

TRACKS

ILLICIT DRUG USERS MAGAZINE



I CROSSED OUT
MY DESIRES
AND JUST FOLLOWED
THE LAZY SUN
IN YOUR EYES

everyday i try
to abstain
the descending soul
trying to get high
always falls to a
deeper hole
gotta get high
gotta get high

the dark when it comes to you shoot thru
this monster in me
you have well earned this displeasure

give us courage & enthusiasm
give us charity & unity
give us the spirit of initiative
& originality of thought
give us pure intention in all things
and a deep love of the delectable
amen

CANT SLEEP THESE DAYS
THERES NO ONE TO TALK TO
SO I GET UPTIGHT
WITH TELEVISION

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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.

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

Needle and Syringe Programs (NSPs) neither condemn nor condone drug use, but aim to reduce harm by providing sterile injecting equipment, disposal containers, 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 detox services provide different strategies for people wanting to reduce or cease their drug use. Complementary services include psychosocial education, process and recreational groups offering support for people contemplating, making, or sustaining changes to drug use.

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

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

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USER'S STORY

T'was the day before cheque day and all through the house, the users were hanging, and so on... Okay, I went out New Years Eve and re-enacted the siege of Leningrad on my liver. I was intelligent and insightful like William Boroughs, sang like Nick Cave and was generally the man of the "hour".

Of course this is only in my own mind, I had ingested fuck knows what. In truth I was stoned, falling asleep, and threw my drink all over myself when on the Nod and everyone shouted "Happy New Year" and thus went home with a wet crotch and no direct memory of the event;)

I woke up, sweating, shaking, and with the most urgent need to visit the lavatory, not knowing which end to stick at it first, I settled for sitting on the lavatory facing the sink, in case my own offensive odour caused both to work simultaneously.

Every time I am sick, I find my own bodily functions repulsive — you sweat, you give an offensive odour, you vomit, you splurt, you retch, you heave, you moan, you whinge, no one wants to know you — in fact you become less than human and lie there praying that St Joan of Narc will drop you a quarter from our of the heavens, which is close to what happened this new year's day as I lay in my own disgusting misery.

I was lying there trying to get up the courage to say sorry to all and sundry, girlfriend flatmates etc, because I know I must have been offensive and done stuff that made me appear to be a complete FUCKWIT as I was three shades of wasted.

Then there was a knock at the back door. I threw a towel around me and went to answer the door. I left my sleeping girlfriend, walked past my semi-dressed hanging out ex girlfriend and answered the door. All the while puzzling why my ex was semi dressed and on the couch, but that's another

story, one I have already well and truly paid for.

Anyways, back to the meat and potatoes. I threw open the back door, and there was a man who looks exactly like Jack Nicholson on my back door landing, he was shaky and actually knew my name.

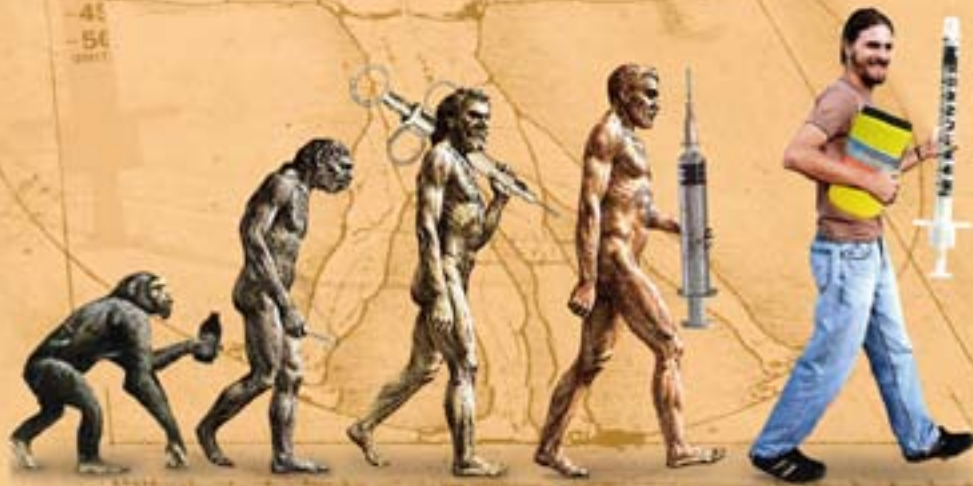
'Yet another one of life's little mysteries' I thought to myself, trying to piece together what ever the hell I did the night before. Anyways he uhms and ahhs and tells me he knows that I "use". I thought 'big deal, this is the Valley, man'. Yeah right, the next thing he says is "Can you score, money is NO OBJECT". Thank you St Joan of Narc.

