two "black spade" trips, and sat back in the chill out space waiting for the ride to begin. In the chill space, I saw a wonderland I could have

never imagined. Large blocks of ice hung from the ceiling, with small candles inside, creating ice lamps, which illuminated the indoor/outdoor room. Small fires were scattered around, encouraging socialising. Within about five minutes of sitting down, we felt like we had a new circle of friends.

## **Words cannot explain**

We felt the LSD start to show its effects, and decided to head to the main floor. I'd heard stories of these Byron Bay parties, but what confronted me was nothing short of outstanding. The room was fitted out with a 3d sound system, with speakers in each corner. The industrial Goa Trance the DJs were playing swooped through the crowd, creating waves of energy, which moved the dance floor participants. In the centre of the dance floor was a one metre high engraved egg, representing birth and the primordial. In front, a five metre high clear plastic hand was wheeled out throughout the night, reaching up through the laser, which came from the huge Egyptian type pyramid.

There can be no words that can explain the events on the dance floor that night. The DJ took us on a journey through the dark night of the soul, and into the light of the new day. As the sun peeped in through cracks in the roof, the vibe lifted even higher. The crowd melted into one, we connected, communicated, felt, touched, loved and lived all together, on the dance floor. We were strangers at the beginning of the night, perhaps never to see each other again, but by the end of the night we felt like long-term friends — we had shared the most amazing experience together.

## **Who are the superstars?**

By 9 am the next morning, my friend and I walked away as if we had ran a marathon. We had created magic with a bunch of strangers, through our shared intent, and our burning desire to have a bloody good time. In doing so, we connected on levels that people generally can't connect on. It didn't matter who you were, where you came from, what you wore, or anything else... All that mattered was that you were there, and you were into it with everyone else... Sharing the vibe, creating the party. It's a shame people focus on "superstar" DJs, when we really know the true superstars are the ones on the dance floor. - Cameron

USER'S STORY

# I MPOTENCE

This can cause huge anxiety for guys – a large part of masculinity is tied up with the ability to crack a boner frequently. To make matters worse, guys usually have a lot of trouble admitting there's a problem, let alone getting help. One in ten guys will have trouble at some point in their lives. Injecting drug use increases the chances – drugs like heroin decrease our sexual urges, as do things like hepatitis C, poor diet or infections that can occur with drug use.

The great news is that impotence is easily treated, whatever the cause. Apart from Viagra, there are also nasal sprays or drugs to inject directly into the penis. In a small number of cases, a male may be unable to physically achieve an erection. There are treatments for that too – inflatable bags can be inserted into the penis and a little pump under the skin can cause an erection whenever its wanted. See your doctor or sexual health clinic for more information.

# the abscess

## IDENTIFICATION, TREATMENT & PREVENTION

**Abscesses are something most of us have encountered before and they can be excruciatingly painful. Sympathetic medical care can be hard to come by for many of us, and so some people resort to treating themselves. This can lead to some serious complications as the toxicity of an abscess can vary considerably.**

Here are a few things to remember when it comes to getting to grips with an abscess.

### **Sterile abscess**

Abscesses present themselves as raised lumps on the skin and can either be sterile or infected. A sterile abscess is caused by injecting either an irritating or insoluble substance into a vein, particularly if you miss. They may develop slowly and do not usually show signs of heat, although there may be a touch of redness. They feel like solid nodules under the skin and are not sore to the touch. Don't try to squeeze it as it will usually go away in its own time, although it may take quite a while. Avoid injecting at that spot until it clears up.

### **Infected abscess**

An infected abscess, on the other hand, is a different story. This is caused by either using non-sterile injecting equipment, or by bacteria in your mix that the body cannot fight.

An infected abscess will soon come up as a swollen lump on, or near, the injection site. Appearing inflamed and red, they feel hot to the touch and soon become very painful. The abscess may come to a 'head' or 'point' and be filled with pus. It can be tempting to squeeze or burst it now - but DON'T! This will only spread the infection..

If you want to know what is inside your abscess, here's a little insight. The abscess is actually a cavity under the skin, filled with many little 'walls' that contain the pus. The pus itself contains blood, white blood cells (for fighting infection), damaged or dead tissue, and bacteria. Some of these bacteria can still be 'live' which is why squeezing or poking about can easily spread the infection. Your body has made this cavity in an attempt to localise the infection so it won't spread. An infected abscess won't go away on it's own, you really need to seek medical treatment.

### **Treatment**

In the early stages, you may be given antibiotics to clear it up. If a head has developed on the abscess, a doctor will lance it and drain out the pus if necessary. The resulting hole should be thoroughly cleaned out, using prescription-only agents, and then packed. This is done so the wound will heal from the bottom up, otherwise the skin will just close over the top, leaving bacteria inside and the whole thing will start over again. Antibiotics will usually be prescribed too.

You can go to the Accident & Emergency at the local hospital, your own doctor, or ask about non-judgmental doctors at your NSP.

Will your methadone script be changed if you go to your clinic, doctor, or A&E with an abscess? They aren't legally required to report you've been injecting 'done', but there is the risk they might report you. Treatment must be obtained, so you may be better off just not mentioning you were injecting your 'done'.

Get advice and treatment — no matter what — because an untreated abscess can lead to septicaemia (blood poisoning), which can be fatal, cellulitis (a very painful infection of the surrounding tissue) and other complications. All this will put extra pressure on your immune system – not what you want if you are HIV or hep C positive. Really, you don't have to end up with huge circular scars on your body.

As the 'drugs war' rages on, the ricocheting effects continue to reverberate around the drug using community. Abscesses have become our battle scars. If you are concerned about your scars, there are camouflage creams available to conceal them – you can ask a doctor for referral.

GORY PHOTO ALERT: Sorry about the graphic image, but we've talked to our readers and other user groups and the consensus was that sometimes you just need to know what can happen with bad injecting technique



## How to minimise your chances of getting an abscess

Make a habit of washing your hands before and after your fix, and always use new equipment – sterile water, works, swabs etc. Always inject slowly and gently in the direction of the blood flow.

Use your filters whole (not torn into small pieces), or use surgical cotton wool – it is made up of fibres that won't separate, unlike cotton wool, cigarette filters, tissue etc. Not only can loose fibres from these get trapped under the skin and cause an abscess, but they can also travel along your veins and cause blockages and infection in some seriously dangerous places, like your heart. This can be an extremely painful experience but fortunately, is not too common.

Use wheel filters, especially if you are shooting up pills. If any gear looks suspect to you, consider other ways of taking it such as snorting, smoking or swallowing. Don't skin pop with suss gear.

Speed and coke are irritating to your veins, so if you can bear it, try smoking or snorting instead.

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



## WERKING OFF



Like they say, if you want a job well done, you are best off doing it yourself. You know better than anyone else what turns you on! Hard to believe that a few decades back, many thought jerking off led to blindness, mental illness and outright insanity.

Nowadays, we know it can protect women from cervical infections, may reduce the chances of prostate cancer in males, evens things up when one partner has a higher sex drive, and can reduce stress and depression. Mutual masturbation is also a great way to learn how your partner likes being touched by watching how they masturbate. Just remember to keep those sex toys clean if you use those to add to the fun.

So if anyone calls you a wanker, it isn't really an insult at all.

# DOH!



There are some spots you just don't do three point turns with a trailer



Always check to make sure that vessel is really a drive-on ferry first



When reverse parks go wrong...



Better to stop late than never...

# e c s t a s

The 'recreational' or 'party' drug ecstasy is becoming ever more popular in Australia, but media coverage is usually sensationalist. It is important that people learn the facts about the drug as opposed to media-generated hype, and harm reduction tips for people who choose to use the drug.

The pharmacological name for ecstasy is Methylendioxy methamphetamine (MDMA). Because ecstasy is illegal, there is no control over the amount of MDMA, if any, that an ecstasy pill may contain. The ingredients of MDMA are often difficult to obtain, therefore manufacturers may substitute other substances when making the drug, ranging from caffeine, glucose and ketamine, to speed and other amphetamine-type substances.

Ecstasy can come in a capsule or powder, but tablets or 'pills' are the most common form. Each pill is individually named depending on its colour and logo or shape.

## effects

The effects of ecstasy depend on what substances are in the pill (the drug), your mood and expectations (the environment), and your body weight and general health (the individual). Common immediate effects of ecstasy, a stimulant drug, include an increased heart rate, blood pressure and body temperature, jaw clenching, teeth grinding, talkativeness, feelings of well-being and of a closeness to others, loss of appetite, and sometimes nausea.

These effects usually start 30 to 60 minutes after an ecstasy pill has been swallowed, and can last anywhere from three to eight hours depending on the contents of the pill. During the comedown, a person can feel physically exhausted (especially after dancing all night), depressed, irritable, and have difficulty sleeping and concentrating. These effects can last for several days.

## long-term effects

Long-term effects of ecstasy use are still being researched and are open to debate. Long-term use leads to more severe comedowns, and the pleasurable effects diminish as tolerance develops. MDMA affects serotonin levels in the brain which are related to mood, memory, aggression, appetite, sexual function and sleep. It is also possible that changes to the brain could produce long-term problems like depression and anxiety.

## safer use

Unknown contents is the biggest problem. Never assume that whoever is manufacturing ecstasy pills has your best interests at heart. Like any business, there will be shonky operators who will substitute toxic substitutes like PMA if they think they can get a way with it. A handy website at [www.pillreports.com](http://www.pillreports.com) provides a user-based database of the types of pills doing the rounds in Australia and other countries.

You can buy pill tester kits for around \$25 to \$60. The basic models will tell you if there is MDMA in the pill, but you may need the better ones to tell you if there are other substances as well. These kits are still only a rough guide.

Find out as much as you can before you buy, either from someone who has tried the same

# KLISMAPHILIA



Klismaphilia is the paraphilia of deriving sexual pleasure from enemas. Some practitioners in the sex industry offer enemas to cater to klismaphiliac desires. It is sometimes regarded as a form of anal masturbation when self administered. There are many movies, magazines and websites devoted specifically to this fetish. The term was coined in 1973 by Dr. Joanne Denko. Most klismaphiles are heterosexuals, with the female being the one receiving the enema, and the male administering it to her. Klismaphilia is often connected to a fetish for spanking, anal play, and, diapers (infantilism). In many pornographies based on klismaphalic desires, the receiver is usually female and has to endure a spanking which is usually mild.

# s y



## dangers associated with using e

Like any illicit drug, there's no guaranteed safe way to use ecstasy, because you can't be totally sure of its strength, purity and actual contents. But there are general tips that can minimise some of the risks involved.

Ecstasy can place additional strain on the liver, so if you have hepatitis A, B or C, check with a knowledgeable health professional before using.

Methadone and some HIV anti-retrovirals use up the liver enzymes that break down ecstasy. Take 10% of your normal dose in these cases. Death has resulted in these combinations, with blood tests revealing ten times the normal levels of MDMA from only one pill.

A small percentage of the population have a slow metabolic rate due to low levels of a liver enzyme, P450 2D6. First time users should exercise caution with ecstasy as this group will have a very high sensitivity to MDMA.

Ecstasy can place additional strain on the heart, so anyone with heart-related health issues should take extra caution.

If you are depressed or have a history of depression, the comedown can be very nasty. It's better to wait until you've got your head sorted before using ecstasy. The same applies for temporary illnesses such as the flu.

Ecstasy can be dangerous to use with other medications, such as monoamine oxidase inhibitors (MAOIs, a class of antidepressants) and antiretroviral drugs. Seek medical advice if on medication.

## come down

Unfortunately, the higher you fly, the further you fall. Generally there is a softer comedown with ecstasy compared to amphetamines, but some will still take other drugs to ease the come down. 'Downers' like valium are popular, but as with anything, be aware of possible complications. A lot of bad drug experiences happen at home when people are coming down, and indulging further. Your body has had a big night, your brain is slightly fried, and all you want is to feel better. The longer you put off sleep, the worse you'll feel in the long run.

Some smoke pot which is a safer comedown drug than valium. But once again, be careful of complications. A possible side effect of both cannabis and ecstasy is paranoia so your head could wind up in a nasty place without due caution.

## beware of imitations

Don't trust your supplier! Some pills are substituting the cheaper and much more toxic PMA in supposed ecstasy pills. Before you buy, check out the website [www.pillreports.com](http://www.pillreports.com) to keep partying safely.

