

TRACKS

ILLICIT DRUG USERS MAGAZINE

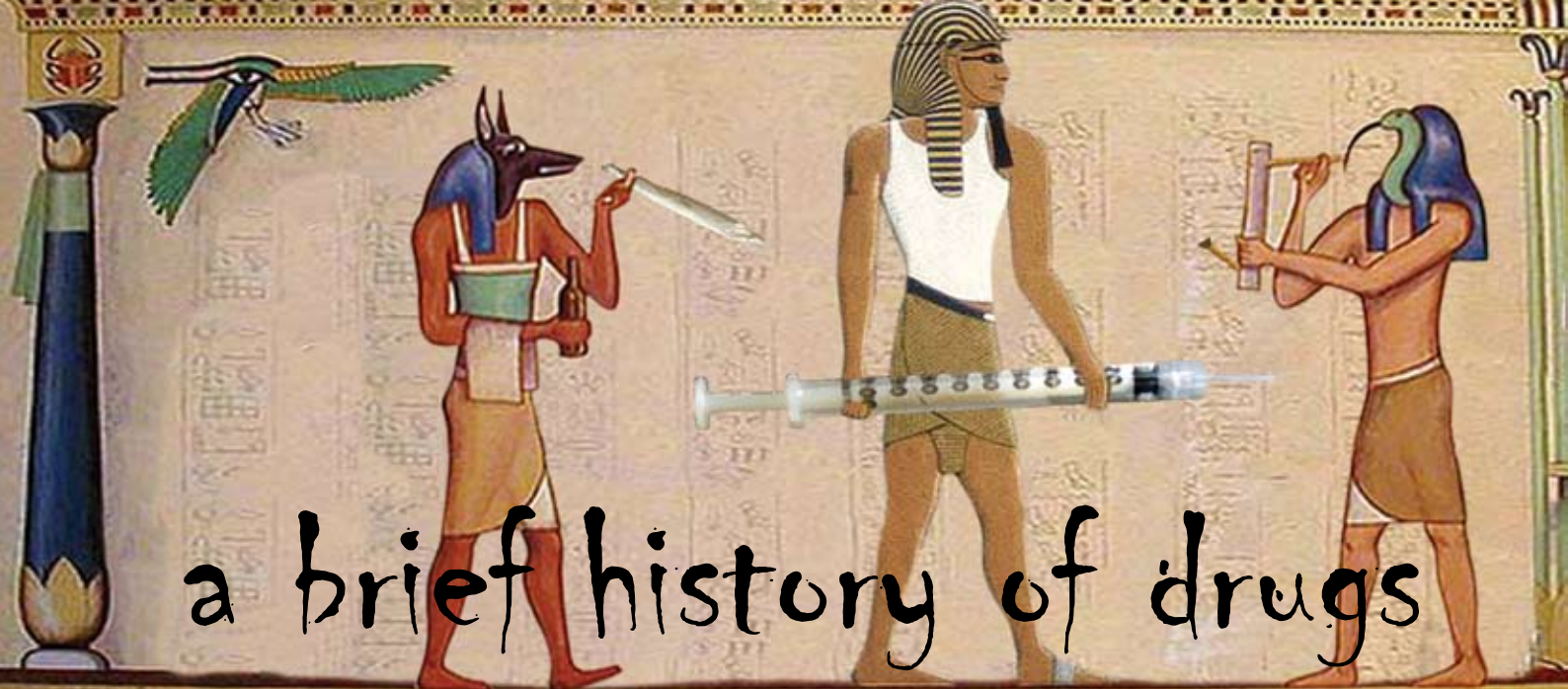
...and we are human, like everyone else,
some of us are happy with our decision, some aren't,
some are in control of their lives and some aren't,
if we do need some help, it'll be when we want it,
and different strategies will work for different folk,
I mean we make our choices, just don't make them for us
or judge the choices we make,
using narrow myopic hypocritical principles
favoured by an often uneducated public,
blindly accepting the dictated boundary between
socially accepted drug use and those not allowed
smack, tea, cigarettes, speed, coke (both types!)
...in stress

*illicit drug users
are humans too*



Volume 1 2006

WARNING This is a restricted publication available only through Needle & Syringe Programs and organisations working with illicit drug users. QuIHN neither condones nor accepts illicit drug use but seek to minimise the harm that can arise from illicit drug use, in line with Australia's public health strategy.



a brief history of drugs

Human beings like to feel good and drugs are used to help this happen. It can be legally done with a range of drugs such as alcohol, caffeine, nicotine and anti-depressants. It can be done illegally with an equally wide range including amphetamines, heroin or ecstasy.

The interesting thing is drugs are seen as a modern phenomenon. But down throughout known history, human beings used drugs to play with the pleasure centres of the brain.

Booze

Today's most widespread recreational drug is alcohol, and it appears to have been first on the scene. Beer and wine were produced in Persia and in the Mediterranean before recorded history. Chances are it was discovered when rotten fruit was eaten by the first human not overly concerned with freshness. Even animals get drunk out in the wild, having discovered the alcohol that can arise from fermented fruit. It is interesting to note that in many prisons, alcohol is brewed in buckets of rotting fruit or by leaving fruit juice out in the sun for a few days.

Nicotine

Nicotine is the psychoactive constituent of tobacco and although first used by Europeans in the sixteenth century, it was also used ritually in the Americas for centuries. Experts believe the tobacco plant began growing there around 6000 BC, with American inhabitants smoking/chewing tobacco from around 1000 BC.

Grass

Cannabis, like alcohol, has been used by virtually every culture in recorded history. The earliest record of cannabis being used is around 6000 BC when cannabis seeds were used as food in China. The first recorded use of cannabis as medicine also arises in China in 2727 BC. Over time cannabis spreads across every part of the world as humankind uses it for recreational, religious or medicinal purposes.

In 500 BC, it is introduced into Northern Europe by the Scythians. An urn containing leaves and seeds of the Cannabis plant, unearthed near Berlin, is dated to about this time. Around the same time, the Jewish Talmud mentions the euphoriant properties of cannabis. In the 12th century, hashish smoking becomes very popular throughout the Middle East. In the 17th century, use of hashish, alcohol, and opium spreads among the population of what is now Turkey, while the French and British cultivate cannabis for hemp at their colonies in America. From this point on, it is used increasingly as a source of fibre for textiles and medicinally.

In 1936, a film called 'Reefer Madness' is produced in America, showing young people murdering and raping under the 'evil influence' of grass.

Smack and other opiates

Evidence suggests that around 30 centuries ago, neanderthals may have used poppy seeds as food, and possibly their psychoactive effects as well. In 1300 BC, the Egyptians cultivate opium poppies and trade the item across the Mediterranean into Greece and Europe. Around 300 BC, opium is used by Arabs, Greeks, and Romans as a sedative and soporific.

In India around 1000 BC, opium is cultivated, eaten, and drunk by all classes as a household remedy, used by rulers as an indulgence, and given to soldiers to increase their courage.

In 1527, opium is reintroduced into European medical literature by Paracelsus as laudanum (opium mixed with alcohol). These black pills were made of opium thebaicum, citrus juice and quintessence of gold and prescribed as painkillers.

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



In the 18th century, the British are making money out of trading opium from India to China. The Chinese Emperor prohibits this trade to stem the increase of dependent users, so the British actually go to war and force China to keep the flood of opium coming in. Meanwhile, in Europe, medicines and opium preparations were available without restrictions. Laudanum was cheaper than beer or wine and readily within the means of the lowest-paid worker.

The 19th century sees the use of opium as a patent medicine increasing steadily in England, Europe and the United States, for a wide variety of ailments. Working-class medicinal use of opiates as sedatives for children was quite high in England. Advertisements told of the benefits of helping cranky young ones off to sleep. Writers such as Byron, Shelley, Coleridge, De Quincey and Dickens use opium recreationally, with some well known results such as *Kubla Kahn* and *Confessions of an Opium Eater* being read by the public.

In 1803, morphine is isolated from poppies by 20 year old German pharmacist Friedrich Wilhelm Adam Serturner. Morphine is lauded as “God’s own medicine” for its reliability, long-lasting effects and safety.

1898 sees The Bayer Company introducing heroin as a substitute for weaning addicts off morphine. It does not take long for some doctors to realise that heroin appears to be at least as addictive as morphine.

The 20th century sees opiates being steadily restricted or made illegal. World War 2 sees production and trade drop to a historic low. After the war, both production and use of heroin grow. By the early 1990s, heroin is a leading illicit narcotic and becomes something of a world drug. Expansion of established opium areas in Burma and Afghanistan, combined with introduction of the crop into Central Asia and Latin America, lead to a steady increase in world supply.

Cocaine

Derived from coca leaves, this drug has a long history as medicine and local anaesthetic. From 3000 BC, coca leaves were used by the Incan Empire of Peru. In Europe, however, its medical usefulness was not fully recognised until the late 1800s when it was used as an anaesthetic.

In 1886, a new soft drink called Coca Cola is released, containing both cocaine and nicotine. The first snorting of cocaine for recreational use started around 1905. Cocaine quickly became a popular medicine and tonic in Europe and America, where it was credited with curing a wide variety of diseases and illnesses. However, reports soon appeared claiming cocaine was a drug with a high social abuse potential and in America it seemed to underpin growing crime figures.

Freebase cocaine was first developed in the 1970s and was popularised by dealers and glamorised by Hollywood media.

Today, cocaine and its derivatives are still popular local anaesthetics in operations of the ear, nose and throat. Although cocaine has a high public profile as a drug of addictive potential, this drug has also had a long and distinguished history as a medicine and local anaesthetic.

Speed

Amphetamines were first synthesised in 1887 in Germany. Although of interest to chemists, nothing was done at first as no medicinal purpose could be found. In the 1920s, research began to see if it could help with problems such as epilepsy,

schizophrenia, alcoholism, opiate addiction, migraine, head injuries, and irradiation sickness. It was found to raise blood pressure, enlarge nasal and bronchial passages, and stimulate the central nervous system, so it was first sold over-the-counter as Benzedrine to treat nasal congestion.

Methamphetamine was discovered in Japan in 1919. Soluble in water, it was eventually to become ideal for shooting up.

In the 1930s, doctors successfully used it to treat narcolepsy and attention deficit hyperactivity disorder (ADHD) in small children. When given amphetamine, some people with ADHD notably improve their concentration and performance. During World War 2, amphetamines were commonly used by the military to keep soldiers awake and energetic over long periods.

In the United States in the 1950s, legally manufactured tablets were widely available and used by college students, truck drivers, and athletes. Medically, they were used increasingly for weight control and mild depression. Recreationally the drug steadily gained popularity as it was much cheaper than cocaine and easy to obtain. The 1990s saw amphetamines gain popularity in the dance scene as a cheap alternative to ecstasy, and home labs turning the drug out as easy access was restricted.

In the laboratory

The past century has seen a huge variety of drugs synthesised in laboratories around the world. Although done in the name of science and medicine, where a psychoactive effect occurs the drug will often then be used recreationally. This trend has seen the emergence drugs such as ecstasy, ketamine, LSD, and more recently, a wide variety of “research chemicals”. Space doesn’t permit a history of all these hybrids or prescription drugs that are used recreationally.

How governments respond

The 20th century largely saw governments initially responding to many drugs by banning them and making their use, supply or trade a criminal offence. During the prohibition era in America, even alcohol had this approach used for some years. However, globalisation has made many governments realise that the use of illicit drugs can no longer truly be eradicated. In many countries such as Australia, there has been a move toward ‘harm reduction’, where the use of illicit drugs is neither condoned nor promoted, but services and support are provided to ensure users have the negative effects of their illicit drug use minimised. This has led to the introduction of supplying needle and syringes, information on blood-borne viruses and a gradual move to treating drug dependency as a health issue instead of a legal issue.

A history of drug use shows clearly that humans have not only used drugs for a long time, but will continue to do so — an important fact that all governments need to take into account when forming responses to this complex issue. It is interesting to note that the only governments that ever manage to substantially eradicate illicit drug use were repressive authoritarian regimes, a working solution that few in the West would accept. Any democracy that respects human rights and freedoms will need a multi-faceted, equally complex response to illicit drugs.

After information on different drugs, injection, personal stories or just interesting bits of illicit drug trivia? Check out our website at www.quihn.org.au for heaps of stuff! We’ll be building it into a great web-based resource over the next few years for all sorts of interesting stuff at your finger tips if you are handy with a mouse...

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

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

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

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

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

what the
hell is
quihn?



Quinn: a small town located at 43.98859 N, 102.12806 W, population 72.

Quinn, Anthony: American actor, 1915 to 2001.

QulHN: Organisation chockful of information, support and services for illicit drug users.

If you've used Needle Syringe Programs in the southeast corner of Queensland over the years, you may have heard of QulVAA, SCIVAA or DUNES. These organisations joined together in January 2005 to form QulHN, the Queensland Injectors Health Network.

We are now working hard to get the good stuff happening across Queensland. This magazine is just part of the good stuff!

If you can drive a computer, we've put heaps of useful stuff up on our website about different drugs, using them more safely, pill filters, butterflies and more. Check it out at www.quihn.org.au

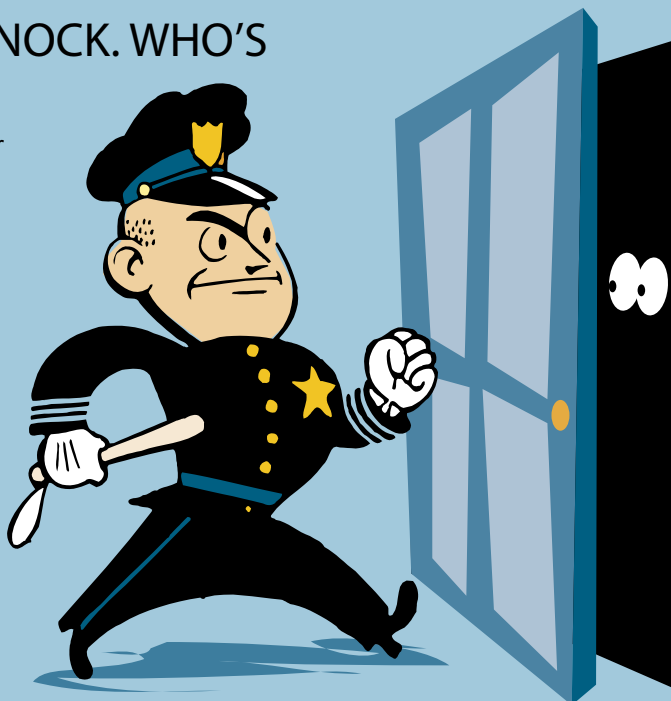
Here are our state-wide offices if you'd like to drop in or give us a call. We are non-judgmental, confidential and here to help!

| | | |
|-----------------------|-------------------------------------|------------------|
| Brisbane | 89 Gipps St Fortitude Valley | 3620 8111 |
| Cairns | 17 Upward St Cairns | 4051 4742 |
| Gold Coast | 2019 Gold Coast H'way | 5520 7900 |
| Sunshine Coast | 59 Sixth Ave Cotton Tree | 5443 9576 |
| Rockhampton | 82 Bolsover st Rockhampton | 4923 7443 |

Remember there are great user organisations in the other States too. Their contact details are on page 17.