A user's paradise. I did what any good junky would do. I dressed in just a towel and a hangover kissed him! My prayers were answered. I of course woke up the girlfriend, "sweetie lets go"!!! She of course being a woman said "where, who, who is this guy, how do you know him, maybe he's a cop, and why the fuck is your ex on our couch in her underwear!!!!" Well let's NOT go into our personal life, needless to say ten or fifteen minutes later we are on our way.

Mum, the motherly kindly drug dealer was happy to see us, she too was a little weary after the nights festivities, we took our new "best friend" to visit mum and made an important discovery!!! There is an instant, complete and miraculous cure for the morning after the night before; there is a brotherhood and bond that is forged in the blink of a drug deal. I was happy, he was happy, unfortunately the ex and the girlfriend weren't happy, but as I have said, that's another story entirely!!

- J.

Annual drug deaths: tobacco - 395,000; alcohol: 125,000, other 'legal' drugs: 38,000. Illegal drug overdoses: 5,200; marijuana: 0. Considering government subsidies of tobacco, just what is our government protecting us from in the drug war? - Ralph Nader, long-time consumer advocate in the USA



USER'S STORY

HOW TO BE A WINNER: a guide for hairless apes

I am definitely the odd one out at these dinner parties. Going clockwise we have a solicitor, doctor, biologist and two small business owners. Then there's me, the hairy alternative semi-hippy type who I suppose is always good for entertainment value. And I'm okay with that, I'm not intimidated by their sleek cultivated looks and the air of success that oozes from them. I'm pretty comfortable with who I am, although they will never find out about my love affair with the needle. That would push the envelope too far.

They talk about the alleged stepping stones of soft drugs to hard drugs, look to me for an opinion and I just shrug. I think it's a crock of shit; and I know there are heaps of studies that disprove this urban myth, but they can think what they want.

They know I get on the bong, they probably figure it goes with that bohemian look I've got. But I know their fashionable tolerance will evaporate against the stigma of heroin, so it never features in the circular stories.

What the hell is a circular story? you ask. We've developed this odd tradition that the teller of the best story gets to take the last bottle of wine home, and tonight's theme is our most embarrassing moment. The wine kicks in and I laugh and hoot along with everyone. The biologist has an amusing tale about trying to kill a mosquito with fly spray in the bedroom, only to find in the light of morning she had picked up the spray paint instead. Then it is my turn, and the appropriate story comes to mind...

How to be a winner

A long queue snaked its way out the front door of Centrelink. I had plenty of time now that I was unemployed. I chained my bike up to a parking sign. I joined the passive line. I caught the distinct smell of apathy. There was a gentle whiff of non-achievement in the air. Stubby male cheeks blowing smoke from twisted rollies. Stubby female legs encased in track suit pants and Woolworths thongs. These were people who *knew Days of Our Lives* on an intimate basis.

I was determined not to fall into the black hole of the dole mentality. I would maintain the aura of a winner. I got to the desk and dealt with the paperwork. I chatted with the tired public servant swamping me with forms. I marched out past the growing line that now reached the footpath.

Listless eyes followed me for want of better things to watch. So I strode with purpose all the way to my pushbike. I was determined to finish with an inspiring running start and leap onto the seat. The still fastened chain allowed me about two steps into this. Suddenly I was flying over the handlebars, slamming the back of my head into the gutter, my arm caught in the front wheel. The gloss of success rapidly abandoned me.