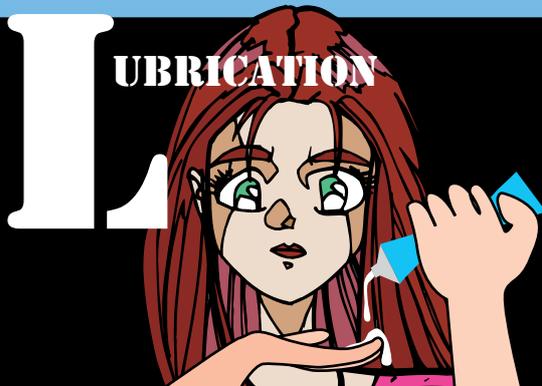
pill or from the dealer. When there's any doubt, take a small amount first to test the effects – you can always have more later.

If you get bad pills, let the dealer know. People sell dodgy pills because people buy dodgy pills. Stand up for your rights as a consumer.

Take breaks when dancing to avoid overheating and drink water to avoid dehydrating (500ml per hour if active; 250ml per hour if inactive). Don't overdo the water as it can lead to hyponatremia, with diaorrhea, vomiting, muscle tremors and frequent urination.

Mixing ecstasy with other drugs increases your risk of drug toxicity and overdose, and the comedown is even more severe. For instance, ecstasy can override the effects of alcohol, so you may be drinking and not feel drunk, and anti-depressant drugs, such as Prozac, Aropax, Zoloft, Nardil, Parnate and Marplan, can interact dangerously with ecstasy.

Make sure you are with friends who know what drugs you've had and are in a safe environment.



## LUBRICATION

Lubricant is your slippery slide to pleasure! Staying well lubed during sex is important – the linings of the vagina, rectum and penis are very thin, and sexually transmitted infections can easily get in through tiny tears and abrasions. Most chemists sell water-based lubricants like Wet Stuff or KY. These are important to use with condoms too, as the condoms are less likely to break. Anything that's not water-based (like petroleum jelly) can weaken the condom.

**My mate introduced me to Narcotics Anonymous, or NA, about seven years ago. He was a very intelligent and complex man who had battled with addiction for all his life.**

We shared a flat together after we came out of detox many years ago. We had a lot of similarities, but he was always brighter, smarter and more plagued with self doubt and a brooding melancholy that never went away. He was best man at my wedding, and when I had the pre-wedding jitters he was there at 2 am listening to me and bolstering me up. He gave of himself selflessly.

I took to NA like a duck to water — I guess I was so far down that I had no where else to go — but it's not that easy for everyone. Some people just can't surrender to a higher power, can't let go, are always torn by doubt. He was one of life's tortured souls, but he always wanted and longed to be clean. And that's what being a member of NA is all about — wanting earnestly to be clean and working towards it. Go figure, he introduced me to NA and I got all the anniversaries.

Over the years we lost touch, but I would see him periodically at meetings and renew my acquaintance. There were periods where he was clean, and periods I am sure he was using. It wasn't my place to judge him, but we had shared something special together, and I always felt like he had given me life when no one else cared.

### **lord it's hard to be humble**

I hadn't seen him for years. I had moved away and we didn't attend the same meetings anymore. I was involved in my life and was a pretty holier-than-thou toadie — I had succeeded (in my own mind) with my addiction problems, was married, had a car, mortgage, kids and I was smug and self assured. I kept going to NA but I thought of



USER'S STORY

# ETERNITY

myself as the shining example for younger and less time-up members to admire. I had been clean for 12 years and I was fucking complacent. I no longer thought of myself as an addict.

Big mistake. Big fucking mistake. I injured myself at work — nothing terribly life threatening — but the doctor gave me pain meds. I told my group and my sponsor, and was at first very careful, the model of propriety and took my meds — late if anything, hours later than I needed to. Then one day I took two for absolutely no reason. That's all it took. I was doctor shopping and back on the band wagon. I would go to meetings loaded and tell everyone how wonderful I was. I treated my wife and kids like crap and I lost my job.

Then I ran into my friend, and he looked at my pinned eyes and my thin frame and

he had that knowing look in his eyes, and he took me to our old meeting just for old time's sake. Here I was thinking I had them all fooled, but the only fool was me. And I stood up in front of everyone and told them I had thought I was cured, but I was worse than ever and could they help me. Straight back to step one after 12 years, and I had done it myself by forgetting who I was. I am an addict. I wept like a baby, my mate took me to my doctors and we rang the DDU together and I booked into detox.

This time I went back to NA with humility and without my blinkers on. I apologised to my fellow NA members for my contempt for them, for my dispicable attitude and my bigotry and conceit. It took a long time to feel like I was worthy of those fine folks, and through it all no one judged me, which

# M

## ASOCHISM



Masochism is getting pleasure from pain or suffering — sexual fantasies or urges for being beaten, humiliated, bound, tortured, or otherwise made to suffer, either as an enhancement to or a substitute for sexual pleasure. Sadism is closely linked — the pleasure of inflicting pain and suffering on someone else. Both masochism and sadism aren't necessarily sexual in nature.

Pain, violence, sex and love all are associated with the release of a variety of hormones and chemicals within the human body. These can be caused by watching, hearing, or imagining such experiences. Mild masochism and sadism might involve erotic spanking, tickling and love-bites, progressing through to "rough" sex or involvement in clubs specialising in bondage and discipline, domination and submission, and sadomasochism.

There are usually no legal problems with these as sexual acts, as long as they are between consenting adults. In serious role plays, the participants should have pre-agreed signals for when things are getting too painful or unpleasant.

only made me more miserable. But this time I was determined to put my faith in God and surrendered my will completely.

### change in attitude

The steps were much harder, I had taken the whole process for granted. I was truly humbled and humiliated. I renewed my commitment to NA and to God, and got on with my life, once again losing touch with my mate. Went back to work, reconciled with my wife and everything went back to business as usual as if I had never relapsed at all, except I now knew I was truly an addict and how fine a line I truly walked.

Then one day his wife called and told me my mate had died. Twice this man had saved my life and brought me to NA, and what had I ever done for him? How often had I given anything of myself to anyone ever? I took another long hard inventory and I wasn't at all happy with who I was. My attitude hadn't realistically changed much — it was all about me — and I'd missed the entire point of NA, to give it back. These days I truly try to be understanding, non-judgmental and to be as much help to others that I can, not only in NA, but in my life.

### two strikes not out

God and my Guardian Angel had given me two strikes, I wasn't about to fail them after everything they had done. I can still go to work and support my family and fit into my schedule the time to pick someone up and take them to meetings, to sponsor new members and to be available 24 hours a day for my brothers, because I was now, after 20 years, ready to give it back.

It doesn't happen easily — the self growth and such you go through need constant re-evaluation. There are always going to be opportunities to use, it takes as much effort and commitment to stay clean as it ever did to use. I still walk the fine line, still know how vulnerable I am, but I have something wonderful that I would share with you — that is NA and my brothers and sisters in the program who have made me who I am today.

### third chance at life

I don't care if you come to meetings loaded, been there and worn that t-shirt. Just as long as you understand that there is hope and there is life after drugs, come back as many times as you want until you too are ready to try a life without junk. I am an addict and I am in recovery and I thank God and my good friend and guardian angel and NA and the wonderful people within it for giving me a third chance at life. It was far more than I deserve.

Last week we laid an eternity medal on my friend's grave. I wept openly. He deserved so much more out of life. He died of AIDS. There but for the grace of God go I.

# The more FUCK BUDDIES you have...

## the more STI tests you need.

Having fuck buddies is fun and while condoms are effective for preventing HIV and many STIs, other sexual activities such as oral sex can transmit syphilis, gonorrhoea and chlamydia.

You can have any of these STIs without showing symptoms and pass them on to your fuck buddies.

STI information: [www.gates.tn.gov.au](http://www.gates.tn.gov.au) 1800 155 141



There are plenty of places you can get free confidential checks done for sexually transmitted infections. If you can't find one below that is near you, ring the Brisbane mob on 3837 5611 to find out about other places. For readers outside Queensland, check with your State's health department.

Gold Coast Sexual Health Clinic, 2019 G. Coast Hwy, Miami Ph:(07) 5576 9033  
Brisbane Sexual Health Clinic, Level 1, 270 Roma St. Brisbane Ph:(07) 3837 5611  
West Moreton/Ipswich Sexual Health, Ph: Ipswich Health Plaza, Bell St. Ph: 07 3817 2428  
Sunshine Coast Clinic 87, 87 Blackall Tce Nambour Ph: (07) 5441 2459  
Cairns Sexual Health Service, The Dolls House, Cairns Base Hospital Ph: (07) 4050 6205  
Mackay Sexual Health Service, 12 – 14 Nelson Street, Mackay Ph: (07) 4968 3919  
Rockhampton Sexual Health, 8 Canning St, Rockhampton Ph: (07) 4920 6262  
Toowoomba Kobi House, Toowoomba Health Services, Pechey St, Ph: (07) 4616 6446  
Townsville Sexual Health Unit, 33 Gregory Street, North Ward Ph: (07) 4778 9600

## NON-PENETRATIVE SEX



A painting of mutual masturbation by Viennese artist, Johann Nepomuk Geiger, 1840

It's strange how most of us, especially straights, just think sex is getting a cock into pussy, arse or mouth. But there's so much more! Being caught out without a condom is no reason to postpone the fireworks — all it takes is a bit of creativity.

There is always the mutual hand job, or you can watch each other masturbate. For heterosexual couples, breasts or thighs can be squeezed together to form a pseudo-vagina, while armpits can work in a similar way.

Other options? You could try a foot job, nipple sucking (and this includes blokes, not just the chicks), while frottage is great for girl-on-girl or boy-on-boy action. This is any form of consensual rubbing — girls can rub their vulvas together (scissoring), while boys can rub their penises together. Body sliding can be fun no matter what your orientation is — just lube your bodies up and slide your way to heaven.

If you are in different cities, you can always try phone sex, or via the internet if you have webcams. There's no way a virus can travel via telephone wires!

# everything you wanted to know about grey nurses

but were too afraid to ask, or maybe you were nodding off, or just hadn't got around to it, or maybe the library didn't have anything on it, or maybe you have a phobia of sharks...

## A bit of history

Morphine was first isolated in 1893 by the German pharmacist Friedrich Wilhelm Adam Serturner, who named it 'morphium' after Morpheus, the Greek god of dreams. It was not widely used until the development of the hypodermic syringe in 1853. In Australia, it gained popularity for pain relief and to treat opium or alcohol addiction. Morphine was used extensively during the American Civil War which resulted in over 400 000 soldiers becoming addicted. A stronger opiate called heroin was derived from morphine in 1874. Interestingly, if you take heroin orally, your stomach acids turn it back into morphine, so it loses around half its strength.

## So what does it do?

Morphine is classed as an analgesic narcotic and is obtained from opium. Morphine and related compounds interact with specific receptors primarily found in the brain, spinal cord and stomach wall. When the central nervous system is affected, it can cause drowsiness, mood changes (including euphoria and dysphoria), mental clouding, respiratory depression and nausea. Morphine alters the affective response to pain – patients are aware of its existence, but are less distressed. Morphine sulfate is a white, odourless, crystalline powder which is soluble in water. MS contin tablets have a wax outer coating which slows the release of the drug.

Morphine is designed to be used legally for the relief of acute, severe pain, pain after surgery, pain associated with trauma, relief of moderate to severe chronic pain, as an adjunct to general anaesthesia, in epidural anaesthesia and cancer pain. It relieves most types of pain, but is more effective against dull constant pain than sharp intermittent pain.

Although a script for MS contin can be filled at the chemist very cheaply with a concession card, individual tablets are sold on the street for high prices. There is an idea that because it is a legal prescription drug, it is not as serious as heroin or amphetamines and therefore is not classed as a drug problem. It is, however, a highly addictive drug which can cause many problems.

## LEGAL ISSUES

Use of pharmaceutical drugs for non-medical reasons is increasing, and after tobacco and alcohol, MS contin is Australia's most serious drug problem. Pharmaceuticals are illegally obtained in a number of ways:

- Stealing and forging prescriptions
- Robbing doctors surgeries or pharmacies
- Purchasing on the black market
- Inappropriate prescribing by health professionals
- Doctor shopping.

A doctor shopper has been identified as "someone who sees multiple doctors to have more prescriptions filled than is clinically necessary". When prescribing drugs like MS contin, doctors must weigh their therapeutic value against their potential for abuse. If schedule 8 medication is prescribed for dependency rather than the treatment of chronic pain, the prescription is contrary to the PBS. A doctor can be deregistered, so many doctors are reluctant to issue these prescriptions, leading to legitimate chronic pain patients suffering.

The Voluntary Notification Scheme was introduced to reduce doctor

shopping. This is where the doctor introduces a written agreement whereby the patient agrees to see only the medical practitioner and attend only one pharmacy for the dispensing of scripts. Both the practitioner and the patient are entered on a data base. This allows practitioners to keep track of a patient seeing other doctors and to prevent overprescribing.