KNOCK KNOCK. WHO'S THERE?

By Michael Freier



What do you do if the Police decide to knock on your door one day? The answer depends entirely on the reason why the Police might be knocking.

For example, the Police might be trying to obtain information about an incident totally unconnected and unrelated to you or your friends. In this situation, it is up to you as to what assistance you might, or might not, offer. However, you DO have an obligation to provide the Police with your name, address and date of birth (if it might be relevant).

There can be occasions when the Police may want you to answer questions relevant to their investigation. If this is the case, then it would be prudent not to

answer any questions (i.e. maintain your right to silence) until you have spoken to a lawyer.

Some people mistakenly believe that it is possible to have an 'off the record' chat with the Police. You should not be surprised if the Police officer has a tape recorder running during any conversation you might have with them.

Under the *Drugs Misuse Act*, Police are able to carry out the following functions:

- Search you, including a strip search but only by an officer of the same gender as you, or a car without a warrant if they have reason to believe that you have drugs in your possession (the officer must state their name, rank, station and

service number when they search you)

- Obtain a warrant unless they reasonably believe that a delay would allow evidence to be destroyed or concealed.

If the Police obtain a warrant, it should set out the following information:

- The officer who has made the application for the warrant
- The officer's Police station
- Details of the property
- The reason why the warrant was issued
- Details of the evidence that may be seized under the warrant
- Whether or not the warrant authorises a search that may cause structural damage to the property.

Make sure you read the warrant before the Police enter your property or ask the Police to explain the purpose of the warrant to you. Should the Police seize any of your property make sure they issue you with a receipt.

In summary, if and when the Police knock on your door the best advice is to try to remain calm, and don't answer any questions or say anything that might incriminate you until you have spoken to a lawyer.

If you require further assistance, you can contact the following organisations:

- Legal Aid Queensland by calling 1300 651 188
- Aboriginal & Torres Strait Islanders Corporation Legal Services (ATSILS) by calling 1800 012 255.
- A private solicitor you might know.

Michael Freier is a solicitor employed at Trevor Watt & Associates Solicitors, who handle criminal law matters on behalf of Legal Aid Queensland.

illicit drug users are humans too

I've got this interest in humans as a species, in terms of how we've developed over the millennia. It's always kind of trendy to talk about how bad things are – pollution, terrorism, global warming, wars and so on. But taking the long perspective, we are getting there, bit by bit. I figure civilisation is simply a matter of needing to acknowledge others are human beings too, and therefore worthy of basic respects and rights.

Take war as an example. Until recent times, a stronger tribe or country could kill, enslave or demand tribute from anyone weaker. It was simply the law of the jungle. Nowadays, this is a comparatively rare attitude and we have the United Nations, international law, treaties and diplomats to minimise this dog-eat-dog attitude.

As for slavery, this barbaric custom was widely practised around the world by Western powers. Anti-slavery advocates were regarded as dickheads by all, but now of course, we look back and wonder why it took so long for the world to catch on.

Throughout history, women were often regarded as little more than animals, traded, abused and enslaved. While this still occurs in many countries, it has been on the decline for centuries now as feminism has led to women having equal rights to men.

However, illicit drugs is one of those areas where it is taking a long time to get a commonsense approach based on valuing people.

The USA has long pushed for a war on illicit drugs, and encouraged this approach in the United Nations and other countries¹. Many have argued that this approach is the same that demonised witches in the 17th century and communists in the 20th century — now illicit drug users are the new demons. Thailand police killed 600 drug dealers (in self defence apparently) in the first two weeks of an anti-drug campaign².

Hepatitis C and HIV are running amok in Russia because the government refuses to distribute needles and syringes³.

Simplistic, knee-jerk reactions from the conservative end of politics will always seek quick fixes to complex issues. This same conservatism insists that illicit drugs are treated as a criminal issue instead of a health issue. A war on drugs? You'd think having to use the word 'war' would give a hint to the primitive, aggressive nature of this strategy. Do policy makers have such a short memory that they can't remember prohibition, the 'war on alcohol' earlier in the last century? That resulted in a huge increase in crime, did nothing to stop those who insisted on their drug, and resulted in serious health issues due to poor distillation? Does this sound somewhat similar to today's situation with illicit drugs?

There is good news, with the policy of harm minimisation being adopted around the world. Australia is miles ahead of most countries in this regard. Our Health departments have recognised the need for this practical approach, so we now have needle and syringe programs, information on safe using, and support for those who want to reduce their use or quit. But democracies being what they are, some areas of public policy still reflect the conservative reaction of the general public who think users of illicit drugs should be jailed. Our legal system is still struggling to catch up in terms of developing a practical response.

Still I am hopeful, as most of the time we are still moving forward. In decades to come, we may look back on today as a very backward time when users were still treated as second class citizens by the criminal justice system and the Government still had a long way to go in terms of getting its policy together.

1 <http://www.worldpolicy.org/globalrights/samerica/2000-0320-JOC.html>
2 <http://www.theage.com.au/articles/2003/02/24/1046063961035.html>
3 <http://hrw.org/reports/2004/russia0404/1.htm>



WARNING: FUNGAL EYE INFECTION FROM BUPRENORPHINE INJECTION

Doctors at an Eye and Ear Hospital studying cases of fungal infections inside the eye have noticed an increase in the number of cases from early 2003. The fungal infections develop inside the eye and cause a loss of vision that can be serious enough to cause blindness.

They found that four cases identified in the previous 12 months were associated with injection of Subutex (buprenorphine) tablets diverted from their own or someone else's mouth. Since the beginning of 2003 they identified 12 cases in injecting drug users, but did not recognise at first that it might be associated with injection of buprenorphine.

There were a number of cases described several years ago in Australia associated with the injection of heroin diluted with lemon juice. The fungus (Candida) was also detected in the lemon juice used to dilute the heroin. As illicit heroin is not supplied or used under sterile conditions, injecting

drug use is one of the most common causes of fungal infections in the eye, even without the use of lemon juice or the injection of buprenorphine.

The fungus identified (Candida) is normally found in the mouth, even of healthy people, as are many other fungi and bacteria. In these cases it appears that the Candida in the eye was from the mouth of the patients dosed with buprenorphine.

An article published in 2002 described four French cases of fungal eye infections in Paris as a result of injection of buprenorphine that had been dissolved in saliva, and in some cases with lemon juice.

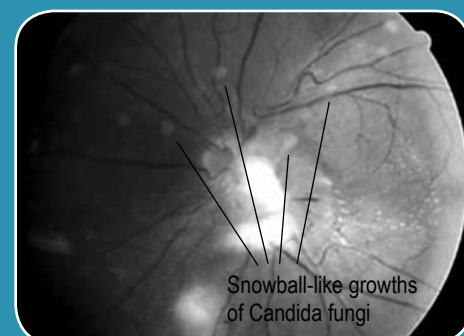
The fungus travels through the blood stream and is trapped in the eye, where it can proliferate and grow.

Warning signs: eye pain and redness, decreased vision, and awareness of floating black spots or flecks in the eye. Seek medical care immediately if you notice ANY of these symptoms.


Medical examination will find redness of the

eye, haziness or small white, fluffy snowball-like objects within the eye, and impaired vision.

Prevention: The risk of infection and blindness can be reduced by avoiding injection of tablets that have picked up fungi that normally grow in the mouth. It can be further reduced by avoiding intravenous injection altogether.



get **vain** about your **veins**



Injecting is a fast way of getting the goods into your body. The danger is that the filtering and delaying mechanisms that protect you when things are absorbed via the stomach, lungs or skin, are bypassed. It will always be safer to use alternative methods, but if you do inject, there are some basic techniques that will keep your veins in better health.

Keeping your veins in good shape makes sense. If injecting is your choice, it will mean less hassles with getting a vein, and the techniques involved will also lessen your chances of getting Hep B, Hep C and HIV.

The air bubble myth

Some users strictly get the tiniest bit of air out of their shot in case it causes a stroke in the brain. Any air bubbles actually travel to the lungs, not the brain and rarely cause strokes. It takes a large volume of air to have any negative impact! Avoid injecting air by all means, but also do the really important stuff — good shooting technique, new fits every time and keep it all clean!

Avoiding infections

There are all sorts of tiny nasties on our skin waiting for a chance to get in! Avoid them by washing hands, and cleaning your site with soap and water, or an alcohol swab. You should also clean your preparation area, particularly between shots if other people are involved. The tiniest bits of blood can be on things you've used, even if it isn't visible.

Good shooting

Your veins are damaged slightly each time you inject — even with good technique. Rotating sites gives them time to heal so don't always go for your fave spot!

Poor technique is a problem — wrong angle, against the blood flow, too fast, through the vein. Blunt needles tear the delicate walls of veins, as do needles that are a larger bore than required.

Choose the smallest possible bore and length needle. Your NSP staff can help with this and injecting technique tips.

Choose a suitable vein and make sure the needle's 'hole' is facing up. Slide the

needle carefully under the skin and into the vein.

Make sure you go with the blood flow, as in towards the heart, and don't go too far through the other side of the vein. You'll cause more damage, and maybe lose your shot.

Pull back the plunger carefully to make sure you are in the vein - a small trickle of dark red blood means you are on the money.

Now loosen your tourniquet (if used) and inject slowly. Ideally, injecting your shot in two parts will reduce your chances of overdosing. Only a few seconds break are needed.

Don't "jack" or pull back blood and 'flush' afterwards. Your veins won't like this either.

After slowly removing your needle, immediately keep firm pressure on the site with a clean tissue or cotton, as this will limit the bruising to the vein.

Where is best?

Overall, the arms are the ideal, then the further you get to your extremities, the more the risks increase. The arms are always the safest and easiest, with prominent veins where it is natural to inject with the blood flow. Rotating between a few sites on both arms should keep them a viable option for injection sites over the long term.

The veins on the backs of the hands may appear prominent too, but they are smaller and more susceptible to damage.

Fingers and toes aren't a good idea. The veins are much smaller and there's more chance of hitting arteries and actually needing amputation if things get out of hand. Remember to take rings off first if you take the risk of injecting in the hands, and always inject very slowly!

Veins in the leg aren't much good in the long-term either. There are more valves here so

greater chance of damage and clotting. It is easy to miss the vein altogether, and when you do get it, the slow blood flow means some of the shot may leak out of the vein, healing is slower and infections are more likely. Remember varicose veins may be highly visible, but they are a 'no go' spot for injection, as they are already damaged.

The neck, armpit, penis, groin and breasts are too risky to be considered as possibilities. If vein damage elsewhere has left you with these options, check with NSP staff to get the best advice on injecting here. Anything with a pulse is not a vein and must be avoided.

When all else fails, some may be tempted to go searching for deeper veins. You are much more likely to hit arteries, bones or nerves which is painful and dangerous.

Taking a break

Even with rotating sites, clean fits, good technique and good hygiene, your veins will appreciate a break. Have a think about using alternative methods like snorting or smoking for a while, or even give your body a rest and reduce or quit your drug use for a spell.

Smoking or snorting don't give the same rush as injecting, but are still very quick methods of getting the drugs into your system. There will still be some health issues but no strain on your vein!

Swallowing has a slow onset but the high is usually longer as compensation. Heroin loses half its strength and is usually not taken orally as a result. This fact, coupled with the slow absorption into the blood stream, means that it is unlikely to be thought a viable alternative to sniffing or 'shafting' by drug users.

'Shafting' or taking a drug rectally usually gives a strong "rush" as there are so many veins in the anus absorbing the drug rapidly, but many dislike the method.

common vein problems

Phlebitis

Phlebitis is irritation of the smooth inner lining of a vein. The roughening of the vein lining can encourage the formation of clots. The vein is reddened or inflamed and can sometimes be felt as a thick cord beneath the skin. Phlebitis can occur due to injecting irritant substances such as benzos and pills, lack of filtering, poor injecting technique, and infection. Treatment includes resting and raising the limb, antibiotics and anti-inflammatory drugs.



Vein collapse

Veins may become temporarily blocked if the internal lining of the vein swells in response to repeated injury or irritation. This may be caused by the needle, by the substance injected, or both. Once the swelling subsides the circulation will often become re-established. However, irreparable damage from blood clots can lead to permanently collapsed veins (see 'Thrombosis').

Smaller veins may block as a consequence of too much suction being used when pulling back against the plunger of the syringe to check that the needle is in the vein. This will pull the sides of the vein together and (especially if they are inflamed) the sides of the vein may stick together, causing the vein to block. Removing the needle too quickly after injecting can have a similar effect.



Thrombosis

Blood clots form when there is turbulence in the flow. Damage to, or inflammation of, the lining of the vein can trigger clotting of the blood at the site of the damage. A blood clot inside a vein hardens and turns to scar tissue that shrinks and pulls the edges together which can lead to collapsed veins.

Abscesses

An infected abscess is a localised collection of pus that is encapsulated within inflamed tissue. It can be caused by a wide range of bacterial and fungal infections. An abscess usually features a raised skin surface, tenderness, pain, redness of the skin (in white people), pus, heat and a bad smell if discharge occurs.

People with abscesses should be referred for immediate medical advice and treatment. The abscess will require antibiotic treatment and/or lancing to release the pus.

Injectors should never try to lance or puncture abscesses themselves. This can spread infection and without appropriate antibiotic cover they can quickly develop septicaemia (blood poisoning). They should be encouraged not to inject into the abscess until it is completely healed (this could take weeks).



Ulcers

Ulcers form when the skin is knocked or scratched (or injected into) and the surface is broken, or when an abscess bursts open. The slow flow of blood means that the cells cannot reproduce quickly enough to heal the wound. The resulting moist and painful wound can take years to heal, and can be compounded by infection.

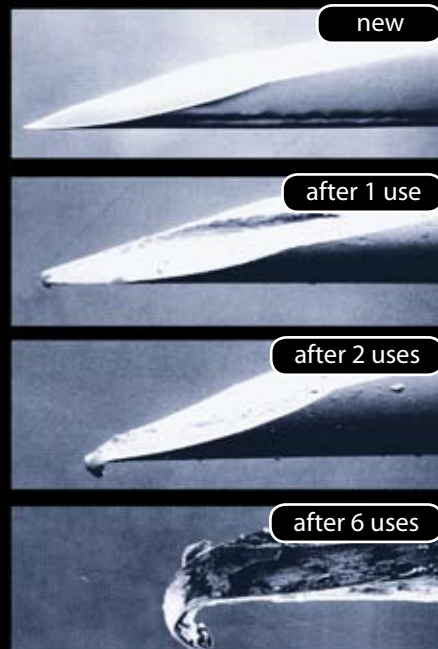
Local infections

Injecting carries the risk of introducing bacterial and fungal infections to the tissue surrounding the injection site. Often local infections are caused by bacteria which live harmlessly on the skin being picked up by the needle and forced below the skin where they multiply.