Under the *Poisons and Dangerous Drugs Act*, morphine and MS contin are classed as schedule 8 prescription drugs. By law, only medical practitioners, dentists and veterinary surgeons can prescribe schedule 8 medication.

It is illegal to use or possess MS contin without a prescription, or to sell it on the black market. Medical practitioners can only prescribe schedule 8 medication "for the therapeutic use of a particular person" and "only in relation to the treatment of a medical condition other than an addiction" (section 29 & 31 of the *Poisons and Dangerous Drugs Act*). It is not an offence, however, for a medical practitioner to prescribe schedule 8 medication for a medical condition, despite that a person may have developed a dependence to the drug. This brings up an issue which many doctors face when prescribing MS contin.

## ORGASM

Yes yes!

Don't... stop...  
don't... stop...

Squeak!

Oh oh oh  
aaaarrggghh!

A little to the left...

Grunt grunt  
grunt grunt...

Moooooo...

Orgasm is characterised by intense physical pleasure and quick cycles of muscle contraction in the lower pelvic muscles around the primary sexual organs and anus. Orgasms are often associated with other involuntary actions, including vocalizations and muscular spasms in other areas of the body. Male and female brains act almost the same during orgasm. Brain scans show that large parts of the cerebral cortex temporarily reduce their activity, which may explain why it is called 'the little death' in France, and 'death amidst the act' in Spain.

Around 13% of women experience multiple orgasms, and some men have reported having multiple consecutive orgasms, particularly without ejaculation. Orgasm doesn't always require stimulation of the penis or clitoris. Apart from the obvious "wet dreams", some people with spinal cord injuries have been able to reach orgasm by mental stimulation alone. A small number of people can reach orgasm by very indirect stimulation, such as riding a bicycle, exercising, or even yawning. Others report reaching orgasm by stimulation of the prostate gland (ie. anal sex for men, or the 'g-spot' for women).

Some women claim to have reached orgasm by having their breasts stimulated. Female ejaculation occurs for a small percentage of women – it is theorised that the liquid comes from the Skenes glands (the female equivalent of the prostate) and exits via the urethra. Sigmund Freud theorised that clitoral orgasms were a sign of sexual immaturity and that adult women should have vaginal orgasms, a claim that, like much of his work, has been disproved over time.

## Presenting symptoms

Morphine tablets are often injected by users as a substitute for heroin, largely due to poor quality of the heroin available or it being too expensive. There is also a guarantee of quality with MS contin, knowing that the dose will be the same every time, as opposed to not knowing the quality of the heroin or what is in it.

MS contin has similar indicators of use as heroin. These can include:

- Detection of the drug in urine or blood
- Past overdose
- Track marks from injecting
- Leg ulcers
- Infected veins
- Skin sores
- Infection of the heart
- Blood poisoning.

## Effects

When a person is intoxicated on MS contin they may show:

- Drowsiness or nodding off
- Mood changes and mental clouding
- Pinpoint (pinned) pupils
- Apathy and lethargy
- Constipation, nausea and vomiting.

A more serious consequence is death from overdose.

## Withdrawals

Withdrawal symptoms are very similar to those from heroin. These may include:

- Sweating, tremors and muscle spasms
- Runny nose and watery eyes
- Irritability and restlessness
- Loss of appetite and vomiting
- Depression
- Elevated heart rate and high blood pressure.

Symptoms of withdrawal can be alleviated with the administering of drugs such as benzodiazepines, however treating the psychological dependence is more complex.

Like heroin, morphine is an opiate so methadone, subutex and suboxone can all be used as treatment methods.

Talk to staff at your Needle & Syringe Program or a QuIHN counsellor for help on reducing or stopping use.



in memory  
of hunter  
s. thompson

USER'S STORY

Hunter S. Thompson, famous American journalist and author, died 20 February 2005. He is credited as the creator of Gonzo journalism, a style of reporting in which the reporters involve themselves in the action to such a degree that they become the central figures of their stories. In drug culture, he is best known by his novel *Fear and Loathing in Las Vegas* which documented a drug binge with "...two bags of grass, seventy-five pellets of mescaline, five sheets of high-powered blotter acid, a salt shaker half-full of cocaine and a whole galaxy of multi-colored uppers, downers, screamers, laughers... also, a quart of tequila, a quart of rum, a case of beer, a pint of raw ether, and two dozen amyls."

Thompson died at his self-described "fortified compound" in Woody Creek, Colorado, at 5:42 p.m. on February 20, 2005, from a self-inflicted gunshot wound to the head. The following story has been submitted by a reader of *Tracks*...

I used to know Hunter S Thompson, and I talked to him the night he died. My husband introduced us online. Only Hunter would go into a chatroom with the nick name Dr Hunter S Thompson. It fitted in with his particular sense of humour. My husband told him who he was ( or used to be known as) asked him what he and Hunter did on the night they were on the Cilla Black show together and why they were late. Hunter and my husband were shooting up in the mensroom of course. Only four people knew that story until now, Hunter, my husband, and the production assistant who was bitching at them for being late for the great Cilla Black, and of course me!

So anyways his identity confirmed as the genuine Hunter and not some crazed fan. Hunter and I became fast friends for years. We often chatted about this and that. Mainly about my writing, he liked some of my stories and gave me pointers. Philosophy, religion and assorted crap, life the universe and everything. Nice Bloke. Anyways this is about him not me and the night he died.

We were both going through some personal shit. His problem was with all his money and fame and power and position, he was a sad and lonely guy. No one loved him for him, my problem is hubby and I had had one of our not so rare splits. So here I was loving this hopeless ex rock and roll junkie with all my heart and soul and here was Hunter, who had everything society tells you is important but not a single soul who even wanted to know

who he really was inside and loved him for him. Sure everyone wanted a piece of him, but no one wanted the package. They didnt want his pain and hurt, they just wanted his money and position. Everyone needs to love and be loved, it's a human neccessity, for rock stars and book authors and every single human being.

Anyways we sat in this depression chatroom on msn. We talked for hours and hours. I cried, he cried and we realised the plight we were both in was sad and pathetic I loved too much, him too little and both hurting so we ended up working each other up rather than calming each other down. The chat room got pissed at us for being so depressed and kicked us both from the chat. Hunter put a gun to his head and pulled the trigger. I took all my pills.

How could I be writing this story? Because Hunter and I had online friends in common, he told them what I was up to online, he thought I had everything to live for, and they knew or found out enough about me collectively to call an ambulance in Australia from America. The police traced my phone number from a common friend in America and broke into my house 20 shots of narcane (I read my chart) and two days later I came to in the psych ward and Hunter was dead on the radio.

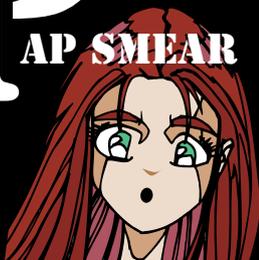
And that, Ladies and Gentlemen, is how the great Hunter S Thompson died. He was my friend.

Cancer of the cervix is one of the most preventable cancers. The Pap smear is a test that can detect early changes in the cervix (neck of the womb), before cancer develops. A Pap smear every two years reduces occurrence and deaths from cervical cancer. Three out of four women who develop cervical cancer have not had regular Pap smears.

It's a quick and simple procedure with no drugs or anaesthetics needed - a number of cells are collected from the cervix and sent to a laboratory. It can be done by a GP, Registered Nurse, Obstetrician, Gynaecologist or Aboriginal and Torres Strait Health Worker.

All women who have ever had sexual contact should commence having Pap smears between the ages of 18 to 20, or within two years after first sexual contact, whichever is later.

P  
AP SMEAR



# BASICS OF GETTING BUSTED

Whether you're a drug user or not, getting busted by the police is a nightmare most of us would like to avoid. It's a hassle, it's costly and it can leave people feeling powerless and afraid — as it's designed to. But with "law and order" so high on the political agenda these days, avoiding arrest can be difficult.



"When I was arrested, the cops made me feel like shit," said Michelle of her recent experience in police custody. "I guess I was stupid, having a joint in a car with some friends. We were parked on the side of the road in an exclusive North Shore suburb. It was broad daylight but there was nobody around so we lit up. We'd almost finished smoking when a police car drove slowly past our car. I just freaked, put out the joint and opened the windows to try and air the car out. I had a bag of dope on me so I was hoping the cops would keep going but they turned their car around and parked right in front of us.

"One of the cops got out and walked over to us. I knew he'd probably be able to smell the dope but what could I do. I felt like I was trapped with nowhere to go. The cop told me to get out of the car. His partner joined him and even though they were both being really friendly, I knew I was gone. They searched the car, found my stash and that was it," she adds.

Like many drug users, Michelle has discovered that zero tolerance policing policies are becoming the norm, particularly when it comes to the war against drug(-user)s. What that means is if people are caught with drugs, they'll be arrested, charged and prosecuted with few, if any, extenuating circumstances taken into account.

According to the NSW Bureau of Crime Statistics, these new policies have seen drug arrests increase by 15% in the last three years, with around 18,600 people arrested in NSW on drug charges in 1998. While some drug arrests have decreased, namely the dealing, trafficking and cultivation of cannabis, most others have increased with charges for possession and use of cocaine increasing by a staggering 133% since 1996. Arrests for the possession and use of narcotics has increased by 93% during the same period while arrests for the possession and use of cannabis has only gone up by 14.5%.

With drug arrests so high, I thought it might be interesting to find out how police get their information on drug crimes. Unfortunately, the Police Media Liaison Unit were unable to provide me with these kinds of statistics.

"A lot of our information comes from the NOAH phone-ins," was all the officer could tell me.

So I decided to look for some anecdotal evidence and asking people who had been arrested on drug charges to tell us how they got caught.

From what they said, it's clear that police have derived a lot of their information from "anonymous informants". Sometimes the information panned out and sometimes it didn't — like the case of two politicians who were searched for drugs at an Australian airport. The information, which proved to be wrong, came from an anonymous informer, leading many people to criticise a system where the word of an informer can bring anyone unwelcome police attention.

While some tip-offs lead nowhere, the majority of drug arrests appear to come from tip-offs, though not always from anonymous informers.

Sometimes tip-offs come from people who have also been arrested on drug charges and are trying to get a better deal for themselves by giving up their dealers.

"I'm sure it was one of my customers," said Erik, recently paroled after serving time on drug charges. "The cops knew what they wanted when they came to my door. They had a warrant so there wasn't much I could do."

"When we got done, it was like the cops were waiting for us to turn up," says RJ. "It was a total set-up. I found out later who doxed us in, a pathetic low-life junkie I shouldn't have dealt with."

The next biggest cause for drug arrests seems to be dumb luck or bad luck. In the course of their regular duties, the police often have reason to knock on peoples' doors and it's amazing how many times that can lead to other charges.

"The cops came to my door one Saturday night. There was a party on next door and someone had complained about the noise. It was a back yard party so the cops couldn't tell whose yard it was in, so they knocked on my door first," says Janet. "I looked through my peephole, saw who it was and quickly grabbed the drugs off my coffee table and stashed them before answering the door."

"The cops started to hassle me immediately about why I didn't let them straight in and I didn't know what to say. When they established the noise was coming from next door and I thought they'd leave but one of them saw the bong on the table. In my rush, I'd forgotten to hide it and that led to my being arrested."

Lastly, the other big way to get busted is self confession.

"I was beaten up by this guy in a local pub one night," says Pete. "When I was giving my statement, I mentioned that I'd had a joint before going out that night. It was a stupid thing to say but I thought it would show that I wasn't in the mood to be aggressive that night and that I was the victim. Anyway, after my interview, they charged me with cannabis use instead, even though I didn't have anything on me. It was based entirely on what I'd said in the interview."

As long as there are drug laws on the books, the police will have to enforce them and people will keep getting busted. There's not much you can do about bad luck but you can keep a low profile and not volunteer incriminating information because when it comes to drug arrests, the best advice may be to deny everything.

Please note that this is a NSW-based article, and the statistics are several years old now. Thanks to our New South Welshmen cousins at NUAA for permission to reprint this story from their excellent mag, *User's News*. Check out their website at [www.nuaa.org.au](http://www.nuaa.org.au)



Hard to believe that up till 1973, homosexuality was defined by doctors as a mental illness! The bad news is that lesbian, gay, bisexual and transgender (LGBT) people still cop it tough in most cultures, despite a lot of progress. LGBT movements have focused on building LGBT communities and liberation from sexual oppression, through lobbying, street marches, social groups, support groups, community events, magazines, films, literature, academic research and writing.

The Queensland Association for Healthy Communities (QAHC) promotes the health of lesbian, gay, bisexual and transgender people in Queensland. Visit their website at [www.qahc.org.au](http://www.qahc.org.au) for plenty of info, or call 1800 155 141.



## fear is your friend

When I was in my early twenties, I was very career focused. It seemed there was nothing I couldn't do – I was fearless.