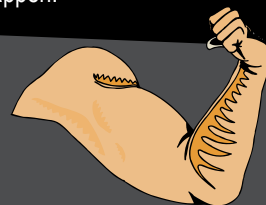
Remember to use the swab that comes in fit packs from your NSP. The risks of local infection will be increased by sharing needles and equipment, poor personal hygiene and not using new equipment for each hit.

New fits for better veins

We all know that using a new fit every time is ultra important for keeping the nasties out of our system, like hepatitis and HIV. But a new fit is also crucial for looking after your veins. Those who've tried reusing a needle will already know the discomfort of trying to get a blunt needle into a vein. For those not in the know, hopefully you'll stay that way! This is what happens to a reused fit...



... so you can see why your veins don't like old needles. The blunter it gets, the more it tears the delicate walls of the veins and potential problems get more and more likely to happen!



Pump it up!

The more prominent your veins are the easier it is to see or feel them and access them through injection. One way you can control the ease of access to the veins in your arm is by controlling the size of the muscle fibres in your arms.

The bigger the muscle fibres in your arms the more the veins in your arms will stand out. When you exercise your arms, bigger muscle fibres push up the veins and there is also increased blood flow. The type of exercise doesn't matter so much as you keeping it up. One heavy session of exercise will not do as much to stimulate the growth of your muscles as ongoing smaller efforts. Even squeezing a ball or making a clenched fist over weeks or months can make a noticeable difference in the appearance and/or accessibility of your veins.

KNOW YOUR PRODUCT

speed

Amphetamines are a group of synthetic stimulants. Commonly called 'speed', they are similar to the body's hormone, adrenaline, but last much longer in our system. There are three main types of speed that are closely related:

- Amphetamine sulphate
- Dextroamphetamine
- Methamphetamine.

What does it look like?

Speed is usually produced in backyard labs, so its appearance varies as it is rarely pure, and up to 90% may consist of fillers such as glucose powder, caffeine, flour, vitamin C or powder baby milk. Most street amphetamine will be in powder form (varying in colour from white to orange or brown), tablets, paste, capsules or crystals. If being injected, you should always use a filter to get the crap out of your shot. Speak to your Needle and Syringe Program guys to get some filters.

How is it taken?

Speed can be smoked, swallowed, snorted and injected.

Why is it used?

As mentioned, the effects of speed are similar to an adrenalin rush but last longer. Users report feeling clear-minded, a desire to talk with others, self-confident and energetic. Some may

use speed to work for long periods of time, others simply use it to get high, and some may use it to dance all night.

The down side

Because speed stimulates the nervous system, appetite is suppressed and many find they clench their jaw and grind their teeth. Blood pressure and heart rate are also increased while the drug takes effect. Long term addicts can actually crush their teeth to powder through incessant gnawing.

Comedown

Small doses of speed (one line, one pill) wear off within three to eight hours later, leaving the you fatigued but not exhausted. Hence the strong temptation to top up and continue speeding. This staves off the comedown but increases its severity. Eventually you face a "crash" rather than a manageable come down.

It's fear of the crash which keeps some people on weekend- even week-long "speed runs".

Speed overdose can occur and consists of sweating, fits, heart palpitations and psychosis. Often people assume this is the usual effect of speed and do not recognise these signs as having had too much, or actually overdosing.

Just as the pull of heroin is often over-dramatised, the pull of speed is dramatically understated. The combination of the physical rush and psychological boost is a strong draw for many users.

The danger comes from over-regular use, and over familiarity, becoming more dependent on the release of energy and more uncomfortable with the body's natural energy levels.

Paranoia and nervous tension are common after even mild recreational use. Even occasional, light users can suffer depression and lasting fatigue.

Heavy users hit severe, sometimes suicidal lows, and can slump into deep

sleeps lasting well over 24 hours.

Speed psychosis

Consistent heavy use or a single large dose can induce amphetamine psychosis, almost identical in symptoms to schizophrenia. While it is much more common amongst heavy regular users there are real dangers that any small amount of speed used by a person with schizophrenic tendencies could push them over the edge.

Addiction

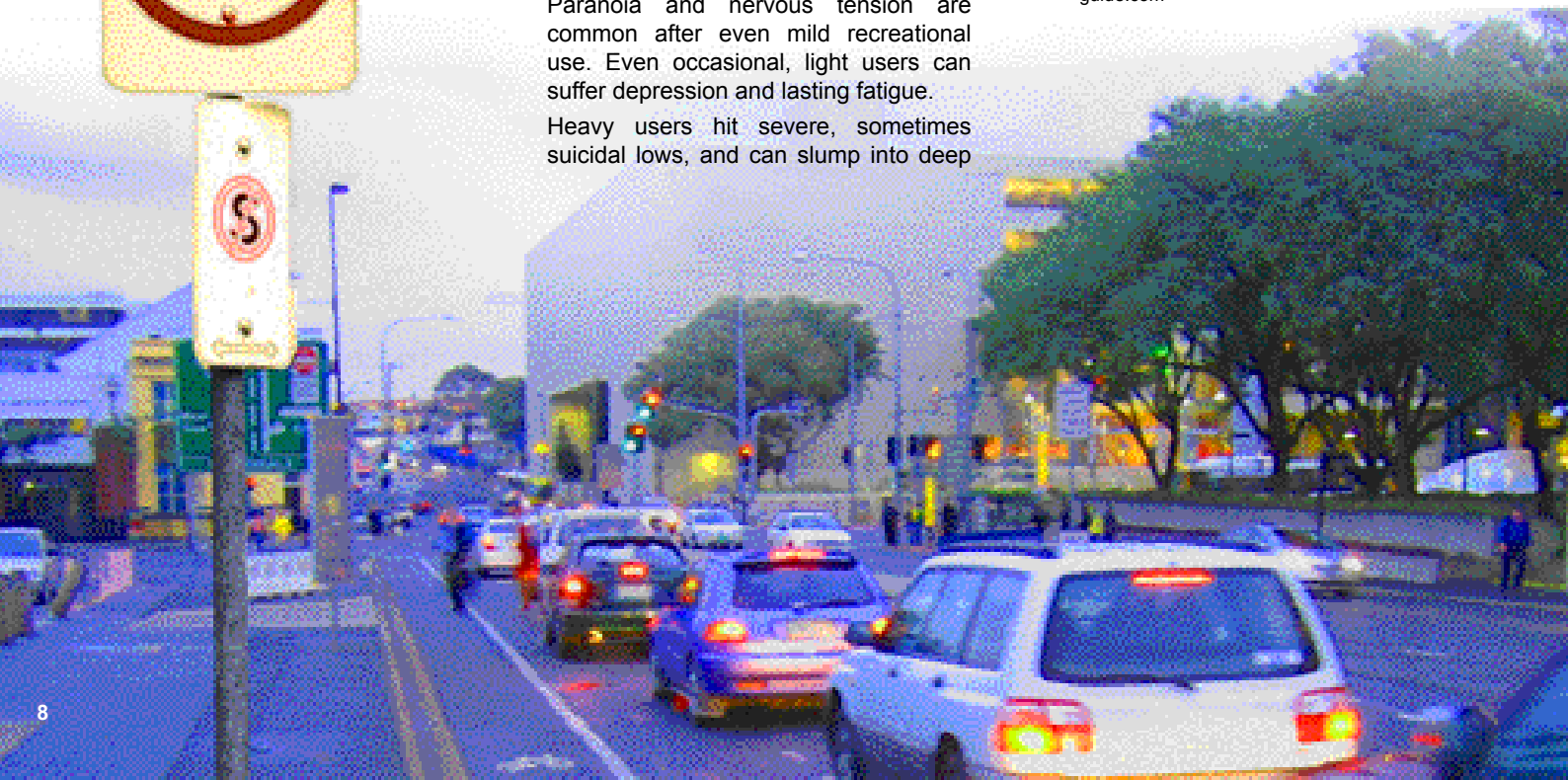
The body quickly builds tolerance to amphetamines with regular use, though this fades quickly with breaks. Users have to rapidly increase doses to maintain effects. Amphetamines are highly addictive, working like alcohol, nicotine, and cocaine on the dopamine "reward" pathways of the brain. Short-term recreational use can slip unnoticed into long term systematic abuse. Some speed addicts have had habits lasting over twenty years.

If you are addicted, withdrawal will give exactly the reverse effects of the drug. Instead of the drug's euphoria and curbing the need to eat and sleep, withdrawal causes excessive hunger and fatigue, different from heroin withdrawal, but equally distressing.

More information?

The information presented here is based on the subjective reports of experienced users. Different people will respond differently to different drugs and drug combinations. Know your body. Know the drugs you are using and do more research on amphetamines.

This article has been adapted with permission from www.thegooddrugs.com





Speeding session coming up? Be prepared!

It pays to prepare for a speed session in advance. Once under the influence, it can be tricky remembering or planning for common sense things that will ensure a safe time for all. Organise everything as much as possible in advance!

Get your gear together

Snorting, smoking or shafting will always be safer ways to get the goods into you. But if you are injecting, get down to your NSP and make sure you have more fits, waters, swabs and sharps containers than you'll think you need. Ensure everyone has their own clean preparation space and will not need to share any equipment, including tourniquets.

Even if no sex is planned, have condoms and lube handy. You never know what the night (or day) might bring. The key is being prepared!

Money management

Make sure you have enough money set aside to get you through to the next payday or cheque. Once on the go, it's way too easy to change your mind and spend the rest to prolong the binge. Leave the money somewhere hard to access, or with a friend who won't be part of the binge.

Look after your mates

It can be hard to keep an eye on each other once it is all happening. But be on the lookout for anyone who has overdone it and may be feeling paranoid or delusional. Get them to a quiet spot, stay with them and assure them everything is okay. If things are looking seriously bad, call the ambulance. Remember they don't call the cops (unless they feel they need protection!) so play it safe.

Signs of an overdose include muscle spasms, fits, irregular heart beat, high blood pressure and high temperature. Getting the ambulance out is important as there is always the chance of burst blood vessels in the brain, heart attack or stroke, and sometimes death.

Coming down

Everyone faces the come down in their own fashion, and experience will dictate what works best for you. Make sure you've got what you need for this in advance. If everyone is still together for the come down, this can help if everyone is looking out for each other, particularly if someone is doing it rough.

shoot! NOW
I've got
the KGB, the
Democrats AND
the wiggles
trying to kill
me...



amphetamine psychosis

Amphetamine psychosis can occur from large doses and/or long-term use. On the technical side, research suggests it occurs due to an increase in dopamine activity in the mesolimbic pathway of the brain caused by amphetamines, although severe lack of sleep in extended binges may play a significant role too.

Its effects often start with curiosity, deep thought and paranoia. Its slow build up makes it all the more dangerous, as it is harder to recognise the symptoms. The person may become delusional and paranoid, feeling under threat when there is no reasonable cause to feel this way. Vivid auditory hallucinations and paranoid delusions are the real frighteners and, unlike hallucinogens, the "trip" cannot be turned around. This is a very real mental state caused by over-excitement of the brain's fright centres. Hallucinations may also affect eyesight and smell.

This disorder is made more likely when speed is used with other drugs as well, or the person is not physically well. Another common feature is becoming obsessed with repetitive thoughts and/or body movements that won't go away. Some people get into obsessional activities, ironing or scrubbing floors though the night, or dismantling and reassembling electrical equipment.

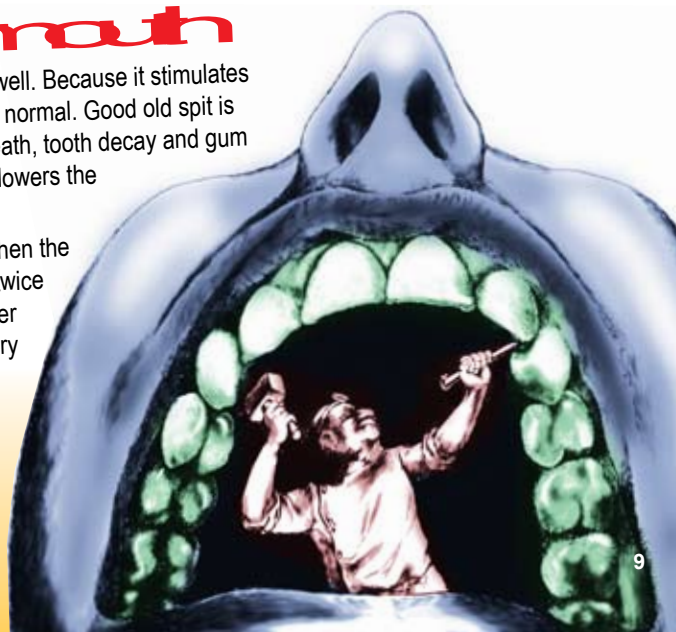
While amphetamine psychosis is much more common amongst heavy regular users there are real dangers that any small amount of speed used by a person with schizophrenic tendencies could push them over the edge. Any signs of amphetamine psychosis are a clear indication that you are overdoing things and need to take a break! The symptoms will worsen if use is continued, so do your brain and body a favour and rest up for a while!

amphetamine hangbmouth

If you've been doing speed for a while you might notice your mouth not coping that well. Because it stimulates your central nervous system, it is common to find yourself not salivating as much as normal. Good old spit is responsible for fighting bacteria in your mouth so you may find yourself with bad breath, tooth decay and gum problems. Speed also leads to peripheral vasoconstriction, a fancy way of saying it lowers the blood flow to your gums and teeth causing even more problems.

Make sure you drink plenty of water each day, and keep sipping away, especially when the dry mouth kicks in. And the usual dental tips apply of course — so brush and floss twice daily, especially at night. Another potential problem can be teeth grinding while under the influence — once again, it is your central nervous system going into top gear! Try a sugarless chewing gum to take a load off your teeth.

Dentists can be pretty expensive particularly if you are on the dole or a pension of some type. If so, you may not know that Queensland Health runs Public Dental Clinics throughout the State. We have a list of contacts on page 28 to find your nearest clinic. There can be waiting lists so ring in early. Remember it's a good idea to have a yearly checkup even if there's nothing wrong yet.



'Rob. We need to talk'.

She drops this little bombshell on me during breakfast. Some burst of insight makes me realise this is it. It is over. Those famous last words. *We need to talk*.

In a way I've been expecting it, not that there have been any major signs. But for the first time I have been past the two year mark, into the security of the established relationship. Our worst shredded scraps of underwear can be worn without comment. *I love you* can be tossed around with the reliability and accuracy of a well used emotional frisbee. Usually I get jittery into the second year, as I wait for the axe to fall. And of course it looks as though Stacey is making the chop now, just when I stopped expecting it to happen.