There was no challenge too great.

It was this fearlessness that introduced me to heroin.

Sure, I had taken other drugs recreationally – smoked pot, taken the odd E and speed, so heroin was just another experience waiting to be experienced.

### USER'S STORY

This fearlessness had served me well. I was 25, living in Sydney, announcing at Triple J at night, and working as a production assistant in current affairs in the day. This was quite an achievement for someone who hadn't even finished Year 10 at high school, and who had just decided on a whim that I was going to work in radio. And it was a whim too. I never really knew what it was I wanted to do, and still don't. Radio just seemed like a good idea at the time. I had all the qualifications; I could talk, was overly confident, had a sense of humour and was in the right place at the right time. That's probably why I had to sabotage it all. It had all come too easy.

Although nobody spoke about it openly, drugs were widely accepted in the industry. The network news director was in rehab for cocaine addiction, on full pay. The announcer who was on the shift before mine was literally physically taken off air one night as he was babbling uncontrollably in an amphetamine blur. So my heroin addiction was barely even noticed.

At the time I thought it was fun; you know, "rock n roll", a dabble on the dark side. I felt life was too boring and predictable, and needed spicing up. My goal was to shoot up in every toilet at the ABC if possible. It became a game. Towards the end, I was even shooting up in the on-air studio whilst

on-air! The last shift I ever did I was absolutely smashed. I had organised a friend to go and score and then bring it into the studio. We had a taste while a music track was playing and got extremely stoned. I had to shake my friend awake every time I wanted to do a mike break as he was nodding off and snoring very loudly. Eventually I nodded off too and woke up to "dead air" that had apparently gone on for so long that the guys in the master control room (the room at the ABC that controls all networks around the country) had switched on the emergency back-up tape that usually only went on when the studio had crashed. Well, it had really, and my Radio career with it.

In the end it was my decision to leave the ABC and return to Brisbane. If I hadn't admitted to my boss that I had a drug problem, and ignored it like everyone else was able to do, I would probably still be there, if I wasn't dead. Only once I asked for help, did it become a real problem for those around me. The stigma of heroin was too great for them, and the sooner I was gone the better.

Now, I'm living back in Brisbane and I'm on the buprenorphine program. Things aren't as exciting as they once were and I'm not as fearless as I used to be. But I'm learning to deal with those fears one day at a time. And my next career move? I think I might go into politics... I've got all the qualifications.



## sex

"A really hard laugh is like sex— one of the ultimate diversions of existence." - Jerry Seinfeld

"I'm a terrible lover. I've actually given a woman an anti-climax." - Scott Roeben

"I love sex. It's free and doesn't require special shoes." - Anon

"For me, love is very deep, but sex only has to go a few inches." - Stacy Nelkin

"Housework is like bad sex. Every time I do it I swear I will never do it again. Until the next time company comes." - Marilyn Sokol

"The only difference between friends and lovers is about four minutes." - Scott Roeben

"There's nothing inherently dirty about sex, but if you try real hard and use your imagination you can overcome that." - Lewis Grizzard

"Sex and golf are the two things you can enjoy even if you're not good at them." - Kevin Costner

"I like my sex the way I play basketball, one-on-one with as little dribbling as possible." - Leslie Nielsen

"If sex doesn't scare the cat, you're not doing it right." - Anon

"Sex always has consequences. When Hitler's mother spread her legs that night, she effectively cancelled out the spreading of fifteen to twenty million other pairs of legs." - George Carlin

"Anyone who says that gratuitous sex is no substitute for gratuitous violence obviously hasn't had enough gratuitous sex." - G. Spear

"Sexual intercourse is kicking death in the ass while singing." - Charles Bukowski

## RAPE



Sex can only be between people who agree to having sex! Anything else is going to be sexual assault, and severe criminal charges apply. We can't stress this enough! Anyone can change their minds — even well into fucking — whether they are long-term partners or just a one-night stand. Everyone, particularly males, must be alert to any verbal or non-verbal language that suggests a partner no longer feels comfortable with having sex.

Stay safe - if you are drunk or high, have someone you trust look out for you. Trust your instincts if you have a bad feeling about someone, and get out of there. Be assertive about what you want sexually, it's your body!



### USER'S STORY

## never encourage someone's first taste

**Drugs take over your life. Please never use drugs. All my friends used speed and morphine – I never had. But one day I said I want to try speed. I was told “No, once you have it — once — that’s it. You’re hooked”.**

**“But I only want to try it once”.**

**Drugs wrecked my life. I’m a mum of five and my kids are the world to me. But I just wanted to get high. If I wasn’t up, I was down, spending every cent on drugs. I even stole to support my habit.**

**I lost all my real friends, the ones who were smart. I lost my mum and family, but most of all – the one thing I love the most – my children. They were taken away by the government, and I couldn’t believe what I had done.**

**I am on the methadone program and don’t use street drugs anymore – I never will again.**

**I will be off the program very soon, and the best thing is I’ll have my babies back after three years of hell.**

**I felt like dying at times. If you are using and a friend wants to have a first go at drugs, be smart and say no. Otherwise you could be responsible for them saying goodbye to real friends, family and completely wrecking their life.**

T.

## QLD needs to do more to stop the spread of hep C

**Over a quarter of a million Australians have hepatitis C, and more needs to be done – approximately one person is exposed to hep C every hour across Australia.**

To reduce the number of people expected to progress to serious liver disease we need to triple the number of people receiving treatment across Australia. Hepatitis C is already the number one reason for liver transplant in Australia. Despite high treatment success rates of between 50 and 80 percent, only 2,000 people are accessing treatment nationally each year.

“During National Hepatitis C Awareness Week we want to encourage people with hepatitis C to use this opportunity to find out more and to take responsibility for managing their own health” said Jodie Walton, Health Promotion Officer at the Hepatitis Council of Queensland. “Our message is ‘take control now’”.

“There is so much people can do take control of their own health, including treatment, diet, alcohol management and support. We need to break the stigma surrounding hepatitis C, it is too important to be ignored and this is an issue facing the whole community.”

People should consider being tested if they have:

- Injected illicit drugs – even once
- Had an unsterile tattoo or body piercing
- Had (possibly unsterile) medical treatment overseas
- Come to Australia from a country with high rates of hepatitis
- Received blood transfusions or blood products prior to 1990.

There are strategies for managing the symptoms of hep C. Small changes can make a big difference and different strategies work for different people, for example, the impact of hepatitis C may be reduced by:

- eating a balanced diet
- reducing or eliminating alcohol and tobacco intake
- introducing regular moderate exercise
- avoiding or reducing stress.

Increasing self-knowledge around the virus, symptoms control and treatment options can help people with hepatitis C take control of their life and there are treatment options available.

You can ring the Hepatitis Council of Queensland on 07 3236 0610 or visit their website at [www.hepatitisc.asn.au](http://www.hepatitisc.asn.au) for more information.

Source: Hepatitis Council of Queensland

## SEX TOYS



There are sex toys for almost every use you could possibly imagine. Vibrators are often dildo-shaped, but may be shorter for anal use, or curved to reach the G-spot. The rabbit vibrator has “bunny ears” to sit both sides of the clitoris.

Penis sleeves are modelled to accept a penis for simulated intercourse, while Ben Wa balls are hollow metal balls to be worn in the vagina for extended periods of time. Other sex toys include cock rings, dildos, penis extensions, nipple clamps, nipple suction devices, butt plugs, anal beads, sex dolls and all sorts of sadomasochism gear.

Mechanised devices (pictured) allow the user to control the speed, depth and angle of penetration, and virtual sex using computers will expand hugely in the coming decades.

Remember sex toys can pass on infections, so always clean them carefully after use. Only use water-based lubricants, particularly with silicone or latex rubber toys. Latex is very porous and must be cleaned thoroughly – some people can be allergic to latex as well.

# POSITIVE NOT PUNITIVE

## Treatment for hepatitis C

The most important action for a person to take when considering entering into treatment for hepatitis C is to talk over the options with a person that they can trust. If you'd rather not talk to your doctor, contact the Hepatitis Council in your State for more information. Before a person can access treatment they will need to find out (from a Doctor) what genotype of the virus they have and how long the virus has been present. This helps the Doctor to decide on the most suitable treatment.

The current treatment regimen for hepatitis C is a combination of two drugs; pegylated interferon and ribavirin.

**Interferons** are small proteins made by the body to help it fight viral infections such as common colds or hepatitis. The body makes different types of interferons to fight different infections. There are two types of artificially made interferons used to fight the hepatitis C virus. Pegylated interferon is made when a chemical called polyethylene glycol (PEG) is attached to interferon. PEG helps the interferon to work in the body for longer.

**Ribavirin** is a type of drug that works against some viruses. It needs to be taken with interferon to help it to work against the hepatitis C virus. In this combined treatment ribavirin can improve people's liver function tests (blood tests which show how well the liver is working) and improve people's

chances of clearing hepatitis C.

There are specific criteria that need to be met before a person can engage in treatment. If a person has not received treatment before or has been unsuccessfully treated with monotherapy, the following criteria for treatment (which are listed under the Highly Specialised Drug Treatment Program Section 100 of the Pharmaceutical Benefits Scheme) apply:

- Blood tests - documented chronic hepatitis C (repeat HCV ab+ or PCR+)
- Women of child-bearing age must not already be pregnant or breast feeding
- Couples must use effective forms of contraception
- The person must be age 18 years or older
- The person has not had prior pegulated Interferon or Interferon treatment.

### Starting treatment

Starting treatment requires a great deal of preparation as the side effects from the treatment alone can be debilitating. The treatment requires a commitment of many months.

### Interferon side effects

Side effects include but are not limited to

- feeling like you have the flu, such as headaches, muscle aches, joint aches, fevers/chills and feeling sick
- vomiting, loss of appetite, diarrhoea
- dry skin, dry eyes, dry mouth, hair loss

- less energy, feeling tired, difficulty sleeping
- depression, mood swings, poor concentration, vagueness
- some people also have changes in their blood such as less white blood cells and platelets (clotting blood cells) and thyroid problems.

### Ribavirin:

Studies have found that ribavirin may be associated with birth defects. It is a requirement of treatment that effective birth control needs to be used by both the person undergoing treatment and their partner while taking the treatments and for six months afterwards, ribavirin has been found in semen.

Ribavirin may cause anaemia (a low number of red blood cells in the blood). Anaemia can cause shortness of breath and feeling light headed and tired.

People who have heart or lung disease or who are over 60 years old may need to have extra tests before taking ribavirin or they may not be able to take it at all.

Ribavirin can also cause symptoms such as nausea or vomiting, so it should be taken with meals.

Contact your nearest Hepatitis Council for more information.

## BEING BLOOD AWARE

Being blood aware means being alert to the potential or actual presence of blood in any situation or environment.

It means being alert to the possibility of blood-borne organisms or viruses, and employing practices to prevent their transmission.

Blood awareness acknowledges that blood can be exchanged in a range of situations outside the health care setting.

People who inject drugs need to be aware that even amounts of blood too small to see could pose an infection risk, and should practise harm reduction principles to avoid infection.

Within the home or work place do not share any sharp grooming instruments, and be aware of exchanges in which blood may be present – for example sharing toothbrushes or razors.

When dealing with blood or body fluids, gloves should always be worn, and other people involved should be made aware of the presence of blood.

When having tattoos or body piercing, people should be alert to the potential presence of blood and ensure that their practitioner is adopting standard infection control procedures.

Use safe sex practices to minimise the risk of infection.

The information on this page comes from **Positive not punitive**, an exciting project of the Australian Injecting and Illicit Drug Users League (AIVL) at [www.positivenotpunitive.com.au](http://www.positivenotpunitive.com.au)

## TANTRIC SEX



Sculptures of various sexual acts are a common part of some Hindu temples

The idea of Tantric sex is most commonly associated with the Hindu religion. Tantric texts specify that sex has three distinct and separate purposes — procreation, pleasure and liberation. The Western world has focused on Tantric sex to heighten and prolong both intimacy and sexual intercourse. Orgasm is seen as a divine experience where sacred male and female energies meet. Sexuality is only one part of Tantric philosophy, which encourages playful experiences and awareness of the sacred nature of all perceptions, actions and gestures.

Tantric sex involves exercises to heighten sensory awareness, practice in various lovemaking techniques, and a focus on pleasure for the partner. The *Kama Sutra* is a Hindu sex manual compiled in the second century that embodies many ideas from Tantric sex, including prolonging the pleasures of lovemaking without reaching orgasm.



# E N D O C

Mainly caused by bacteria entering the skin through injecting, infective endocarditis (IE) can be extremely unpleasant and has a nasty habit of ironing you out completely if left untreated. Know the signs and symptoms!

Although relatively uncommon in comparison to most health problems intravenous drug users encounter, it is extremely important for us to be aware of IE for several reasons:

First of all, it has a high mortality rate, and almost always kills the patient if left untreated.

Secondly, it is often preventable. Knowledge of the symptoms of IE, early diagnosis and correct management are what makes all the difference to your recovery.

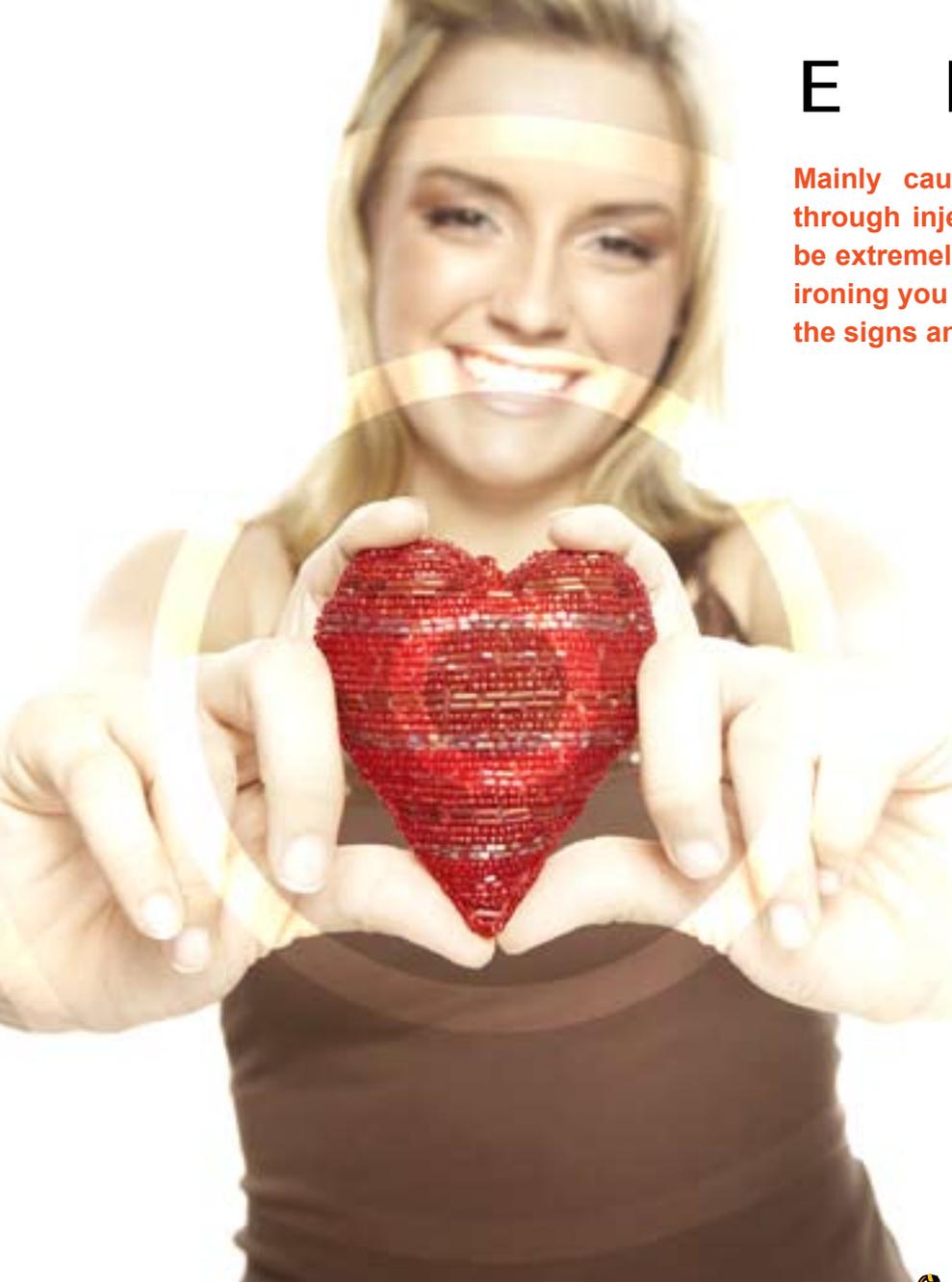
Thirdly, a hygienic injecting regime is crucial when avoiding the types of bacteria that cause endocarditis.

In most cases, these organisms are streptococci ("strep"), staphylococci ("staph") or members of other species of bacteria that normally live on body surfaces, entering the bloodstream through a break in the skin, as happens through injecting,

### In a nutshell

In a nutshell, what happens is that the bacteria or fungus involved can collect on one of the four valves inside the heart which normally keep the blood flowing in the right direction. The bacteria grow to form 'vegetations' which then damage the valve and interfere with the normal flow of blood.

The infected vegetation will send intermittent showers of bacteria into the circulation, which results in fever in many people. Occasionally a piece of the vegetation may break off and enter the circulation causing systemic emboli (clots).



## RISKS FOR INJECTING DRUG USERS



The chances of getting endocarditis are mainly determined by how easily the bacteria can gain entry to the body and how easy it is for them to grow on the heart valves. Obviously, consistent care must be taken to avoid bacteria entering your body from poor injecting technique.

The primary bacteria which affects drug users is called staphylococcus aureus (often shortened to *s. aureus*) This is the very same bug that can cause things like septicemia, cellulitis and abscesses. This is why, if you have an infected sore on your skin, you must take extreme care to avoid spreading the bacteria to your injecting site which allows potential entry into

your bloodstream or deeper skin tissue. There is also a long list of other bugs, but they are relatively rare and tend only to cause problems in people with a compromised immune system, such as with AIDS.

As an injecting drug user, your risks increase even further if you:

- Drink heavily
- Have had endocarditis in the past
- Have HIV/AIDS
- Have other diseases affecting your immune system
- Have a malformation of the heart or heart valves present from birth

- An implanted heart device (pacemaker wire or artificial heart valve)
- Cancer treated with chemotherapy
- History of chronic illness.

If any of these affect you, you should be offered preventative antibiotics whenever you have things like dental surgery done which might introduce infection.

Any injecting drug user with a compromised immune system should insist upon taking antibiotics both before and after any dental or medical procedure to reduce the risk of contracting endocarditis. At the very least ensure you have a full discussion with your doctor or dentist about the risks.

## UROPHILIA

Urophilia is getting sexual pleasure from urine and urination. This can be from getting urinated on, urinating on others, drinking the urine, or simply watching others do these things. Urophilia may also be called "golden showers" or "watersports".

Urine is quite sterile so there generally are few health risks associated with urophilia, although cleaning up can be quite messy. Large plastic sheets or using the bathroom are the way to go to avoid messy cleanups afterwards.

Shirley Manson, lead singer of the popular rock band Garbage, was quoted in an interview as saying "I hate boys who are frightened of pee and shit and menstrual blood... I want a man who will let me pee in his belly button". The Garbage song *When I Grow Up* contains the lyrics "Happy Hours/Golden Showers".



# A R D I T I S

The growth eventually destroys the heart valve. The bacteria are able to maintain their presence in the bloodstream because the heart valves are an especially difficult place for the body's immune system to reach when fighting off the infection.

## Acute Endocarditis

Endocarditis can escalate to an acute case rapidly, especially when an aggressive species of skin bacteria enters the bloodstream and attacks a normal, undamaged heart valve. Once staph bacteria begin to multiply inside the heart, they may send small clumps of bacteria called septic emboli into the bloodstream to spread the infection to other organs, especially to the kidneys, lungs and brain.

Unfortunately injecting drug users are at high risk for acute endocarditis, as aggressive staph bacteria have many opportunities to enter the blood through broken skin and unhygienic drug paraphernalia. If untreated, this form of endocarditis can be fatal in less than two months.

## Chronic Infective Endocarditis

Endocarditis can also occur more slowly. This chronic form of Infective Endocarditis (IE), is most often caused by a group of streptococci that normally live in the mouth and throat. These form a slow progression over weeks to months. If left untreated it is usually fatal.

## Preventing endocarditis

Prevention for injecting drug users comes with hygienic injecting practices. To prevent endocarditis, your doctor and dentist may prescribe antibiotics before you undergo any medical or dental procedure in which bacteria have a chance of entering your blood. Antibiotics are usually administered to patients who have had endocarditis in the past, and patients with other high risk conditions. In general, antibiotics are given one to two hours before a high-risk procedure and up to eight hours afterward.

Before a dental procedure, an antiseptic mouth rinse can also be used, especially one containing chlorhexidine or povidone-iodine.

Endocarditis is not preventable by avoiding needle sharing as it is not transmitted directly from person to person.

Remember the bacteria that causes IE is found on the skin or in soft tissue infections like abscesses or cellulitis. If you have

infections such as these, you need to pay particular care to ensure that your injection site and injecting paraphernalia are as hygienic and/or sterile as possible; this will help to prevent the bacteria entering your bloodstream. Licking your fit (or your injection site before or after a hit) is another way of transferring streptococci bacteria that could be living inside your mouth or throat – due to abscesses or throat infections.

Whether your heart valves are normal, damaged or artificial, you can help prevent endocarditis by not injecting your drugs. **If you want to continue injecting, always be as sterile and/or hygienic as possible, when mixing up your gear and injecting.**

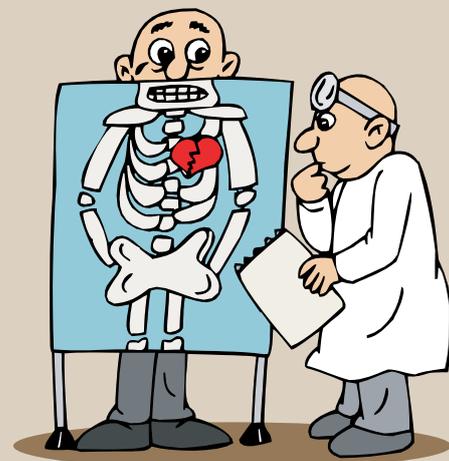
## Treatment

Your doctor may suspect endocarditis based on your medical history, risk factors and symptoms, gathering additional evidence from a physical examination (see symptoms) and drawing blood samples. Other tests include an Echocardiography (ECG), where sound waves are used to outline the structure of the heart, heart chambers and valves. The first line of defence is a combination of antibiotics given intravenously, a course which normally lasts for six weeks and it also requires a fairly long hospital admission of six weeks or more.

Drug users are usually affected on the right side of the heart — which pumps blood to the lungs — in contrast to the other forms of endocarditis, which normally affect the valves on the left side. Left-sided valves can be relatively easily replaced surgically, but replacing a right-sided valve is a more difficult operation with lower success rates so it is usually not attempted. This means injecting drug users can be treated successfully yet be left with a permanently damaged valve and the risk of heart problems in later life.

Despite all of these serious problems with the condition, endocarditis is still very treatable as long as it is recognised early.

See the personal story about endocarditis on the next page! Reproduced with permission of Black Poppy, a UK-based drug user organisation. Check out their website at [www.blackpoppy.org.uk](http://www.blackpoppy.org.uk) for heaps of useful information.



## Symptoms of Endocarditis

'Acute' IE can come on extremely quickly, with rapid onset of symptoms over one to two days. These symptoms can include:

- High fever and possibly delirium
- Chest pain, coughing, shortness of breath
- Small haemorrhages on the palms of the hands and soles of the feet.

If very severe, heart damage can cause shock – the patient may suddenly collapse, have a rapid pulse and pale, cool, clammy skin.

The more 'chronic' variety can build up over weeks or sometimes months, and symptoms can be more vague:

- Low-grade fever (less than 39.4 degrees C)
- Chills and night sweats
- Pain in muscles and joints
- Persistent tired feeling
- Headache
- Shortness of breath
- Poor appetite and weight loss
- Small, tender nodules on the fingers or toes
- Tiny broken blood vessels on the whites of the eyes, the palate, inside the cheeks, and on the chest, fingers and toes
- Odd chest pains.

## Avoiding endocarditis

Never EVER lick touch or blow on your spike or works before a hit.

Never inject near any skin infection or wound, no matter how small.

If you have a heart condition, HIV/AIDs, a compromised Immune system, or have had Endocarditis in the past - tell your GP or dentist before surgery to receive preventative antibiotics.

Never cough or sneeze on or near your gear.

Never pick or squeeze pimples or sores in between hits (as you might do if using coke). If you can't help it, then ensure you wash your hands and fingers really well afterwards.

Always wash your hands well before and after a hit.

## VANILLA SEX

Vanilla sex or conventional sex is used to describe what a culture regards as standard or conventional sexual behavior. Among heterosexual couples in the Western world, vanilla sex often refers to the missionary position, or sex that is overly conventional or unwilling to explore different techniques and styles.