'You're still using, aren't you?'

'For fuck's sake, Stace, not again'.

As always, I immediately regret this, as she hunches over and looks at the floor. It's not as if Stacey never used. She quit a year back, and to her credit, never did the judgmental trip on me. And she knows I've got it under control. I keep it to the weekends, avoid getting hooked most of the time, hold down the job, stay on okay terms with the family. But every few weeks she's hinted at maybe, maybe I might give it away at some point. Even though she admits it doesn't cause any problems. She is still fascinated by the floor. I glance down in case there is something actually there. She notices this and looks back at me.

'I think I've got it sorted out now. All this stuff going round in my head for months now. I want to have kids. And I think the relationship has to be the right one. I just don't know if we are or not'.

Shit. This is really it. My scalp prickles in dread. Then she is on a roll. Words tumble out. About the boredom and sheer greyness of life without smack, but now she's getting the hang of this new life and it's not looking too bad now. She's slowly getting a picture of where she wants to be. Kids. Motherhood. Being normal, and if not proud of it, at least accepting. She doesn't even want a drug around the edges of her family-to-be. Since she's been clean she's gradually noticed things she doesn't like anymore... a hardness in my humour, a subtle selfishness, a disregard for the future (once a good point apparently, but

now seriously negligent).

Then she is crying. Despite a growing numbness I hold her but I have nothing to say. She sniffs furiously to keep her runny nose at bay. I swing into mucus control mode with a box of tissues.

She says she doesn't want me to get upset but she knows I will probably take this the wrong way. She needs someone strong enough to make the relationship first priority. I take it the wrong way, saying her priority is obviously being the relational fascist. Things do not get better from this point. I plead. Stacey cries. She shouts. I retreat into my distant far too rational mode, my cool withdrawal. It does little to help the situation. I walk down to the shops for milk and to get some space.

By the time I get back we are both calmer. I know Stacey too well, and she has made up her mind up. And fuck it, I refuse to be pushed. I've never let smack get in the way of our relationship, but it's stupid to have to give up the things you love to prove... what? Prove that you love someone because you'll make yourself miserable for them? A few weeks and she'll rethink the issue. Or maybe I will, but somehow I doubt it.

We realise not much more needs to be said. I ask her if we could spend this last weekend together.

It is the strangest

weekend. Stacey has never been one for indecision. I can see that she made this decision weeks ago. Any last ditch negotiations are merely to help me deal with it all. So I tell her that I do not want to go through the humility of begging her to come back. After Monday we will have no communication. I want to deal with it in my own way. No grovelling. No painful *let's still be friends* torture sessions over coffee. She nods as though I have demonstrated great wisdom. I am sure it is because it makes it much easier for her. She hopes we can still be friends.

And why does this always get said by the dumper? Let's still be friends. For the life of me I can't see the point. It never comforts the dumpee. But it always gets rolled out as some kind of fucking emotional aspirin tablet. Can't the dumpers see the inherent contradiction?

I can't stand being around you so kindly fuck off. But hey, let's still be friends.

And now she is crying again. I think she may just mean it. She chokes out that she will miss my support. The next few months will be really hard for her.

So I hold her again, wondering why I am comforting her. Why will she miss the support

I can take the bestiality and womanising, Horace. I can take the gambling, murders, cross dressing and bank robberies... but your recreational drug use is not acceptable. I'm leaving!



USER'S STORY

taking the dump

that she apparently despises? Why is the victim reassuring the torturer? She is twisting a knife buried deep in my gut and I am trying to help her feel okay about her grip on the handle.

And for a slow agonising death you twist this way. That's it. See how the coils of my intestines are falling neatly into my lap? Excellent work Stace. Now lets go for my kidneys.

But the wounds are internal. I am still capable of movement. So we do all our usual things, except I forego shooting up with the guys (see, it's all under control, Stace!). Dinner out. Plungered coffee in bed on Sunday morning. We fuck with a strange mix of savagery and tenderness, as though the bedhead knocking chips of plaster from the wall will push the deadline further away.

Sunday afternoon her sister drops off Stacey's niece. She wraps her five year old arms around me. She tells me her latest secret and it is hard to choke back the emotion. We get *Babe* out on DVD even though Rebecca's seen it 83 times ("pigs are my favourite animal!").

I cry when Babe is taken from his parents at the piggery. I cry when it seems the duck has been killed for the christmas dinner. I really start to blubber when Babe wins the sheep herding competition at the end. Rebecca tells me with the worldly assurance of her five years to not be sad because it is only a movie. For some inexplicable reason this only makes it worse.

Too quickly we are boxing odd items that have migrated to my unit from Stacey's. Tampons. Clothes. Toothpaste. Old *Who* magazines. I carry boxes down to the car, the unwanted baggage carries the desired baggage. We stand there awkwardly, unsure of our new roles, then she gives me a brisk hug that reeks of friendship.

'Thanks for making this easy for me Rob. You've always understood me. You do know this is for the best don't you?'

I curse myself for understanding why she has to leave. I want to be a raging male with no understanding. I want to berate her for her foolishness. I want to beat down her logical arguments with the raw power and strength of my incomprehension. I want to shoot up now and drift away from all this shit I don't really need at the moment. I put the boxes in the boot instead.

She drives off and I run back into a unit that has suddenly grown uncomfortably large, keen to yet again break my self-imposed rule of never shooting alone. Wondering why only a pig could get me crying on this shittiest weekend of shitty weekends.

- bungo 05



from hep C to you

Have you heard that expression love your disease?
Hey I'm talking you! Cause I'm your hep C,
I sincerely expect you to share me around,
In your filter and spoon I'll easily be found,
You can give me to loved ones in one easy hit,
Just make sure you don't use clean disposable fits.

And to put your friends, through a living hell,
Really be sure and share your tourney as well,
But if you'd rather be tight and keep me to your self,
Keep equipment sterile and on your top shelf,
Wipe shooting areas clean after your fun,
Because I won't discriminate I'll attack anyone.

I can live on surfaces for up to four days,
Target users or non-users in so many ways,
I'll take over your liver though it might take some time,
But that's O.K cause in the end you'll be mine,
I like this idea so please don't be mean,
And when having your shot don't always use clean.

WHEEL FILTERS



enlist now
in the fight
against
contaminated
mixes!

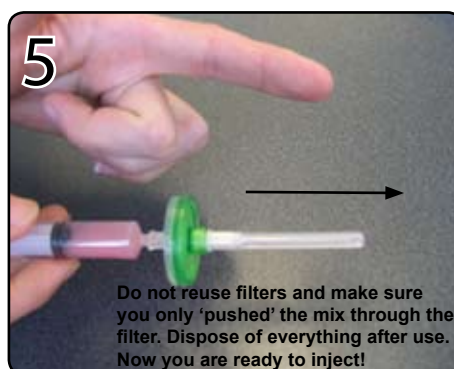
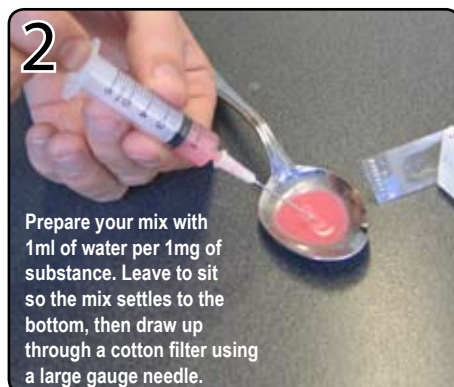
Filters are a great way to reduce some of the less pleasant possibilities when injecting. They still let the drug through, but get rid of many impurities, fungi and bacteria for a cleaner shot. Most prescription opiates have things like chalk and wax in them, and illicit drugs like speed are usually cut with all sorts of stuff you don't want in your veins. Keeping all the crap out of your blood will help avoid collapsed veins, infections, dirty tastes, disease and septicemia.

Dirty hits

You may like the drug, but a dirty hit can make you very sick. Take it from someone who's been there...

"I've had a dirty hit that made me feel like my brain and skin were on fire, and that my head was going to explode. Dirty hits are dangerous and very frightening, so always use a new filter every time... your life may depend on it!" J.O.

Even reusing a filter four hours later is enough time for bacteria and fungi to appear and cause a dirty hit. Also, some think another hit can sort a dirty one out, but it will probably only make things worse.



which filter?

There are quite a few different sizes around. These are the most common ones in Queensland NSPs. These sizes are a guide only and we welcome your feedback!

5.0 micron

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

0.8 micron

Suitable for most substances, including MS-Contin, Subutex, Kapanol, Oxy-contin and amphetamine sulphate (brown or discoloured speed).

0.2 micron

The only filter that removes bacteria! Good filter for bake or homebake, crystal amphetamine (white speed), methadone liquid or cocaine.

Wheel filters

Wheel filters fit between the syringe and needle tip and come in a range of sizes to suit your use. They are available for a small charge at all QulHN NSPs. Staff can show you how to use them too. Remember viruses are too small to be filtered so filters are no excuse to reuse syringes or drop the hygiene standards! Hep B, Hep C and HIV laugh in the face of even the finest wheel filter.

A few tips on filters

Bigger syringes a lots of water will make the job easier, say 5ml or 10ml. You should not heat your mix up when using a filter. Always prime the filter with sterile water so it is less likely to clog (see below). Don't rush the filter, but use a gentle consistent pressure. You can get any dregs out by pushing a little sterile water through the filter, but always the same direction as you put the original mix through.

Wheel filters are made to be used **once** only, and in **one** direction only.

I don't have a filter!

If you can't get a wheel filter from your NSP, use a cotton filter several times (like a cigarette filter, cotton wool or a tampon).

FILTER MYTHBUSTER!

You lose your drug in the filter so why bother using them?

FACT Only particles like chalk and wax are trapped in the filter, while your drug flows through.

More water reduces the intensity of the hit

FACT Adding water to the drug mix makes the shot less irritating to your veins, but it does not affect the amount of drug you are having, or the resulting high.

I can reuse my filters by putting them in the freezer

FACT You cannot kill off bacterial spores by freezing. Every time you take the filter out of the freezer, bacteria will grow once the filter has thawed.



Charlie awoke with his usual back pain and sweat covered sheets. Reaching wearily across to a desk next to his bed containing diary and assorted pens in the top drawer, the second drawer housed his most recently read books and magazines, "Queen of the Damned" by Anne Rice, various "Mad" comics and his battered copy of "Johnny the Homicidal Maniac". The third drawer, with pieces of string stuck almost invisibly (so he would know if anybody had been in it) contained a sticky *Black Label Penthouse*, a metal container filled with two syringes, mixing spoon, filters and swabs as well as a saved fifty packet of smack.

On top of the desk his morning dose of anti-depressants and glass of water lay ready for his taking. Putting all four in his hand he reluctantly placed them in his mouth, swallowing the water and pills in one long gulp. Stumbling to the toilet he emptied his bladder and made his way to the kitchen to find his mother already through a third of a bottle of Vodka.

"Hey reject, I need another packet of ciggies, make yourself useful, here's a Ten, go get me a packet of "Winnie Blues" and bring back the change and receipt. I have enough problems without a little shit like you stealing from me".

After making the purchase he started making his way back home, when passing a park he saw Julie, his girlfriend making out with Kurdt, supposedly his best friend. Standing there his heart dropped into the pit of his stomach. Charlie then stealthily made his way to the opposite side of a huge oak, growing exactly where they were sitting. Eavesdropping, hardly breathing, he was able to hear their talking.

"So Julie, what do you want to do today, I would really love to see that Triple X movie, it's supposed to rock, my shout of course."

"Sure" Julie replied simply "do you know when it's on?"

"No, but we can grab a bite to eat and look at shops until it starts, shouldn't be more than an hour."

"Alright". The sound of kissing. "Anything to avoid Charlie, such a cry baby, at first I felt sorry for him, but now I find him plain

pathetic". More kissing sounds. "I can't believe I actually slept with him." Both laughing, Julie and Kurdt stand and start walking slowly across the park towards the local shopping plaza.

After what seemed like an eternity of staring with the occasional tear running down his face, Charlie finally forced himself to his feet and started walking zombie like, shock running through his

veins, back to the beaten up flat where he lived with his mother. Chucking the cigarettes and change on the kitchen table, he then walked into his room.

Opening up the third drawer he took out his special metal box and mixed up the \$50 shot of smack. After putting all the equipment away he sat leaning on his wall staring blankly into the nothingness of his room. His self-pity turned

slowly to hatred and revenge as a plan started forming in his mind's eye. Finally, after his life long rejection and abuse had seemed to swell to uncontrollable rage, Charlie stood. First pulling a trench coat from his cupboard, he then made his way to his mother's room to get a six shot left by her abusive husband while he did his term in jail for attempted murder. Now just as he finished loading the pistol, his mother came stumbling into the room yelling "Oi, what are you trying to steal from me now, you little shit?"

- Anon



Rupert had more and more trouble with his joints as he got older

Doctor QuiHN is here to answer the curliest questions about your health problems!



A guy I used to shoot up with rang to say he has AIDS. We used to share fits about a decade ago. What are the chances I've got the virus? - vim

A quick bit of background first, Vim! The Human Immunodeficiency Virus (HIV) is the virus that can cause an infected person to develop Acquired Immune Deficiency Syndrome (AIDS).

I would strongly urge anyone who has ever shared needles and injecting equipment to undergo a test for the virus. You could still be symptom-free even after all this time and a blood test is the only way to detect HIV. The risk is also there if you have had unsafe sex with someone who may have contracted the virus.

Also, it can take HIV up to three months before evidence of the virus can be detected, so if you think you've shared a fit with someone recently, you'll need to wait three months before being tested.

Some people freak out at the idea and won't get a test in case it is positive. This ain't a good idea in the long run! First, although there is still no cure, there are treatments that improve both length and quality of life. Second, if you know you have the virus you can make positive life decisions.

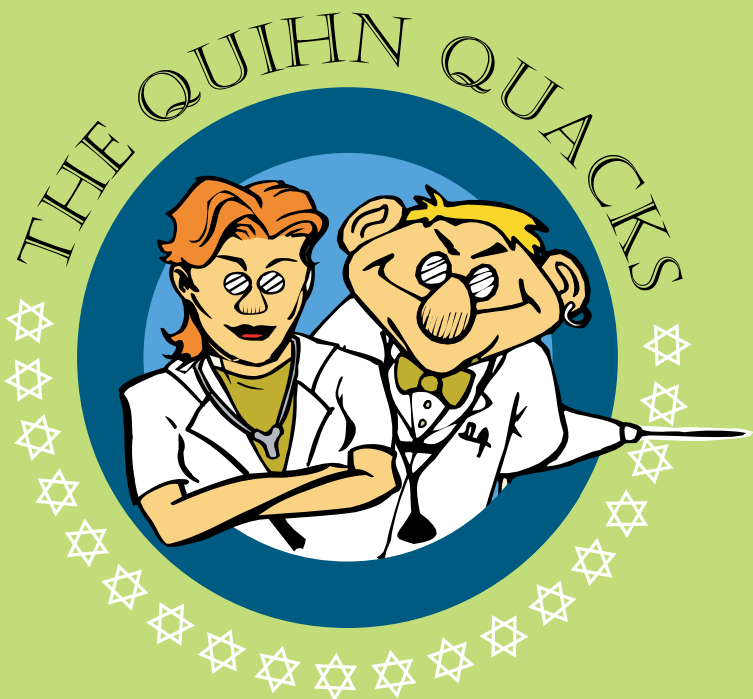
Be part of the solution!