The important point is that everyone should feel comfortable with their sexuality, whether it is a bizarre fetish, or the straight missionary position with all the lights off! We shouldn't criticise anyone for the choices they make, when the sex is consensual and does not offend or hurt others...



# From Beginning to Endo...

I'd recently split up with my girlfriend and was beginning to get back into the swing of going out clubbing again. I was working at the time and doing a bit of coke on the side but pretty much holding things together. One day, this bloke comes round to see me to get a bit and then says, out of the blue "You look like a pinner. You look like you inject". After telling him to fuck off I discovered he had a spare works on him and although it had been three years since I'd used a needle — I'd not often used coke just on its own — it was always speedballs.

So, I had a hit and after that, slowly but surely, I got into it — it got me by the scruff of the neck. I was getting superb coke at the time and then along came this batch of mediocre stuff. It was a bit sedimenty but if you'd had a little more patience than greedy bollocks here, you could have mixed it up clear.

We all promise to filter but don't always do a good job of it — saying we'll do it better next time round (hoping there will be one). My hygiene routine around injecting was pretty sloppy at the time. After a couple of weeks of good filtering and lazy filtering I started feeling these aches and pains in the top of my arms and my breathing didn't feel quite right. In hindsight I can see that this was the beginning of an attack of endocarditis.

It all came to a head one weekend. On the Friday, after having a 'lazily filtered hit' (may I say it was a good one!) I started to feel rough, like I might have had a dirty hit. I had no painkillers at hand so it was no meds! I went to bed but had a night of broken sleep. I got up to find I still had a bit of coke left, so what's a man supposed to do? Of course, sit down and filter this one properly! Yes, I still had a few aches and pains but I had to change the way I felt somehow.

At last a good hit! After 30 minutes my body started to talk — no shout — at me; something's wrong sir. Bad hit or worse, this was now becoming a problem. It was self infliction of a class A drug. I needed help, help from a doctor, consultant, but not the morgue! By Sunday morning, I was finding it hard to breathe. I couldn't seem to get a deep breath and my shoulders, thighs and arse were constantly aching. I just couldn't get comfortable.

I had a severe headache — every conceivable type of headache was being played out in my skull — and I don't normally get headaches. My chest really hurt when I took a breath. I had to concentrate on slowing my body right down so I could take slower, shallower breaths.

Next morning I knew something pretty serious was happening. I didn't want to go to hospital; I hoped things weren't that bad and I also didn't want to get told off when I got to Accident and Emergency for something they might see as my own fault — the self-inflicted. But I made the decision: hospital.

I was skint that day; I didn't even have the bus fare to get there, so I had to walk. A long, slow, difficult walk. Once I got there I had x-

rays, scans and blood tests. I was finally admitted to ICU after 26 hours curried up on a bench in A&E. I was put on a 24 hour slow release drip — my temperature went up to 107 and everything started to take a hold. It was like a bad hit x 5. Pains all over my body, headaches — in a nutshell — feeling seriously shite. I longed for some TLC, sleep, food, an escape from my drugfuelled routine! The doctors came to see me.

The symptoms noted on my assessment form — together with the fact that I was an injector — seemed to give them an idea of what they were looking for. They checked my nails for 'splinters' (little dark lines on the nails) and various other symptoms related to endocarditis — fever, headaches, painful limbs, shallow breaths and so on. They told me I had a collapsed pulse, which I found out was related to me having a pulmonary embolism, a blood clot on the lung. This gave me an irregular heart beat. It's then that you realise this is fucking serious and it's happening to me. All that was needed was a clot on the brain or heart and there was a good chance of a stroke.

And then they took the piss! Well my piss. Bloods, cultures, tests for hep C and HIV, then I was x-rayed, scanned and had an ultrasound, MRI and EGG. The results showed a vegetation on my tricuspid valve - or Infective Endocarditis. I didn't know anything about it. Didn't even know how to spell it. Still don't! Endo.. Endo.. Oh, pains in the heart!

By this stage, I was well up for a good night's sleep. I was dosed up with gentamicin, the domestos of the antibiotic world, (IV 4 times a day for a week) continued on antibiotics (fluxocillin IV for 4 weeks) and deltaparin, as well as countless painkillers and sleepers. This combined with food x 3 a day and TLC from the nurses, I was content to rest my old body and wait....

After four weeks of pretty much just what the doctor ordered, here I was clean; heart and arms repaired, blood good, as well as 1.5 stone heavier. So you can imagine I was feeling pretty happy and confident. It was nice to wear a t-shirt... The funny thing about having IV treatment is that you end up living by the sword but luckily for me, this time, not dying by it.

I do sometimes wonder whether I'll have any long-term problems, when I read or hear stuff regarding the heart, it now relates to me too, i.e I now have to have preventative antibiotics EVERY time I go to the dentist for treatment or have any type of surgery. For insurance and filling out forms, that niggling question at the end 'Have you got any heart problems?' Well yes, I have.

This all happened one year ago, nearly to the day; hospital for Valentines Day! So what am I doing now? Still alive. Have I learned anything? Well, apart from liking my choice of drugs, maybe now I at least change the way I take them. It can be a hard life being into drugs; addict, junkie, user, taker etc. Be aware of the circle, that vicious one. Take care of yourself, be more hygienic and its not always clever to be able to do shit loads of everything. And believe me, what the eye don't see, the heart can feel.

End o story, Andy.

# WARTS

Genital warts in female case of HPV

Warts aren't fun, especially on your private parts! They are caused by the Human Papilloma Virus (HPV). HPV is incredibly common — around 80% of people will get it. About 20 types affect the genital area, anus and cervix, through genital skin contact during sex (not by blood or other body fluids). Condoms provide only limited protection as they do not completely cover genital skin.

Most people will have HPV but not know it unless warts develop or women have an abnormal Pap smear result. Testing for HPV is usually not necessary as the virus will clear naturally in one or two years, but women should have regular Pap smears every two years to reduce the risks of developing cervical cancer. There's now a vaccine to prevent types of HPV mostly associated with cervical cancer. It's most effective if given before sexual activity starts. The Australian Government has started funding HPV vaccines for girls and women aged 12/13 to 26. For more information, visit [www.immunise.health.gov.au](http://www.immunise.health.gov.au) or your sexual health clinic.



## GAY? SEXUALLY ACTIVE?

You can get infections such as chlamydia and gonorrhoea in your arse, even if you never get fucked there. Infections can be passed on through fingering, fisting, rimming, or by using dildos and other sex toys.

This means you should get tested for rectal infections every time you are tested for infection in your throat or urethra (cock).

Asking for, or being offered, a rectal swab for a sexually transmissible infection does not imply that you have been having unprotected sex. Regular rectal testing is recommended for all sexually active gay men.

Want some more info? Check out [www.thedramadownunder.info](http://www.thedramadownunder.info)

## Serge's secret to scoring with chicks

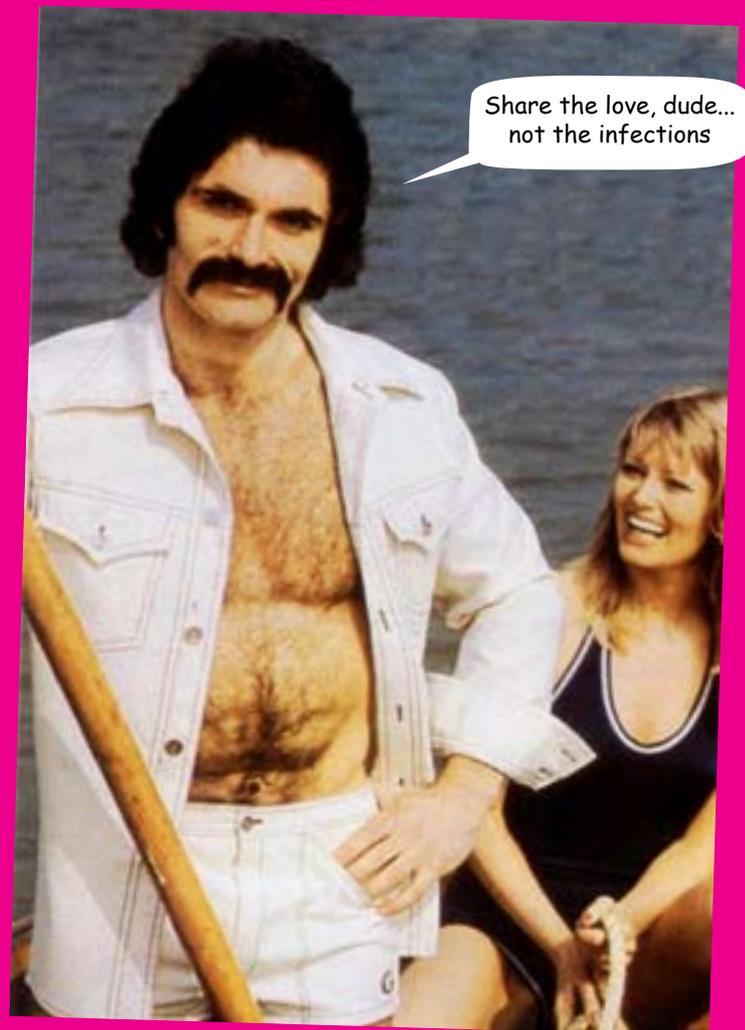
It's not just the moustache, manly chest hair, or the bulge in those tight shorts. Serge is more than a Sensitive New Age Guy; he's gone a step further and become the Caring Understanding Nurturing Type.

You see, Serge knows that women dig a guy who actually cares about them, so he fucks safe and shoots clean.

He wears condoms then gets his check ups at the sexual health clinic for long-term partners.

He practises infection control, so he never reuses injecting equipment, and makes sure everything is clean.

So remember it takes more body hair to pull the girls. It's attitude that counts, and Serge is giving away these secrets free of charge. Make the most of them.



# X-RATED



The Kama Sutra: art, erotica or porn?

Porn has been around for thousands of years, but took off in the 1980s due to the VCR, DVD, and the Internet. There are many views on porn. Feminists say it encourages the objectification and domination of women. Religions tend to view sex as a sacred activity only to be enjoyed with one's spouse.

Studies show that increased availability of pornography in a society equates to a decrease in sexual crime. Some researchers speculate the availability of porn may reduce crimes by giving potential offenders a socially accepted way of regulating their own sexuality. Writer Salman Rushdie, and porn producer Larry Flynt, have argued that porn is vital to freedom, and that a free and civilised society should be judged by its willingness to accept porn.

A few years back, I worked as a screw in both a sex offenders and maximum security prison. I felt like doing something interesting for a change, and it sure was different. Within a few days of starting, the whole place was shaken by a group of ambitious youngsters bashing the top dog to death with weights in the gym.

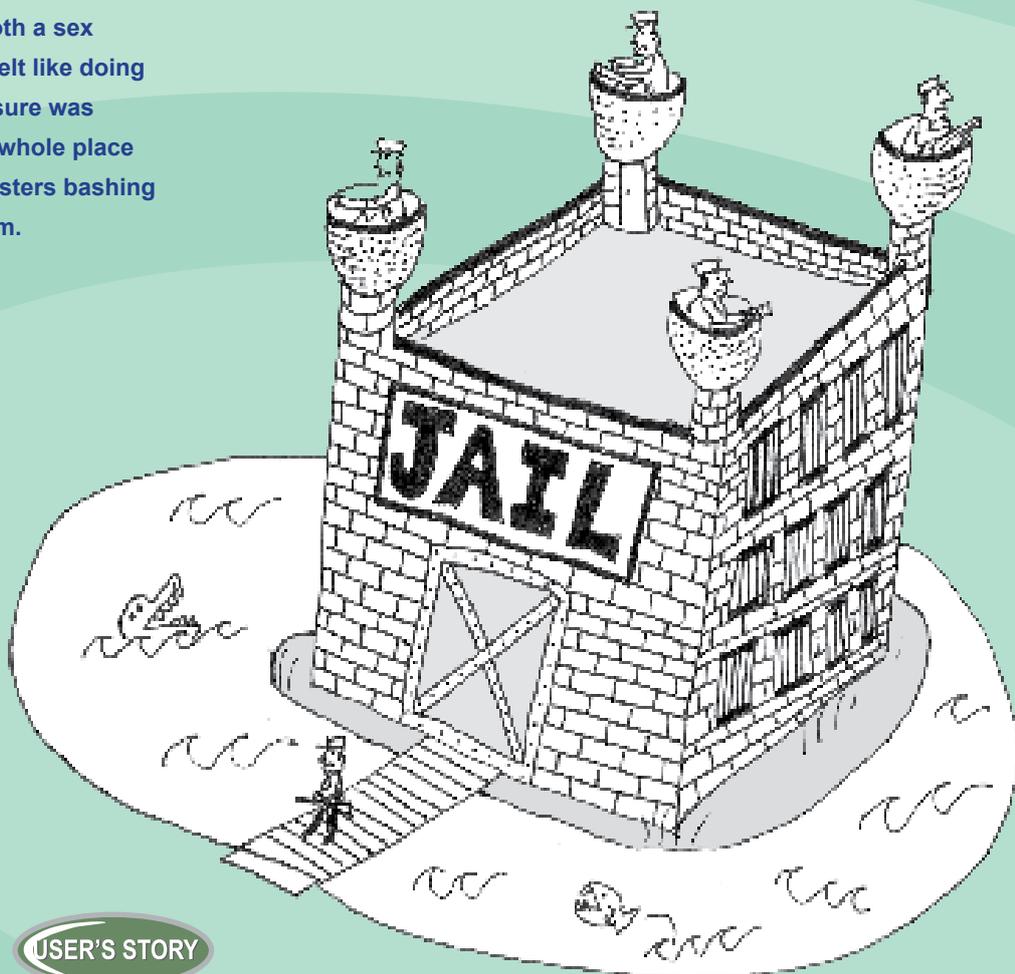
Not real pleasant, especially when they worked him over to make the pain last, concentrating on his joints. Chatted later with the guards who took him to hospital, and the poor bastard was screaming in the ambulance the whole way, then died a few days later in hospital.