The injecting community in Australia leads the world in keeping the incidence of HIV/AIDS among injectors extremely low so injectors who have the virus, have, for the most part been very particular in making sure they are part of the solution, not part of the problem! Get tested, practise safe sex and never share a bloody thing!

Even small amounts of blood on injecting gear or your hands — even microscopic amounts — can spread the virus. Research suggests that HIV can survive in a used syringe for at least a day. If you have to re-use equipment, you can reduce the risk of infection by cleaning it between uses.

If you HAVE to reuse a fit...

Always use a clean fit. If you absolutely have to re-use a fit, clean the syringe twice with cold water, then twice with bleach, and finally twice with water again. Remember to use new cold water for the rinses, and leave the bleach in for at least two minutes on each rinse. Sound tedious? It only takes a few minutes and can save your life. So safe shooting and look after yourself.



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

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

dear doctor quihn, word is out there about pep. is it a cure for hiv? - Gd

Unfortunately not, GD. Post-exposure prophylaxis (PEP) is NOT a cure, but a short course of treatment that can be used after possible exposure to the virus which causes HIV infection. HIV most often enters a persons bloodstream through unprotected sexual intercourse (though rarely though oral sex), poor infection control during injecting or injury such as needle stick injury. PEP acts to stop any virus present from replicating in your body so the risk that HIV will reach a viable level is very greatly reduced. You should go to the Accident & Emergency Dept of the nearest public hospital or a sexual health clinic as soon as possible, preferably within 24 hours. After three days, PEP is not effective at all. Most local family doctors, or even larger general practice clinics will not have the drugs used for PEP on hand.

How PEP works

Blood tests will be done at the first visit. The test almost always used to detect HIV (an antibody test) cannot show whether a person has been infected with HIV within the past the last 6 weeks. This first blood test is done to check whether a person has any sign of previously existing HIV infection. The clinician will almost certainly want you to repeat the test at six weeks and three months and possibly even at six months.

After exposure to HIV it may take some weeks for the infection to show up in blood tests. This is called the window period. The window period for HIV is between 6 and 12 weeks. A person cannot be sure there is no infection until tests at those times are completed.

When to go for PEP

If there is a definite risk of exposure to HIV, PEP for HIV would be recommended. PEP treatment for HIV consists of a combination of drugs taken for one month. These drugs can have some side effects but they have been shown to reduce the risk of infection following accidental exposure to HIV. They do not protect against repeated or long term exposure to HIV. You can get further information on PEP at www.health.qld.gov.au/sexhealth/factsheets/Panic_PEP.shtml



Dear Doc, my boyfriend says you can't get viruses and stuff from oral sex but mates of mine beg to differ. What's the go? - Chop

Not true, Chop (please tell me this isn't your real name!). Sexually transmitted infections (STIs) are slippery blighters and most of them can be passed on by oral sex as well as intercourse. All the usual suspects apply — genital herpes, genital warts, chlamydia, trichomoniasis, gonorrhoea, Hepatitis B, syphilis and HIV.

The use of condoms can prevent, or dramatically reduce your chances of spreading STIs around. There are also dams which

can be placed over the vulva so the ladies don't have to miss out on any of the action. Condoms are available at all NSPs but you may have to check out your local pharmacy for dams, or cut a condom down one side and improvise.

Remember you can have an STI and not show any signs. You can get free tests done at Sexual Health Clinics to make sure you don't have any problems. You can also get tested by your local doctor or family planning clinic. All STIs are treatable and quite a few are curable. And if you aren't overly excited about the taste of rubber, remember you can get flavoured condoms and lube to spice things up a bit!

If you and your partner have both been tested and are having unprotected sex, switch to condoms and see the doctor the moment there is a visible sore, ulcer, discharge or lump in the genital area. Have fun, and remember Woody Allen's statement — sex is the most fun you can have without laughing.

You can get tests, advice and information from your nearest Sexual Health Clinic:

| | |
|----------------------|-----------------------|
| Brisbane 3227 8666 | Miami 5535 6333 |
| Cairns 4050 6205 | Nambour 5441 2459 |
| Gold Coast 5576 9033 | Rockhampton 4920 6262 |

Hi Doctor QulHN, I've used for years now and tried to do the safe shooting thing over the last decade or so. I know blood circulation can be a big problem as you get older. Is this more likely for long-term users like me? I'm in my late 40s now. - anon

Hmmm. It might be best to answer this with my own anecdote. I recently saw a patient who is now over 35 and has been injecting since his early teens. "Joe" has a lot of health and social issues in relation to his drug use. On the last occasion, he had had a series of sleepless nights and was complaining of constant pain particularly in his arms and legs.

Slowed healing

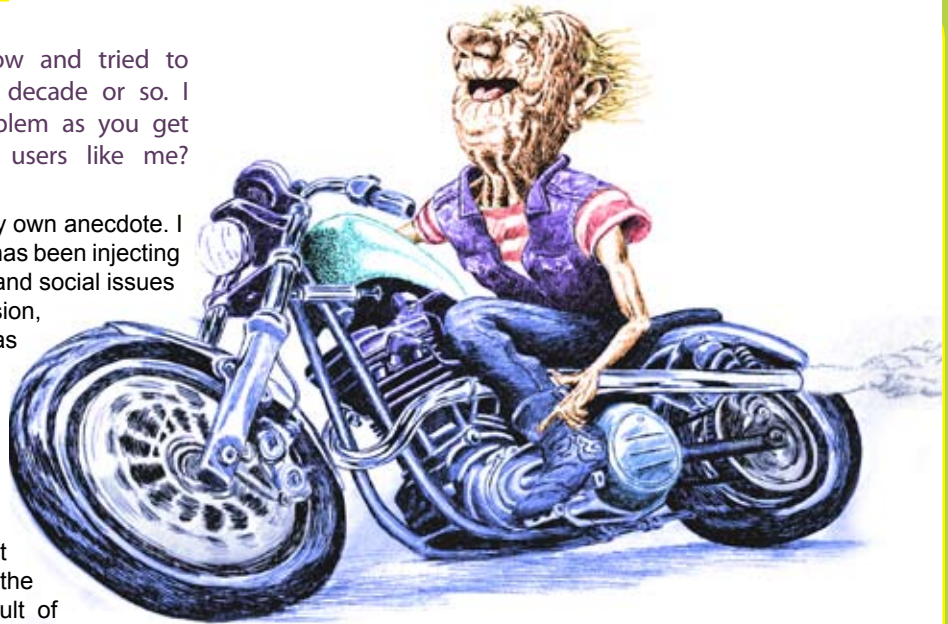
Joe had been in a number of fights, and the cuts on his knuckles had not healed, even many weeks later. Several were still raw and oozing pus. I explained to Joe that the drastically slowed healing process and the constant pain were almost certainly the result of his many years of drug use — the cumulative effect of thousand of shots of various substances, including in this case a great many pills ranging from morphine to buprenorphine to Rohypnol and some years ago, a fair few Temazepam.

Joe's history strongly suggests that the lining of his veins is now deteriorated and he has probably lost circulation in any number of major veins. This blocks the drainage of blood, leading to congestion at the fingers and toes. This will mean that he will feel a fairly high level of constant pain because pain is the body's way of letting our brains know that something in our body isn't working as it should, or that there is some immediate damage or trauma.

Steps to minimise damage

What can be done about the cumulative long-term damage to our body that arises out of long term drug injection? There are a range of options for better long-term the health. For starters, I suggested to "Joe" that he could stop injecting, or at least give his veins a regular break by using other options such as swallowing, snorting, shafting and smoking. Each of these will still pose a certain level of health risk but much less than injecting.

Another good step would be to take regular breaks from all drug use to also allow the body time to recover and maintain better



Old injectors rarely die... they just don't circulate as much

health. At the top of the heap is the choice to quit illicit drug use completely, which as we all know, is not an easy task! But there are a surprisingly wide range of detox and support services if he chose that road.

Get to know your quack!

I'm not sure what Joe has chosen, but I would suggest that anyone using on a regular basis should take a long-term approach to their health. Find a good GP or health service that won't judge you for your lifestyle choice (we don't want to blow our own trumpet, but someone like us!). Discuss your habit openly and come to a balance between enjoying your drug of choice but balancing this with your health as **you** see fit. Talk with them about the steps needed to prevent poor circulation problems that come from long-term use.

It is my earnest hope that when older, most people can look back with better memories of the days they were using, and still largely have their health intact because they balanced the pleasures and costs of their habits!

detox



The human brain has a nifty ability to adapt to changes in body chemistry. Given the odd encounter with most drugs, illegal or otherwise, the brain lets the intruder run amok doing its thing, until broken down and excreted. But once the drug is making regular incursions, the brain sets about adapting to the new visitor so that normal functioning can occur in its presence. This is roughly how physical 'tolerance' develops to most drugs, and why you need more and more to get the same effect with regular use.

As most of us know, detox is coping with stopping, or reducing, after this regular use. The new equilibrium is suddenly thrown out of balance again, and the body may take weeks, to possibly months (depending on which drug) before things get back to normal. We all come to detox for different reasons. For some, it may not be a decision at all, if they are imprisoned and can't access their drug from inside. Others may simply be taking a break to give the bodies a bit of a rest. Some will be detoxing simply to lower their tolerance and get more effect from a smaller shot again. Then again, others may have hit a crisis point and feel they want to make a permanent break and adopt a new and different lifestyle.

Whatever the reasons, detox is not an easy process, but an achievable one. The good news is that the difficulty has been increasingly acknowledged by the powers that be, and the range of detox options has never been wider. We humans can be pretty unique in many ways, and detox is no exception. Read on to get some idea of what might suit you should you choose to ease up for a while, or chuck the habit for good.

Doing it with attitude

There is always someone who can detox with seemingly few problems. Going in with the right attitude can play a part in

this. If being stoned or high has become the main aim of your existence, then feeling like crap for a week or three can seem too big an obstacle.

Some suggest treating it as though you are facing a week or two of a nasty flu — nothing to panic about but get plenty of rest and do all the things that will help lessen the symptoms. Take long hot baths, curl up with a good book or take advantage of the wealth of quality tv programming on offer (ha!). Chock yourself full of vitamins and whinge freely to friends or designated carers who will understand what you are going through.

For some, detox is the worst time for navel gazing, when you aren't feeling too hot about yourself! If so, you may want to make a commitment to start some self-analysis once the worst part of detox is over.

Detox at home

Many find that they cope with the detox process in their home environment; that may be where they are able to consistently access those who are supportive and those little personal homely things that help to pass the time more comfortably. Some have children and need to be able to continue to care for their kids (with the right support) — often fearing that they might be more at risk of losing their children if they enter the hospital system. Many also find that since home is where they have used most it is the best place to deal with



WHAT TO EXPECT

| DRUG | Speed | Opiates, heroin and narcotics | Cannabis |
|---|--|---|--|
| TIME FRAME | 7 to 10 days | Around a week, the worst part peaking at 2 to 3 days | Around a week, sleep disturbances may last longer |
| SYMPTOMS (these time frames and symptoms are only rough guidelines!) | Usually two stages — the first is short-lived with lots of sleep, hot flushes, confusion, disorientation, paranoia, scratching skin, tactile hallucinations and mood swings. Second stage has extreme fatigue, irritability, depression, food cravings and prolonged restless sleep. | Muscle and stomach cramps, nausea, physical and nervous tension, vomiting, insomnia, anxiety, yawning, tears, runny nose, irritability, depression, diarrhoea, headaches, sweating, hot and cold flushes. | Sleep disturbance, irritability, loss of appetite and consequent weight loss, nervousness, anxiety, sweating, upset stomach, chills, increased body temperature and tremors. |

the habit; a conclusion many reach after going into hospital to detox on numerous occasions only to lapse when they return to their home environment.

Home detox involves daily visits for up to a fortnight by health practitioners such as a counsellor and a nurse. They can monitor and encourage an individual's progress. They can also help to ensure that medication prescribed to relieve withdrawal symptoms is being used safely. Home detox can provide a sense of freedom and control over the detox process, which many find can help to counteract the weight of withdrawal. It can be an effective choice, given the right preparation and range of supports.

Residential detox

This can be a better option if your home environment involves other users, dealers and other distractions. You are also around others trying to quit, and full-time access to support and counselling. You may need to sell your kidneys to pay for private detox, and there can be long waits for public detox.

There is a variety of detoxes around — harm reduction models, abstinence-based, rapid, non-medicated, male, female. Shop around, ask questions or speak to QulHN staff for more info.

Navel gazing time?

If you are looking at a long or permanent break, this might be a good time for some soul searching. Detox usually means your habit got out of control, and there are usually a pile of reasons why. This might be a good time to explore some of this with suitable reading, or a counsellor. Some kind of crisis may have brought on the decision to detox, but staying off will be a matter of dealing with the main reasons you were using in the first place. Some of us can soul search and think things through even while feeling like shit — others will need to get through the worst bit, and then make some time to think about where to go from there. Detox is just the start of a long process.

How about the long haul?

Plenty of people don't get too far after detox, often through not preparing for the long haul. Assuming you've confronted the demons, another good step might be looking at what you'll do with your life! If your habit took up a lot of space, life can look pretty empty once you are straight. Plan ahead about who you will spend time with, and what you'll do to fill the gap — study, volunteer work, full time work, hobbies, family? Any decent program or counsellor can help out with this kind of stuff. Just remember will power alone is unlikely to get you very far.

Hey this is only a break!

Some users manage to achieve a desired level of use they can stick with after taking a break. Counsellors and programs that follow the 'harm reduction' approach are more than happy to support you in this aim should you choose it. Those who manage reduced use successfully, usually use a range of strategies to make this work.

Balance your habit with other things in life, such as family, work, relationships, exercise, hobbies, sleep and health.

Take regular breaks from using, particularly if you are hitting it hard. Use this time to make sure you've still got things balanced the way you want them.

Watch the purse strings (or wallet). Spending beyond your means can lead to all kinds of shit happening. Some keep a record of their use as means of staying in control.