Funny thing was my biggest problem was the other screws. A lot of them figured they had a special brand of courage, and figured us new screws probably didn't. You tended to cop shit from a lot of them until you proved yourself in your first scrap. I'm a pretty peaceable guy, but eventually I found myself looking for a scrap to get involved in just to get them off my back.

Would you believe it, it happened on my last day before changing jobs. Prison movies give you this stereotype that at least half the screws must be aggressive psychopaths with a healthy inner Hitler, lording it over the crims. But we actually only had three like this in around 100 staff in maximum security, and you'd be hard put finding any screw like that in the lower security prisons.

But anyway, one of these wankers, let's call him Bert, wants to pick a fight with an inmate, let's call him Marco) who thought he was tough but just had a bit of a mouth on him; most of us found him funny or would just breach him [a disciplinary procedure] if he pissed us off enough. So Bert is trading insults with our Marco through the cell bars, so Marco challenges Bert to come into his cell alone if he's so tough for a bit of a pasting. Bert opens up the cell and goes toe-to-toe with Marco, but only after carefully making sure we are right behind him. Big hero.

Bert starts pushing Marco in the chest,



#### USER'S STORY

## STORIES FROM THE INSIDE

and Marco knows the moment he lifts a finger we all have to jump him – it's just part of the procedure. Insults keep flying, and finally Marco gives Bert a small push in the chest so we have to restrain Marco. Thankfully Bert wasn't a big enough shit head to lay into Marco when he was restrained (there was one fuckwit I saw do that, but only when there was no chance the poor crim could hit back coz there were ten of us on top of him).

Thankfully Marco didn't cop any hits, but proved he was tough enough to stand up to Bert the fuckwit. Bert got his jollies and figured he was tough because he had three mates ensuring he wouldn't get into trouble. The worst thing was I'd finally got into a scrap, proved I wouldn't run the other way, and I was IN! Slaps on

the back, "good on ya mate, you did really well there", and assorted types of bullshit. I was finally part of the 'in' crowd, yet felt nothing but shame coz all I did was provide backup for some dickhead's need to get his rocks off in a four-on-one challenge. Real fucking fair odds, Bert. Even more shaming was the fact I wouldn't tell my fellow employees that. Then I'd be on the outside again, and far worse; there'd be total ostracism from almost every guard, insults, and possibly my tyres would get slashed in the car park because I'd become a 'crim lover'. I guess my escape came the next day when I got my transfer to the sex offenders prison.

# Y

ES YES YES



When you get down to it, there is one basic rule for sex – consent. Whatever you do, it must be with the other person's consent, whether it is touching, kissing or fucking. Even if you are well into sex, the other person has the right to change their mind. You must stop, or potentially face sexual assault charges.

How do you know if you've got consent? You need to watch the other person's body language. If there is any doubt, simply ask. Sometimes a person will be too out of it on drugs or alcohol to know what they are really doing. Play it safe and don't have sex with them. That one orgasm could land you in prison for years.

## GETTING ON WITH SCREWS

I have read a few stories in these user mags about the nasty screws, and they do exist. But a lot of these stories make out that every guard is out to get you. I reckon I was pretty objective, and I saw a lot of guards who actually treated inmates as human beings – they'd chat with them, help them out when it was within the rules. Then you had a fair number who couldn't give a rat's arse about inmates, but at least didn't go out of their way to antagonise them. Then there was a very small minority in the job because it made them feel big. Even then, I must admit I never saw them hassling someone unless there was attitude.

It was similar with inmates. Most of them wanted to do their time quietly, and got on with us screws. Then you had the ones who'd like to give some lip and attitude, but short of getting into trouble. Then you had a small number of blokes with anger management issues, mental health problems, or were just career crims aiming to be top dog so they'd look for fights to establish some cred. If you were in a medium or maximum security prison, a screw wasn't going to be your best mate, but most of the time he'd treat you reasonably okay on the basis you treated him about the same. You didn't need to bow and slime around, just keep any attitude to a minimum. And I apologise to those of you who met any real bastards who gave you a hard time for no reason, just because their weak little egos get fed by doing the dictator thing.

Of course if you get into low security, it's usually a breeze. I used to teach the inmates some nice little blues riffs on the guitar, and I know on the prison farms you can often have a good game of poker with screws and crims around a table. Wish it was like that all the time...

## ADVICE FOR FIRST TIMERS

If you are up on drug-related charges, talk with a solicitor about your options to avoiding prison. Prison just isn't fun – it doesn't reform you, it doesn't even help you get clean because there's usually plenty of stuff going around. The only blokes who like prison are the ones who get "institutionalised"

- they have been in so often that they can't cope with the hassles of life outside even on the dole. Knew one guy who wanted to smash an office window just to get back inside because he found organising his dole with Centrelink too stressful. It's not much of a life when it comes to that.

Say you can't get out of it and you do your time. Quite a few of us guards wanted to help out with the first timers, and I'll pass on to you what we'd usually say to them. Lay low when you first get in. Keep quiet, just observe and take your time getting to know the routines, politics and who's who. Don't be real friendly but don't snub anyone either. That friendly bloke might just be friendly, but he might be sizing you up for something else too.

Don't get fooled by prison shows on tv. It's really unlikely someone's going to bend you over and pork you on the spot. The majority of guys do their time really quietly and get it out of the way. Usually it's really unlikely you'll be targeted for some boning by some standover merchant, but if it happens, think through your options. Is he backed by others? Is there someone else you can trust enough to ask about this dickhead or bunch of dickheads? Should you stand up to him or them? If not, you can go on protection, but you're stuck in your cell most of the day, just let out for exercise, and who knows how long it will be before you get moved somewhere else.

## SAFE SEX

It's taking a long time to get condoms supplied in prisons. Even if you are usually straight, you could indulge in some same-sex action eventually. Do what you can to avoid sexually transmitted infections (STIs). Try to do hand jobs instead of anal intercourse where possible. Learn the signs of STIs and check each other out, and remember the prison nurse can do checks for you as well.

I hope we see less people in prison and more getting counselling and support in the future. But if you go inside, I hope this story helps you do your time a bit easier.

- Anon

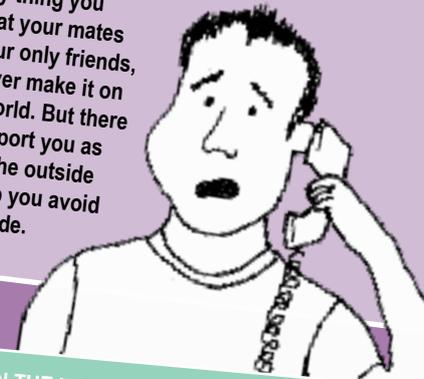
# PRISON BLUES

When I was in prison, the worst thing was not being able to see my kids.



Life can be tough on the inside, Viv. But there are various groups of people on the outside who want to help prisoners and ex-prisoners take more control of their lives like *Sisters Inside*, *Catholic Prison Ministry* and *Prisoners Legal Service*.

Sometimes it can seem like jail is the only thing you know, and that your mates inside are your only friends, and you'll never make it on the outside world. But there is help, to support you as you adjust to the outside world, and help you avoid going back inside.



## SISTERS ON THE INSIDE

Independent organisation advocating for the human rights of women in the criminal justice system in Queensland.  
80 Victoria Street, West End, Brisbane 4101  
Phone: 07 3844 5066  
Email: [admin@sistersinside.com.au](mailto:admin@sistersinside.com.au)

## PRISONERS LEGAL SERVICE

Advocating generally for prisoners in Queensland. Free legal advice and assistance to prisoners and their families on prison issues. Can respond to mail.  
Level 1/53 Tribune St South Brisbane  
Phone: 07 3846 3384

## CATHOLIC PRISON MINISTRY

Queensland-based advocacy and support for people leaving prison, or court support. Also support groups for family and friends. Ring 07 3846 7577 for assistance.

This is an excerpt from QuHn's *Little Black Book*, a resource for users, youth and homeless people in inner city Brisbane. Call QuHn on 07 3620 8111 to get your hot little hands on a copy. Stocks limited!

# ZOOPHILIA



Zoosexuality, or bestiality, is human sexual attraction to a non-human animal. There's a lot of debate whether this is an aberration or a sexual orientation. Some people claim it is fine as long as the animal is not hurt. Others say that an animal is unable to give consent so any act of bestiality is wrong.

Supporters of zoosexuality argue that a human/animal relationship can go far beyond sexuality, and that animals are capable of forming a genuinely loving relationship that can last for years and which is not functionally different from any other love/sex relationship. Infections and allergic reactions make sexual activities with animals a high risk activity.

# ENTER THE NEEDLE

The hypodermic syringe is one of those cultural artefacts that, while relatively mundane when considered in purely instrumental terms, nonetheless excites a range of passions: curiosity, desire and longing on the one hand; outrage, fear and loathing on the other.

## Hypodermic morphine and the birth of addiction medicine - 1860

The needle is an object that has been invested with enormous symbolic significance; it acts as a carrier of multiple social and cultural meanings – as fetish and taboo. Although, considered in the abstract, it is merely a mechanism of drug delivery — a capacity it shares with the whiskey glass — one can hardly imagine a successful politician raising the syringe aloft to toast victory. Cheers!

Historians of medicine are in general agreement that Dr Alexander Wood of Edinburgh was the inventor of the syringe, building his work on that of others. Alexander Wood first used morphine in conjunction with a hollow needle syringe to treat neuralgia in 1853.

He published the results in the BMJ in 1855 and 1858, the latter date providing the breakthrough in terms of publicity. The syringe used by Wood was made by Fergusson's medical instrument makers of Giltspur Street, London.

## Charles Hunter

The instrument was refined by Dr Charles Hunter in 1860. Hunter also did much to popularise its use. He was the first to insist that the action of injected morphine was a systemic one, while Wood believed that the drug required to be injected locally to the pain in order to bring relief.

Wood and Hunter conducted a bitter argument in the medical press throughout the 1860s concerning the real action of morphine. Hunter attempted to found an entire theory and practice of medicine based on the use of the needle.

## Dissemination

In the 1860s, the syringe rapidly became popular, its use spreading throughout Britain, continental Europe and the United States. It was put forward as cure for countless conditions.

A multitude of chemicals were injected into the hapless bodies of the clientele. The French physician, Dr Lafitte,

treated patients by his new method of “les injections hydriques”; this treatment consisted of hypodermic injections of ordinary water. It was found to be most efficacious.

## Hypodermic morphia

The most successful application of the syringe at this time entailed the rapid and measured delivery of opiates — specifically morphine — into the bodies of patients.

Though the morphine alkaloid had been isolated in 1804 by Friedrich Sertuerner, it was only when it was combined with the needle that its use became truly popular. It was believed that the habituating properties of opium were absent from this new drug and the scientific method of administering it. The hunger for opium was seen as an “appetite”, and the metaphor was deployed literally: it was believed that in by-passing the stomach, the syringe avoided the perils associated with addiction.

In 1868, Francis Anstie made the following claim in *The Hypodermic Injection of Remedies...*

“...of danger, there is absolutely none...The advantages of the hypodermic injection of morphia over its administration by mouth are immense...the

majority of unpleasant symptoms which opiates can produce are entirely absent...its is certainly the fact that there is far less tendency with hypodermic than with gastric medication to rapid and large increase of the dose, when morphia is used for a long time together.”