Keep up appearances! You don't have to look like a middle class pillar of the community necessarily, but pay attention to what you wear, your diet, sleep, hygiene and weight. A rough rule of thumb is that if your use is visibly evident, then there's a risk of it getting out of control again.

Have someone you can talk to about your use to keep things in perspective. This usually works best with someone in the know, so it might be a counsellor or another user you can trust with this kind of thing.

They are not only intelligent, witty and attractive, your NSP staff can inform you about the wide range of different detox options available. Even better, they'll never force the detox issue, simply get you informed so you can make your own choice!

QulHN can either provide you with detox services refer you to a detox service that will suit you, or help out with support before or after the event! Call our head office on 3620 8111 or check out how we can help in your area.



gold coast ph: 5520 7900

Situated at Miami, QulHN offers **Positive Changes!**, a program for people with drug and alcohol dependence who wish to cease substance use, reduce their use or for those who have already ceased substance use and require help maintaining abstinence. It is also effective for people with a dual diagnosis.

The program uses experiential activities and a variety of therapeutic techniques, in a supportive environment where people can feel safe to share experiences.

brisbane ph: 3620 8111

Based in Fortitude Valley, QulHN has a range of services. The **InHouse Project** is an outpatient detoxification (home/ambulatory) and counselling service for opioid, amphetamine and/or cannabis users in the Brisbane metropolitan area. The Parent and Child Family Support Program is also available, with education, counselling, advocacy and support for significant others of a drug user or drug users who have children.

The **Marijuana and Other Drug Support (MODS)** Group, offers psychosocial education and training to illicit drug users making or contemplating changes to their drug-related behaviours.

The **MAISE** Program is an eight week group process for people experiencing coexisting mental health- and drug-related problems.

The **Significant Other Support (SOS)** Workshop provides support and education for significant others of individuals with coexisting mental health and substance use disorders.

The **Women's Circle** is a child-friendly social group for women making or contemplating changes to drug-related behaviours.

The **Phoenix Program** is a welfare support and education service designed to enable the smooth transition and re-integration of eligible post release prison detainees and offenders on community corrective orders, back into the community.

sunshine coast ph: 5443 9576

Based at Cotton Tree, QulHN has the **Lighthouse Project**, providing support for those using illicit drugs and wishing to reduce or stop their use. The Lighthouse Project provides support to people wanting to detox at home as well as the 'Changing Habits' group which helps people to alter life patterns that cause them harm. This is done by learning about change, practising change and enjoying change. Call QulHN at the Sunshine Coast on 5443 9576 for more information.

cairns and rockhampton

Our offices in these regions can give you information and provide referrals to the appropriate supports and services in your area.

Cairns: 4051 4742 Rockhampton: 4923 7443

other states

If you are after detox info and programs in other States, ring the following user organisations to get the lowdown...

Sydney: NUAA Ph: 02 8354 7300 Email: admin@nuaa.org.au

Victoria: VIVAIDS Ph: 03 9329 1500 Email: drugsafe@vicnet.au

Canberra: CAHMA Ph: 02 6262 5299 Email: cin@apex.net.au

South Oz: SAVIVE Ph: 08 8334 1699 Email: manager@savive.org

West Oz: WASUA Ph: 08 9227 7866 Email: info@wasua.com.au

Nthn. Territory: TUF Ph: 08 8941 2308 Email: darwin@tuf.org.au

The first time I used heroin was when I was 16, a long time ago now! I'd gone to visit a mate who was sharing a house in the city with some tech students. I get there and he informs me that they'd scored a double-0 cap of brown rocks, and did I know how to hit up?

Me being the smart arse that I was, said "yeah, no problems mate". So we had one five ml syringe between the six of us. So I get the spoon and start to cook up like the little 16 year old professional I was passing my self off as being. Don't ask how I judged how much to give each person, but I shot up five young students there and then, taking total control of the situation. I ended up with this little rock for myself, did it up then ended up laying on me mate's bed listening to Lou Reed's *Take a walk on the wild side*.

Boy, didn't I think I'd arrived. Where you say? Don't ask! I loved it. One lucky thing was the availability of the drug was

intermittent so I didn't just fall straight into a habit — that came a lot later, worse luck. I quickly got into taking whatever drug came my way, but in the early years, it was mainly pot and LSD. Back in the 70s, these were the preferred party drugs.

smack me up

Then the 80s arrived without so much as a murmur. Heroin started to become fashionable and soon there was plenty of it around. I was always up for a taste or two when it was in front of me, you know? I saw a few of my friends getting hooked which didn't impress me much at first. Especially when they changed and started doing all sorts of shit things, like stealing and rip-offs to get their hands on the stuff. I was lucky for a while, being a musician, having a straight girlfriend and all. These distractions helped me from falling in too deep — but the

drug wasn't finished with me yet, not by a long shot!

Later I got myself into a financial pickle. I was chatting with a mate who tells me he could score some China white at a great price, and if I turned it over a few times I could pay off me debts with change to spare. You beaut, I thought. I'd do it all above board so told me girlfriend about the plan, that I wouldn't shoot the gear but only smoke it (chasing the dragon). She believed me. I believed me too, in my powers of self-control. Things went even better than planned financially, but hell, I was sure chasing a lot of the dragon!

The problem was the effect wore off so quickly when smoking the stuff. All my non-using friends didn't seem to mind me at the tin foil every couple of hours, or even hourly sometimes. But my supply was about to call it quits. Unaware of my impending doom, I thought okay, I've achieved my objectives. Now I'll just go to a friend's place in the country and detox for a week and it will all be hunky dory.

the monkeys climb on

Yeah, right. Four hours after my last smoke, I started to get withdrawals and it just kept

freedom fighter

USER'S STORY

I started to get withdrawals and it just kept getting more intense. The devil, a large reptilian zoo had moved into my body, eating me alive from the inside out! I was doing it cold, man. No benzos, no nothing...

getting more intense. The devil, a large reptilian zoo had moved into my body, eating me alive from the inside out! I was doing it cold, man. No benzos, no nothing. Some well-meaning friends who weren't users offered me cuppas saying "you'll be all right mate". Meanwhile, stuff is coming out of me both ends and I was going nuts after 24 hours.

The problem was I was cashed up. Being the first detox, I hadn't thought about getting on at first, but it came to me 4am on the second sleepless night when time stands still, a second a minute, a minute an hour, an hour a day. Well fuck this, I couldn't contemplate another day the way I was feeling.

I ordered my friends to drive to the city just for a small shot coz I was going crazy. Even though my friends had misgivings and all, they saw the pleading look in my tearful eyes and off we went, to a mate who I knew was holding the medicine I needed.

roller coaster

That was the start of a ten year roller coaster ride that I loved to hate, but couldn't really get off. Smack took precedence over everything else in my life. I couldn't leave the city for more than 24 hours without taking me medication along. At first, I was in shock because I'd lost my freedom and self-esteem, becoming all bitter inside.

When stoned, I was all ego and "hey what problem?" but I knew deep inside I had a big problem. I'd justify my actions when stoned and then feel sorry for myself when hanging out, and it felt like half your life was spent hanging out! Sundays were particularly shit as sourcing money wasn't easy, and any shot reserved for Sundays usually got used the night before, thinking I'll deal with it tomorrow. So tomorrow comes and I'm cursing myself for being a pig the night before.

All I wanted was to get off and feel like a normal person, but this drug was gnawing at my body and soul, undermining everything I felt or did. I became very unreliable to mates who tried to understand me but couldn't. Tried to detox a few times at a rehab unit but depression used to do me in. Things are easier today with alternate drugs apart from methadone, which give you a better chance to get some sort of distance away from your habit.

There are also good support programs and groups that help you sort out what motivation got you using in the first place. Some sort of self-knowledge can be empowering and help gain the strength to fight the addiction. At the end of the day, you are the only one who is going to win this battle. Methadone programs can just end up with you swapping one nasty habit for another. To reclaim your

freedom is something worth fighting for.

fear & loathing in brisvegas

For me, after years of using my self-esteem was rock bottom, self loathing even. That was a real obstacle to getting off, this "who cares?" deep inside. The physical and mental discomfort when the dreaded H has its hooks into you can run so deep that taking an alternative drug to get yourself into a holding pattern is sometimes the only way to break the cycle.

If that's the case for you, you've got to follow it up with some counselling and help to keep the momentum going. Your mind can play some insidious tricks when you are using. It can take a while for all the hard wiring from your past lifestyle to be worked away. Then you can start on new patterns of thinking to build a future for yourself not involving heroin.

We all know how time consuming being an addict is. Say you manage to get straight and it's cool, you are in the honeymoon period. You feel great, no skin crawling, but the rot can start to set in after you've patted yourself on the back. You start thinking well is this it? This is the vulnerable part. You now have your capacity to feel back. Your brain might start to play tricks on you, throwing up intense and overwhelming experiences from the past. This is when you need the safety net, whether it's counselling, Narcotics Anonymous, support groups, family or friends. Anyway, anyone who's been there knows this isn't rocket science, eh? It's all just learning to take care of yourself.

freedom

I'd forgotten how to do that. Sure, I could feed, clothe and shelter myself but it's the emotional side of things that's important. We have all lost drug buddies over the years to all sorts of crises. So now I just do it one day at a time (sorry, cliché!), build new relationships, mend old ones and most importantly make peace with myself. It has got easier with time. I used to get anxious over things like past mistakes, things that couldn't be changed (unless it was someone I hurt, then I could try to make amends).

Nowadays I put me and my mental health first. I measure up situations and judge what risks I'm putting myself under. As we all know, when straight it can only take a little situation to reignite the desire to use. Then there's all the guilt that comes with busting. If I did bust, I'd try not to be too hard on myself and focus on the good work I had achieved so far. As they say, it's all character building! The fight against addiction has one great reward — the freedom to move about whenever and wherever you want. Good luck and may the power be with you!

Freedom Fighter 05

RON

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Butwhatarlay?Thatwas
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ThankGodhehadfriend
Thoughvenomordpay,
ForRonwillprayandbe
thereilheonthemend.
F.

War

War is coming
Children are running
The angles are crying
The earth's slowly dying
Death and destruction in the name of peace,
Tears on our faces never to cease,
Woe to the man, who refuses to see,
No man of earth will ever be free,
To die for peace is to die in vain,
For after you're gone still there's no change,
All the wars past, we should have learnt then,
But nothing competes with the vile greed of men,
So it goes on till there's no tomorrow,
As we all look on with our great sorrow,
Who will come to cradle our souls,
As we silently watch the last war unfold. - anon



ch... ch... changes

Change - It has the power to uplift, to heal, to stimulate, surprise, open new doors, bring fresh experience & create excitement in life. Certainly, it is worth the risk.

- Leo Buscaglia

Many people find it hard to change things in their lives. Altering familiar patterns sometimes feels unsafe and so we tend to stick with 'the devil we know rather than the devil we don't know'. So, if you find it hard, be comforted in the knowledge that you're not the only one.

WEIGHING THINGS UP

I guess the one thing that makes a person consider changing something in their lives is when that circumstance is no longer rewarding. Take drugs, for instance (and who doesn't!) — we get a buzz, a high, we relax, we are motivated or energised, we find an escape route from some unpleasant reality. Whatever the reason — why would you stop taking them?! The only reason I can identify is when the negative consequences outweigh the positive aspects. Isn't that how it is with anything?

So, in theory, if I learn how to change things I don't like in my life, then I can apply this to everything I want to change in the future. It would be like having a 'formula' for change that would work no matter where I used it. Interested? Yeah, I certainly am. There's a slight blip though and it's this — I don't have the 'formula'!

However, don't despair because there are a few things that can help.

STEPS FOR CHANGE

1. Identify why you want to change. This is important because it will help with motivation. It may be that you discover that you really don't want to but someone else wants you to (your partner, your probation officer, child safety). Then you have to decide whether it's worth trying (i.e. will the benefits of the change outweigh the benefits of your current behaviour).

2. Identify what you want to change. Be specific. Vague concepts make it difficult to respond. For instance "I want to be happier" needs to be broken down into smaller chunks

Do you live on the Sunshine Coast? Wanna

The steps for change above form the basis of the *Changing Habits* program, which supports people who inject or have injected illicit drugs, to alter patterns in their lives that cause them harm.

The program offers the opportunity to achieve a stable lifestyle and to become independent of illicit drugs. It supports the belief that people have a natural tendency to progress towards maturity and health and that certain conditions need to be provided for this growth to be realised. These conditions include the

need to be congratulated, reassured, supported and encouraged, and the need to belong.

Everyone is supported and encouraged to take responsibility for their own actions, goals and outcomes. Changing Habits is managed by people who have been through the program.

Participants will be committed to the following:

- A desire to stop their drug use
- Attend the program for two days each week
- A willingness to set a treatment plan that identifies a

that help you understand what makes you happy. Maybe walking through the rainforest makes you happy, so your change may need to be rephrased into 'I want to walk in the rainforest at least twice a week'.

This will help you to get a better sense of being in control of what is happening. It's an extremely powerful experience to feel that you are in charge of your own destiny.

3. Start with small changes. These are usually less overwhelming and more achievable. So when you have made a start it will boost your confidence

4. Work out a plan. This involves deciding how you will start your changes. Remember to start with the things that seem the least difficult and work up to the more difficult aspects of your change. There will be times when the behaviour you want to change occurs more frequently or places that act as 'triggers'. Work out how you will respond to these things.

5. Take responsibility. This means that you need to be honest with yourself and to acknowledge your own behaviour. Changes won't work if you are relying on someone else or something else to alter so that you can be different. Embrace your change & make a commitment to give it your best shot. This will give you the best possible chance of success

6. Be gentle with yourself. If the change doesn't happen instantly or you revert back to your old behaviour look at how you can improve your chances of change. Beating yourself up for having failed is likely to send you into a spiral of doom and gloom and increase the old patterns that you are wanting to change.

7. Have fun. Enjoy your change if you can. Laugh about how difficult it is to make the changes. Try not to lose your sense of humour. Include activities that stimulate your sense of fun – play with the dog, build sandcastles, have a game of footy with your mates.

8. Get help. Your friends or family might be able to assist you in your changes, so let them know how they might be able to do this

9. Keep practising. Yes, it's like driving a car or tying your shoelaces at first you think you'll never be able to do it but then you find that you're doing it without thinking!

make some changes?

timeline of not more than three months.

Every participant will be invited to undertake an orientation process — explaining how the program works, helping individuals to identify desired lifestyle changes and to prepare and implement action plans.

Changing Habits is held each week in Maroochydore:
Tuesday: 9.30am – 2.30pm & Friday 9.30am – 2.30pm

Interested? Just give QulHN at the Sunshine Coast a call on 5443 9576. We'd love to hear from you!



Does watching grass grow sound exciting nowadays? Hanging for Days of Our Lives? Get out of the rut and become a volunteer!

"I felt like shit about myself each time I detoxed from H... I'd buggered up my own life and my family's and just focussed on poor me. But last time I started volunteering at the NSP and it's helped a lot. For the first time in years, I'm thinking of others and not myself... it's like all the shit I've been through can be helpful for others now. So I'm doing something useful instead of climbing the walls!" - Kep

QulHN's Needle and Syringe Program recently inducted another ten volunteers. Some of the tasks are to provide support and referral to clients, carry out regular needle sweeps of injecting 'hot spots', liaise with local businesses regarding safe disposal issues, develop relevant resources and educational materials, distribute clean injecting equipment and carry out advocacy and support roles aimed at enhancing the profile of injecting drug users. While at QulHN, volunteers have access to continual free training in a variety of subjects pertaining to working in a Needle and Syringe Program such as CPR, drugs, blood-borne infection awareness, and personal and professional development. Get involved!

more anti-boredom strategies

Life can get pretty flat at times. Here are some recommendations for livening up the boring bits of life. QulHN accepts no liability for anyone with the courage/lack of commonsense to actually try these suggestions.

To signal the end of a conversation, cover your ears and grimace.

Leave your fly open for one hour. If anyone points it out, say, "Sorry, I really prefer it this way".

Walk sideways down a busy footpath.

In an elevator, gasp dramatically each time the doors open.

When in elevator with one other person, tap them on the shoulder and pretend it wasn't you.

Finish all your sentences with "In accordance with the prophecy according to QulHN, ..."

Interrupt those talking to you by giving a huge dejected sigh.

Use your high lighter pen on the computer screen.

Shout random numbers while someone is counting.

Live in a share household? Put decaf in the coffee supply for three weeks. Once everyone has got over their caffeine addictions, switch to espresso.

Keep hitting your head with a rubber mallet. Each time you do, shout, "dammit, it's happened again!". Then do it again.

Walk into your flat mate's bedroom and while they watch you with growing irritation, turn the light switch on and off ten times.

For an hour, refer to everyone you speak to as "Dave".

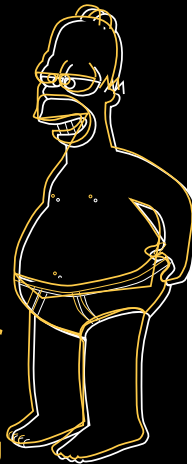
Ask people what sex they are. Laugh hysterically and slap your thigh after they answer.

After every sentence, say 'Mon' in a really bad Jamaican accent.

Dry hump the photocopier at the local news agent. When someone spots you, stop and cough embarrassingly, then lean in to the machine and whisper loudly, "I'll see you tonight".

simpsons drug references

Americans treating illicit drugs as a criminal issue, instead of a health one, must despair when the world's most famous family program is riddled with illicit drug references....



There's an episode where Dr. Nick is operating on Homer. Nick holds up a syringe, saying "This will make the operation seem like a wonderful dream." Then he shoots himself up and punches Homer, knocking him out.

Shelbyville spikes Springfield's water supply, in "just another chapter in the pointless rivalry between Springfield and Shelbyville." Marge drinks the water and trips. ("Oooh, the walls are melting." Turkey emerges from the oven, says "Personally, I think I'm overdone" and flies out the window.)

Lisa drinks the water at a ride at Duff Gardens (supposed to be like "It's a Small World" at Disneyland) after Bart dares her. She trips. ("I can see the music." "I am the lizard queen." "Can't talk. Coming down.")

In the episode where child protective services takes Bart and Lisa away, Marge tests positive for crack and PCP after saying "It's like I'm high on some wonderful drug." When she retests clean, she says "The only thing I'm high on is Love for my Son and Daughters. Yes, a little LSD is all I need."

When he runs for mayor, Sideshow Bob accuses Quimby of being an "illiterate, tax-cheating, wife-swapping, pot-smoking spendocrat". The scene shifts to Quimby, who is in his closet watering a pot plant. He says "Hey, I am no longer illiterate."

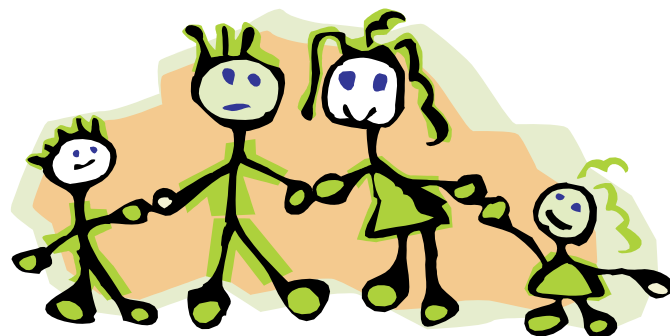
AIVL

QulHN is now a member organisation of the Australian Injecting & Illicit Drug User's League. AIVL is the national peak organisation representing the State and Territory-based Drug User Organisations and issues of national significance for illicit drug users. There's a forum and plenty of information on their website at www.aivl.org.au and they put out an excellent magazine, *Junk Mail*.

Like more info? Get in touch with AIVL at:
GPO Box 1552 Canberra ACT 2601
Phone: 02 6279 1600
Fax: 02 6279 1610
Email: info@aivl.org.au
Website: www.aivl.org.au

IF YOUR FAMILY IS REPORTED TO THE DEPARTMENT OF CHILD SAFETY...

QulHN has heard of many cases from parents lately, who have come into contact with the Department of Child Safety and are worried about losing their children. Here are the guidelines used when investigating a report in Queensland...



When a Child Safety Service Centre receives information about harm or risk of harm to a child, the Child Safety Officer taking the call will gather as much information as possible from the caller and decide the appropriate response. The responses to information received about harm or risk of harm to a child include:

1) General enquiry response

A general enquiry may be a request for information or relate to child welfare issues or child protection concerns. The information may be recorded but no further action is taken.

2) Child Concern Report

A Child Concern Report is recorded when child protection information is received and it does not meet the threshold for a Child Protection Notification. A Child Safety Officer may respond to a Child Concern Report by providing information to the caller, making a referral to another agency or providing information to the police or another state authority.

3) Child Protection Notification

A Child Protection Notification is recorded when the information received indicates that a child has been harmed or is at risk of harm, and it is suspected that the child is in need of protection. If a notification is recorded, an investigation and assessment is undertaken to determine the immediate safety and ongoing protective needs of the child.

During the investigation and assessment

Child Safety Officers will undertake an investigation and assessment and determine whether a child is in need of protection. Where it is indicated that a criminal offence may have been committed, a member of the Queensland Police Service will also participate. When an investigation and assessment involves an Aboriginal or Torres Strait Islander family, a worker from a recognised Aboriginal and Torres Strait Islander Agency may also attend.

In most cases, the investigation and assessment is able to be completed with the full cooperation of the family. When this cannot occur, a Child Safety Officer may apply to a magistrate for an assessment order to enable a full investigation and assessment to be completed. The order may include provisions to:

- allow entry into the family's home to find the child;
- allow professionals and police to have contact with the child;
- allow a medical examination or treatment for

the child;

- place the child in the custody of the department while the order is in force; or
- direct a parent not to have contact with the child or to have only supervised contact with the child.

SCAN teams

A child's case may be referred to a Suspected Child Abuse and Neglect (SCAN) team. SCAN teams are multi-disciplinary and inter-agency forums comprising government departments with statutory responsibility for child protection, and other relevant stakeholders. The SCAN system provides for a coordinated response to the protective needs of children.

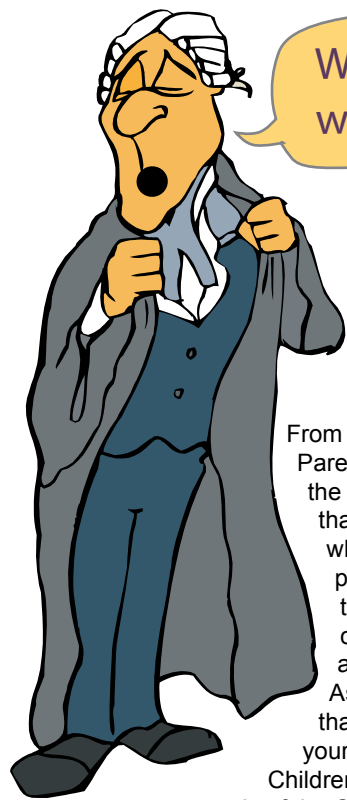
After the investigation and assessment

If the investigation and assessment determines that a child is at risk of future significant harm and requires protection, departmental intervention will occur to ensure the ongoing safety of the child. Departmental intervention may occur with the agreement of the parents, as an Intervention with Parental Agreement case, or with the use of a Child Protection Order, which can only be made in court. There are a number of different types of Child Protection Orders, which may be granted according to the specific circumstances of each child. At all times there will be attempts to keep the child safe within the family home.

When children are removed

Children are removed from their parents' care in only a minority of cases. Where possible, the department ensures the protection of a child by supporting and assisting the child's family. The majority of children are able to remain at home and be protected within their own family, with the Department of Child Safety and community agencies working with the child's family to ensure the child's protective needs are met. When a child is removed from the care of the parents, attempts are made to maintain regular family contact and family relationships and, if possible, to return the child to the care of their parents,

For more information: Phone 07 3224 8045 or 1800 811 810, or visit www.childsafetyservice.qld.gov.au



Worried the department wants to take your kids?

Luke Leotta, a solicitor with Smith & Associates, provides some handy tips if you come into contact with the Department of Child Safety.

Please note this information applies in Queensland only. Contact user associations in other States for legal issues there.

From time to time we all have difficulties in life. Parenting is not an easy task. For various reasons the Department of Child Safety might decide that your children are in need of protection whilst you "sort yourself out" or develop your parenting skills. The first you may know of the Department's interests in your parenting could be when you are served with a court application for a Guardianship Order, or an Assessment Order. These documents outline that the Department has concerns regarding your children and that they intend to apply to the Children's Court to have your children placed in the custody of the Chief Executive. This is a scary experience!

So what can you do?

The first and foremost thing you need to consider is obtaining legal representation! The Department of Child Safety have their own specialist legal officers who will represent them at court, so it is important that the playing field is even.

An application for legal aid can be obtained from your local Legal Aid office, or alternately you can contact a lawyer who is a legal aid preferred supplier and they can provide you with an application.

So what's the process?

There will be an initial court appearance in the Children's Court, before a magistrate. This is called the first "mention". At this time the Magistrate will usually make an order that all parties are to attend a conference to discuss the matter, and then return to court at a later date.

You are entitled to have your lawyer present at the conference to discuss the issues. This conference allows the Department to explain the parenting plan they may have devised and for all parties to openly discuss the issues. The conference also allows the lawyer to gauge what evidence the department may have and what angles they may take at a hearing.

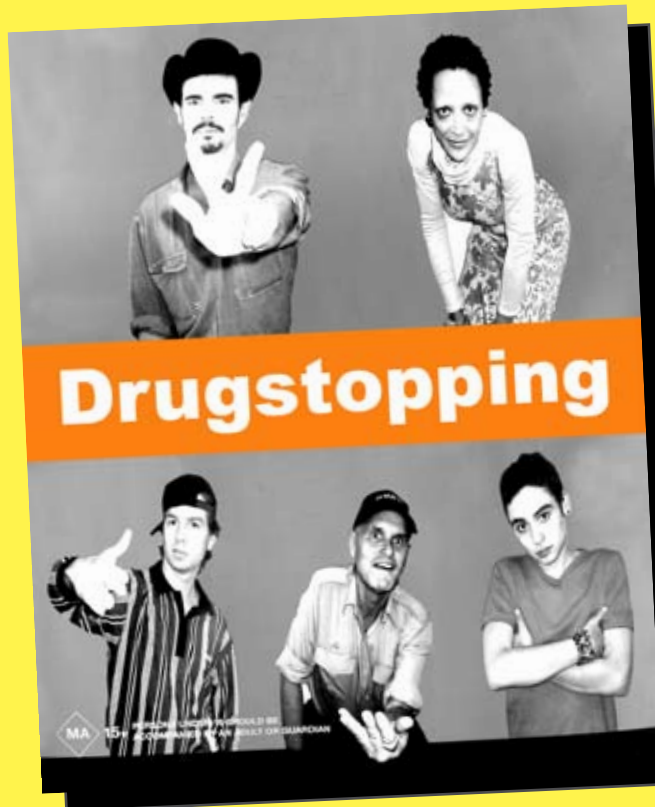
Returning to Court

After the conference, at the next court appearance you may decide that you will consent to the guardianship order based on the parenting plan put forward by the department. You may feel that it will be beneficial to have your children cared for by a foster carer for a period of time whilst you develop your parenting skills. In this case the court appearance will be short and your lawyer will advise the court that you consent. An order will then be made reflecting this.

You may however wish to oppose the application, and the matter will be listed for a "hearing". This is a similar to a trial, and all of the parties will give evidence and be cross examined on that evidence. Your lawyer will make submission to the magistrate and eventually a decision will be made as to whether or not to grant the guardianship order.

If you are after legal advice, you can call Legal Aid Queensland on 1300 651 188, or Aboriginal & Torres Strait Islanders Corporation Legal Services (ATSILS) on 1800 012 255.

Smith & Associates has extensive experience in Family, Criminal and Child Protection law. They are located at Suite 2, 61 Bulcock Street Caloundra. You can contact Luke Leotta on 07 5491 7911.



Choose life. Choose a job. Choose a career. Choose a family. Choose a fucking big television. Choose washing machines, cars, compact disc players & electrical tin openers... choose DIY & wondering who the fuck you are on a Sunday morning. Choose sitting on that couch watching mind numbing, spirit crushing game shows, stuffing junk food into your mouth. Choose rotting away at the end of it all, pissing your last in a miserable home, nothing more than an embarrassment to the selfish, fucked up brats you spawned to replace yourself. Choose your future. Choose life... But why would I want to do a thing like that?

Yes CHOICE is what it's all about. You ask why choose life? I ask why not? What's the alternative? For me it's like this...

I Choose life, I Choose to volunteer, I Choose a family; I do not choose a career. I Choose a car, I Choose a washing machine I do not Choose a fucking big television (but have one anyway).

I've often Chosen DIY and wondered who the fuck I was on a Sunday morning. So I Chose to go to church instead.

I sometimes Choose to sit on the couch watching mind-numbing, spirit crushing game shows stuffing my face with junk food. Then I Choose to get up and take the dog for a walk as it makes me feel so much better.

I do not Choose to rot away at the end by pissing my last days away in a miserable home. I choose not to care if I'm an embarrassment, especially to my brats if they're selfish.

If my brats are fucked up I Choose to find out why? And I Choose to be proud that they are the ones replacing me.

I Choose to take on life's challenges and reap the rewards. I Choose to laugh often and for no reason.

I Choose to see my glass as half full rather than half empty.