## Medical Men- the new priesthood

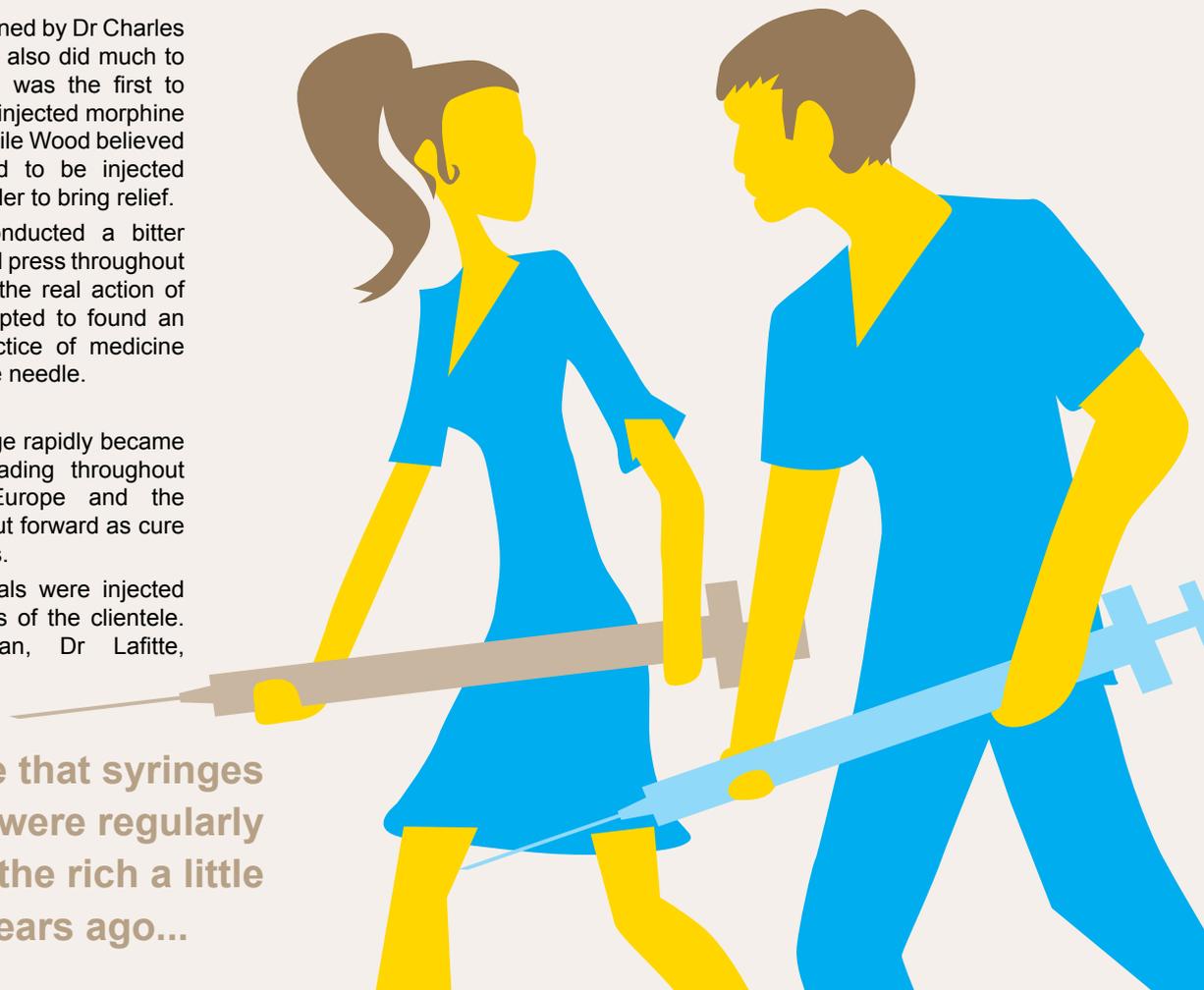
Control over drugs was a crucial element in the professionalisation of doctors and pharmacists. In 1856, the British Medical Association was founded. In 1858, the *Medical Reform Act* set up the General Medical Council, standardising medical training and establishing the medical register, which was published annually and listed all qualified practitioners.

## Professionalisation

During the decades following the mid 19th century, medicine established itself as a discipline grounded in scientific knowledge. Virchow, Koch, Lister, Bichat, Claude Barnard and others laid the foundations of germ theory, cellular pathology and so on. Anaesthesia and antiseptics became available, greatly reducing the horrors of the hospital experience.

However, most day-to-day medical practice was still concerned with the alleviation of symptoms. In addition, working-class people could not afford the services of physicians, and relied on self-medication,

Hard to believe that syringes and morphine were regularly handed out to the rich a little over 100 years ago...



the apothecary's shop and local rural healers.

### Medicine men

For a range of practical purposes, doctors also took over many of the functions of the priesthood, which had in the pre-modern era provided much of the available healthcare.

As the medical profession grew in power and social status, it assumed not only the role of health care provision, but the charisma of scientific knowledge. An arcane language developed, which the laity could not understand, as well as uniforms, sacred instruments, control over institutional spaces, the power to define what was and was not real...

As the church had once controlled the instruments for altering consciousness (the sacrament, rituals, sacred texts and knowledges, specialised architectural spaces), the doctors now sought to control access to drugs.

### The escaped syringe

The use of hypodermic morphine spread amongst the rich, since these were the clients of doctors. Many of these paying clients expected the doctor to leave the syringe and the morphine in the patient's own hands, and the new technology was quickly diffused. Patients would be trained to inject themselves, or, often, to have their servants inject them, as and when they wished.

Many of the early morphia habits were the result of medical treatment, and it took some years for the realisation to set in that the initial optimism surrounding hypodermic opiates was to some extent misplaced – or, at least (for the relief of pain at this time was no small achievement in itself), that there was a price to pay for this fast route to tranquility.

Quotes from T.C. Allbutt in 1870 appeared in *On the abuse of hypodermic injections of morphia...*

"Among the numerous essays and records concerning the hypodermic use of morphia which have been published of late...I cannot call to mind one in which its possible dangers have been considered."

"Gradually...the conviction began to force itself

upon my notice, that injections of morphia, though free from the ordinary evils of opium eating, might, nevertheless, create the same artificial want and gain credit for assuaging a restlessness and depression of which it was itself the cause."

Allbutt was a physician and MP, and his intervention was the first to widely publicise the addictive character of hypodermic morphia.

### Drug cultures

Allbutt's views were by no means universally held. Throughout the 1870s, the use of hypodermic morphine continued to proliferate. But the medical climate was changing. Since morphine was so much more concentrated than opium, withdrawal symptoms were correspondingly severe, and eventually became impossible to ignore.

Jewelled syringes cases were manufactured in order that cultured ladies might carry their beloved instruments with them when visiting the new shopping emporia in London, or visiting a country relative.

The poor, meanwhile, continued for the most part to eat their opium and drink their laudanum.

### Morphinomania

In 1878, the English edition of *Die Morphiomsucht* appeared. Written by Berlin physician Eduard Levinstein, the book was translated as *The Morbid Craving for Morphia*. It contained the first elaborated disease-theory of opiate addiction, with sections on aetiology, symptoms, treatment and prognosis.

Levinstein insisted that this "morbid craving" was a fully-fledged disease, comparable to dipsomania. This foundational text influenced a clutch of British and American doctors, and provided the basis for a new medical specialism – addiction medicine, or, as we would now call it, drug treatment.

### The Society for the Study of Inebriety

One of the foremost of UK addiction doctors was Norman Kerr, who was a founding member of the Society for the Study of Inebriety when it formed in 1884. Author of *Inebriety and Narcomania*, Kerr was also a member of



STEP BY STEP, LARRY NEWSON DESCENDED THE LADDER OF SHAME AND DEGRADATION! AFTER HIS CONVICTION FOR ARMED ROBBERY, HE WAS TRANSFERRED TO A PRISON HOSPITAL FOR THE CURE! IN ALL THE LEXICON OF THE DRUG ADDICT, THERE IS NO MORE TERRIFYING WORD THAN THE CURE ...

the Society for the Suppression of the Opium Trade, a temperance pressure group which sought to use political means to end the Anglo-Indian opium trade to China.

He regarded all forms of addiction as morbid, and sought to bring about legal changes which would allow the enforced incarceration of drunkards and narcomaniacs.

### Norms and Deviance

Dr Kerr's conception of disease was that, in essence, a disease was constituted by a deviation from the norm. It should be apparent how readily this biological or physiological model can apply itself to what are, in fact, social, cultural and political norms.

This slippage of the disease model is precisely what occurred — and has continued to underpin our society's responses to drugs ever since — whether the responses be clothed in the vocabulary of law or medicine.

As Dr Thomas Clouston claimed during the late 19th century...

"Physicians are priests of the body and guardians of the physical and mental qualities of the race."

"He (the addict) rejects all the adjuncts and supports of social life- orderliness, cleanliness, the appearance of his person and his clothes. He prefers to be among a class of society less moral, less educated, less refined and less evolved generally...How all the manias take the polish off a gentleman!"

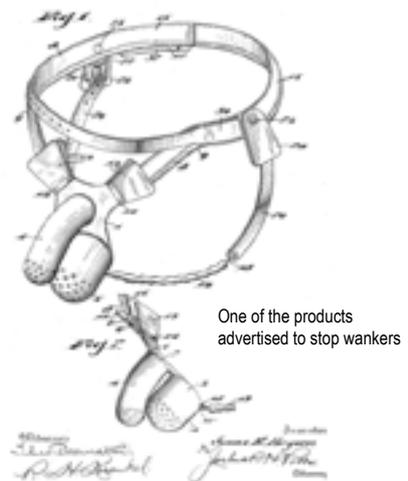
This article is written by Christopher Hallam, a freelance writer and researcher who works closely with [exchangesupplies.org](http://exchangesupplies.org) in the field of drug policy reform.

## WANKING, DRUG USE AND DEVIANCE

The decades between the 1850s and the end of the 19th century saw the birth of several new species of marginal personage – those who deviated from the social norms of the period were also classified by psychiatry, medicine, criminology, abnormal psychology and so on, as deviating from biological and physiological norms which were supposed to be universal in their application.

These included masturbators (against whom was waged a war containing many similar features to our own familiar war on drugs), homosexuals, hysterical women (nymphomaniacs, etc), non-Europeans (Orientals, primitives etc), mad men and women, in addition to addicts. All these individuals and groups were held to be incapable of reason, and to reside outside the norms of civilised human community.

It is noticeable from such a list that, thanks to the cultural and political actions of people who had such identification forced upon them and resisted it, many of these groups are no longer positioned outside cultural norms. We do not now believe, for example, that women are innately incapable of rationality, that masturbation leads to madness and excessive body hair, or that homosexuality is an illness to be cured. Drug use, however, (except for the approved drugs alcohol, tobacco, caffeine etc), remains illegal and users remain pathologised.





# INJECTORS GUIDE TO THE GALAXY

So Mixy and faithful robotic sidekick, Screwfreak, get busted by an astrocop while injecting some crap quality opioid on Spongefooth. The judge says:

“You seem to be nice sexless humanoid, and I’m sick of the intergalactic war on drugs. I’m giving you drug freaks an option to prison. Go out this weekend and persuade others to give up these evil drugs forever. Be back here Monday.”

So Monday comes, our brave backpackers are back in the dock and the judge asks how that sex crazed robot, Screwfreak, went over the weekend.

“Well, your Honour, I persuaded ten people to give up drugs forever.”

“Ten people? Amazing! What did you tell them?”

“I used a diagram, your Honour. I drew two circles and told them the big circle is your brain before drugs, and the small circle is your brain after drugs.”

“Cool” says the judge. “And Mixy, how did you go?”

“Well, your Honour, I persuaded 50 people to give up drugs forever.”

“Amazing! How did you manage to do that!”

“Well, I used the same two circles. I pointed to the small circle and told them, ‘This is your asshole before prison....’”

So anyway, Mixy gets off the charge but like hell he/she/it is going to give up her/his/its drugs! Whether injecting hyperamphetoids on the second moon of Galgafroth, or toking away on methane-enhanced dope as the binary suns of Cananabitrion set in the south, Mixy backpacks his/her/its universe to experience new substances.

It doesn’t matter whether he/she/it is injecting in a zero gravity vacuum, or screwing in the cheapest glockfratch-infested hotel, Mixy is ultra careful, whether injecting or rubbing fun bits with another lifeform, coz the only good virus or bacterium is a dead virus or bacterium.

Mixy always uses brand new fits from the nearest Intergalactic Needle Syringe Spaceport, tries a small taste first to avoid overdose, takes a regular break to let the veins recover, and uses condoms for those intimate moments. So take a page of Mixy’s travel guide – fuck safe, shoot clean and enjoy!