I'm happy with my choices, I hope you'll be happy with yours. SEE YA- Fiona

p r s > f c = l g

when the pain of remaining the same becomes greater than our fear of change, we will surely let go

hep c

Feeling run down? Painful liver? Have you ever shared injecting gear, tattooing equipment or shaving razors with others? Probably be a good idea to read on...

Hepatitis C is one of the most serious types of hepatitis (inflammation of the liver). When first infected, this is known as an acute infection. After the acute infection (six months), about 75% of people do not get rid of the virus from their body. The virus stays in their body and may cause ongoing disease in the liver. This is called chronic infection, and it can be passed on to other people.

Chronic hepatitis C infection causes progressive scarring of the liver. This is usually a very slow process, occurring over 20 to 50 years. About one in ten people with chronic hepatitis C develop severe scarring and shrinking of the liver called cirrhosis. These people can become very ill and have an increased risk of liver cancer.

How do you get Hepatitis C?

Hepatitis C is spread by blood from an infected person entering the bloodstream of another person. Every drop of blood from an infected person will contain the virus. For illicit drug users, the most common methods of infection are from:

- Re-using or sharing needles and equipment when injecting drugs
- Sharing personal hygiene equipment such as razors or toothbrushes with an infected person
- Sharing tattooing or piercing equipment at home or in prison.
- Sexual contact with an infected person where blood is present.

Transmission through sexual contact is uncommon as transmission occurs only through blood and not through semen or vaginal secretions. Condoms and lubricant are recommended for anyone with a new sexual partner, during anal sex, if a partner is menstruating or when blood exposure is possible. Condoms and lubrication are also recommended for the use of sex toys.

How can I tell?

You can only tell you have the hepatitis C virus (HCV) by having an HCV antibody test. Hepatitis C is usually a long-term (chronic) illness and often there are no symptoms. Only a small number of people experience short-term (acute) illness with hepatitis C.

Some symptoms that might be experienced with acute hepatitis C include:

- Yellowing of the skin and eyes (jaundice), and dark orange or tea-coloured urine
- Nausea
- Tiredness

- Swollen and painful liver (right-hand side of abdomen).

It usually takes one to five months after contact with hepatitis C for infection to develop. This time is called the incubation period. Hepatitis C is very infectious during this period, as well as when symptoms occur.

Most people with acute hepatitis C go on to have chronic hepatitis C infection. These people usually feel well and may never develop symptoms. However, they remain infectious to others for the rest of their lives.

Up to 25% of people exposed to hepatitis C infection will clear the virus but continue to have antibodies, so it is important to be tested.

How can you test for Hepatitis C?

Having a blood test is the only way to tell if you are infected with the hepatitis C virus. Blood tests can also show if there is any damage to the liver. If you have ever injected drugs, you may have been exposed to hepatitis C, see your doctor and have a test.

If you find out you have hepatitis C, people you have shared injecting or piercing equipment with or sexual partners where there was a possible exchange of blood, should be tested if possible. If you feel uncomfortable or embarrassed about telling your friends, partner or partners, the doctor, nurse or health worker can contact them. This is a confidential process and your name will not be mentioned.

Treatment

Your doctor will monitor your health in relation to your hepatitis C status. They may suggest at some stage you undergo treatment. Treatment outcomes for people with hepatitis C are encouraging. Check the contacts below for more info.

Some tips

- Limit or avoid alcohol — with chronic hepatitis C you should seriously think about not drinking at all. Alcohol can increase the injury to the liver.
- Maintain a healthy well-balanced diet and get adequate rest. If you are injecting, always wash hands thoroughly before and after injecting. Also clean the area to mix and prepare your shot.
- Never share any injecting equipment, including the mix, water, tourniquets, swabs, syringes and needles.
- Dispose of equipment in the sharps containers provided by your NSP.

After more info?

The Hepatitis Council of Queensland is a community based organisation that provides information, referrals, counselling and support. You can ring them on 3236 0612 if you live in Brisbane, or call 1800 648 491 from other areas.

If you've got web access, try http://www.health.qld.gov.au/sexhealth/Hepatitis_c.shtml for heaps of information on the virus. Your friendly NSP staff also can help out with any questions you have!



lost in space?

Sometimes we can find ourselves at a place we never thought we'd be. Drugs, legal or otherwise, can have a way of getting us off track. Some people can mostly keep things under control. For others, going through a tough time can see drug use take over their lives more than they wanted it to.



Remember that QuiHN and range of other services are there to provide the information and support you need, whether it is to detox, get things back under control, or simply learn how to inject your drug of choice more safely.



Learn how to inject better AND get paid!

If you are an injecting drug user living in Brisbane, Gold Coast, Sunshine Coast, Cairns or Rockhampton, we will pay you \$110 to learn about wheel filters, handling overdoses, your legal rights and safer injecting techniques.

It's totally confidential and earns you money — how sweet is that?

Brisbane 07 3620 8111

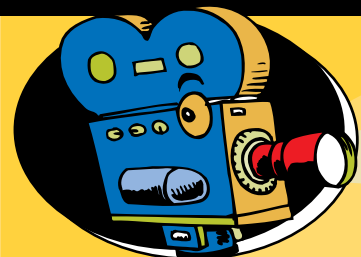
Sunshine Coast 07 5443 9576

Gold Coast 07 5520 7900

Rockhampton 07 4923 7443

Cairns 07 4051 4742.

If you don't get through to regional offices, call our head office toll free on **1800 172 076**.



movie review

★★★★ **BLOW**

Based on a true story, *Blow* looks at George Jung's rise and fall as a cocaine dealer who eventually became the biggest importer in the US.

Starting in the 1960s, George Jung (Johnny Depp) moves to California in search of the American Dream, where he meets a marijuana dealer and starts enjoying the lucrative bliss of selling marijuana. He hits trouble and winds up in prison where he makes connections to the Colombian cocaine suppliers. On leaving prison, he makes a rapid climb to the top as the biggest importer of cocaine before his world crashes down around him.

Released in 2001, *Blow* is a gripping film, particularly as it has the ring of truth about it. One of the best lines from Johnny Depp is "I went in with a bachelor's of marijuana and came out with a doctorate in cocaine."

Got a favourite drug flick? Like to send in a review? You can mail it to Tracks Editorial Panel, PO Box 2470, Fortitude Valley Business Centre 4006, or email to hqmb3@quihn.org.au.

out on
dvd in both
good & trashy
video stores



There was a young girl who was not,
Herself until she'd had her shot,
She said it's all right for some
but I'll sell my bum,
Cause I'd rather be stoned than not!!!
- Fi.V.C



Women would rather be pretty than smart because men see better than they think - anon

getting back on?

Been through detox? Getting the itch to get back on your drug of choice? Remember your tolerance will be much lower now... a bigger high but also a much greater chance of OD! Do yourself a favour and follow the three golden rules to keep walking the planet!

Never use alone

If you do overdose, your mates can do the first aid thing and get the ambulance.

Try a small taste first

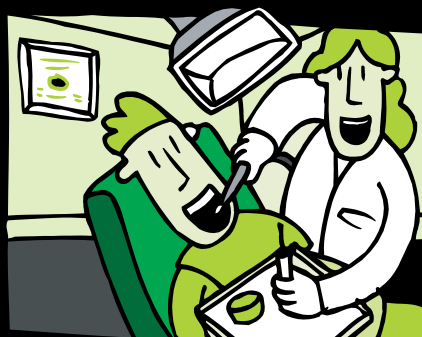
You can get a handle on the strength of the shot and how much tolerance you have. You can always go back for more!

Smoke, snort or shaft it

These alternatives to injecting are far safer. You'll be just as stoned — you just trade off some of the rush for safety!

Don't store old filters!

Sometimes people are hanging on to old filters in case they can't access new ones. Sorry guys, but this is a really bad idea! All sorts of nasties can grow in the meantime and you could wind up much worse off than not having a filter in the first place! Planning ahead is the only alternative — always make sure you've got a neat stash of brand spanking new filters from your NSP. The guys there can give you tips on the best filters, and how to use them if you are new to them.



FREE DENTAL CLINICS

Queensland Health has free public dental clinics across Queensland for anyone with a Healthcare card. There is usually a waiting list so make sure you ring ahead.

To find your nearest clinic in **Brisbane**, check in the White Pages under Queensland Health - Dental Health Services, or simply call 131 304.

Sunshine Coast (Noosa) 5448 0044

Gold Coast 1300 300 850

Rockhampton 4920 6212

Cairns 4050 8711.

Want an NSP In a hurry?

There are NSPs all over Queensland. You can call Alcohol & Drug Information Services on 3236 2414 within Brisbane, or 1800 177 833 from regional areas to find your nearest one.

You can also order a brochure with NSP locations or go to <http://www.health.qld.gov.au/atods/programs/qnsp.asp> and print them out.

Free legal information

Legal Aid Queensland's information services are free. Anyone living in Queensland can call 1300 65 11 88 for the cost of a local call.

Sexual health issues?

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

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

Clinic 87
87 Blackall Tce Nambour Qld 4560
(07) 5441 2459

Hepatitis

Hep C Council of Queensland
Level 2, 30 Herschel St North Quay
Brisbane 4000
(07) 3236 0610 or 1800 648 491

HIV and AIDS

Queensland AIDS Council
187 Melbourne St South Brisbane
(07) 3017 1777

Sex workers

SQWISI
404 Montague Road West End
1800 118 021

hard time

USER'S STORY

If you want to do your time harder than it already is, lose your privileges, phone calls, buy-ups, contact visits, parole, home detention, get into fights, get bashed, get stabbed or killed, end up on protection, maybe catch hep C or HIV/AIDS, it's easy! — just do drugs while you're in gaol.

And I'm pretty sure that one of the above will end up happening to you. Maybe more than one. I'm talking from personal experience here. I did just over four years' gaol. Most of the bashings, stabbings, and killings that I saw in gaol were over drugs. I saw guys who came into gaol with only a few months to do end up doing a couple of years for bashing the living shit out of some poor bastard — all over drugs and gaol fucking politics. A couple of guys who came in doing only a couple of months are now doing life: all because they got pillled off their faces and bashed a guy to death over pills. And when these guys weren't on pills they were really nice blokes. It spins me out how ten little white pills and 60 minutes can turn two small-time crims into killers and change their lives forever.

Another guy I knew, who turned into a standover bully when he took drugs and pills, had a shiv [blade] stuck straight through him, killing him instantly. I saw guys that had scored a cap of hammer but didn't have their fits and were hanging out that bad for their hit they would end up using an old fit that a quarter of the gaol had used over and over again.

I knew guys that would risk losing their contact visits with the people that meant the most to them — girlfriends, wives, lovers, family, and friends — by getting them to bring in drugs. They would cut down 30ml fits, swallow them, or shove them up their arses, to avoid being caught on the strip search. They'd either throw it up or go to the toilet to retrieve their stash.

I knew guys, otherwise (sexually) straight, who were hanging out so bad for a whack of hammer they'd let other guys fuck them without condoms so they could get a cap without having to pay cash. Or they'd end up sucking someone's cock to save themselves from being bashed because they couldn't pay for drugs they'd got on credit.

Blokes with no money or visitors who could bring in stuff, blokes who hated doing their time straight, would suck some guy off so they could get a couple of pills, or a cone, and get off their faces for while. Other guys who didn't pay their credit ending up singing themselves on protection, being put on weak cunt and dog by the mainstream population and having to do

the rest of their time in the boneyard with all the kiddy tamperers.

Another bloke, who thought of himself as some sort of mafia godfather, thought that every half good-looking young guy that came into the unit was there as his personal toy-boy. He would try to win them over with drugs and standover tactics. Try to convince them that they needed him to protect them from everyone else . . . the only person they really needed protection from was him. He used to con quite a lot of young guys and treated them like his property. He tried the same stuff on me.

After he'd had me three or four times, I got some advice from other guys in the unit. I put an orange from my lunch into the freezer. After lunchtime lockup, and we'd gone back into the rec area, I put the orange into a sock. When the screws had gone back into their box, I caved the guys face in. The godfather was rushed off to hospital, where he stayed for quite some time. I never saw him again. But the whole unit rallied around me and backed me up. The screws couldn't charge anyone with the bashing.

When I was on the outside, I was doing drugs and doing crime to pay for the drugs. After a while inside I got to thinking. Gaol sucks. Really sucks. But I figured I had to make the best of a fucked up situation. I'd always thought about trying to get off — going straight, doing some studies so I could get a job, making something of my life. So I tried to use my time well. To get fit and healthy, learn to read and write, study something I'd always been interested in. I found a good mate who wanted to get out without doing extra time, got a job in the kitchen, did a computer course. After I got out I did a cooking course at TAFE, and ended up with a pretty good job in a restaurant.

I reckon that keeping away from drugs and trying to stay out of gaol politics helped me stay out of trouble. I can't say that it

stopped anything bad from happening to me, but it did minimise the chances.

- CC

Many thanks to our cousins at NUAA in NSW for permission to reprint this article from User's News. Visit their website at nuaa.org.au for all sorts of cool information and user's stories.

We want them to have self-worth so we destroy that very self-worth.

We want them to be responsible so we take away all their responsibilities.

We want them to be part of the community so we isolate them from the community.

We want them to be positive and constructive so we degrade them and make them feel worthless.

We want them to be non-violent so we put them where violence surrounds them.

We want them to be kind and loving people so we subject them to hatred and cruelty.

We want them to quit being tough guys so we put them where tough guys get respect.

We want them to quit being tough guys so we put them where tough guys get respect.

We want them to quit hanging around with losers so we put all the losers under the same roof.

We want them to stop exploiting us so we put them where they exploit each other.

We want them to stop exploiting us so we put them where they exploit each other.

We want them to take care of their own lives and problems so we ensure they totally depend on us.

Honorable Judge Dennis Challeen, NZ, quoted in the 1994 edition of Stimulus.



drug desiderata

Go placidly amid the noise and haste, and as far as possible, be on good terms with all persons, not only your dealer, but friends, family and even the cops.

Speak your truth quietly and clearly; and listen to others, even to the dull and ignorant; they too have their story.

Enjoy your achievements as well as your plans. Keep interested in your own place in society, however humble, it's a real possession in the changing fortunes of time.

Exercise caution in your affairs, for the drug world is full of trickery. But let this not blind you to what virtue there is; many persons strive for high ideals, users of illicit substances included.

Nurture strength of spirit to shield you in sudden misfortune. But do not distress yourself with dark imaginings. Many fears are born of fatigue and loneliness.

Beyond a wholesome discipline, be gentle with yourself.

You are a child of the universe no less than the trees and the stars; you have a right to be here, despite the advocates for war against illicit drug users. And whether or not it is clear to you, have no doubt the universe is unfolding as it should.

Therefore be at peace with all and keep peace in your soul. Despite the odd bad hit and hanging out, it is still a beautiful world.

Be cheerful. Strive to be blood aware.

Shoot clean. And enjoy the highs.