The sound of hand clapping wafted over from around thirty people who looked visibly brighter with their day. Various losers wandered over to make sure I was okay. A recently graduated doctor asked me who the prime minister was. A one-armed man had me counting fingers. Once they figured my head was okay a fat guy with pink thongs and red Winfields unlocked my chain. He said I could rest up at his place around the corner if I wanted. 'With a good warm cuppa', he added with a smile missing several teeth. As I wobbled my way home I realised I certainly showed them what being a winner was all about.

As happens more often than not, I win the last bottle of wine, a fine looking semillon although I know fuck all about wines. Apparently my story was not only amusing, but had a moral, so it pipped the biologist's spray paint tale.

And I guess it does have a moral. It doesn't matter how good our clothes are, what our job is, which drugs we use or how we get them into us – in the end we are all just hairless apes, and what distinguishes us from the animals is the level we choose to rise above our base instincts and care for other people.

at the airport...



Sometimes those really cheap airline tickets aren't worth the seat you have to put up with...



... and the window seat doesn't guarantee a great view either



... and when did domestic planes get afterburners? and why only on one wing?!



not that afterburners make military planes any safer...

RETOX

I'm so good at detoxing, I've done it a dozen times, ha! Sad fact is that staying off is hard, and most of us do rettox at some point. At least you get a good rush for a while, until your body gets dependent on the drug again! The main thing to remember is take it easy if you do "rettox". It is really easy to overdose when your body is no longer used to your drug. Try a small taste first, then top up as required. And don't treat yourself as a total failure if you get back on. At the very least you gave your body and mind a bit of time to recover!



USER'S STORY

Happy Father's Day

I read a story from a past issue of this magazine called *The Arsehole Factor* (Vol.2 p.10) about how Narcotics Anonymous encourage you to go around apologising to the people you have wronged – a great story that made me sit back and think of my own beloved arsehole.

I'm not with him any more, and probably won't be again, because kids and drugs don't mix well. I love him sincerely, but it's hard to recount all the fucked up things he has done to me, and probably to hundreds of other people. I am not wanting sympathy, but to help you get a grip on what you might be doing to the people you love, but you don't want to be held emotionally accountable because you are using.

RESPECT

Part of respect is accountability, so for anyone to get respect, they have to earn it. If you are not getting respect, perhaps it's because of

what you are doing, and how you treat the people around you.

The worst thing he has ever done, is told me "I love you", because he didn't love me enough to stop. The best thing he has ever done was give me our son. What can you imagine would be the worst thing an arsehole could do to his missus? You got it, hold the kid for ransom and literally hold a seige in public — no less with hundreds of witnesses — for junk.

Screaming like a banshee "GIVE IT TO ME", like a demented loon and raging way out of control, all the while holding my precious lil' baby with one hand in a vice-like grip, leaving bruises down his back, my handbag tipped out on the street while he goes through it for money or drugs or both or anything.

Of course in his infantile mind I am the bad guy, go figure. I not only called the jacks, I tried to get him committed. There is no way my beloved arsehole would ever hurt our baby if he was in his right mind. You can lead a user to freedom, but he won't take away the bars. He only sees the need and the person stopping him from getting junk and you become the enemy. If I have money, he wants it and it is no good until it is all gone.

HOSTAGE FOR JUNK

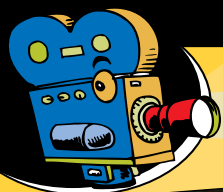
In his time he has really hurt me; broken my ribs, broken my nose, had me on the floor and kicked the fuckery out of me with his boots on. That is why him grabbing our baby as a hostage for junk means No More – because I am the one who stands between him and his fix. I am the one who says no. I am the one who says enough. And unfortunately I am the one who wears the rage and the anger and the abuse. I can't choose to have our baby stand with me.

So when you are about to lose it, remember that the person you are most likely to lose it with is the person who loves you the most, the one who wants more for you than you can imagine, the one who puts their life on the line to save your arse from pain and hurt and humiliation and jail and maybe even death. You are likely to hurt that person, and a hundred others out there, who know exactly what it takes to say No, to say fair's fair, enough's enough.

We don't turn off the love — that never goes away — we just have to do what you would do if you were in your right mind. I know my beloved arsehole loves our baby with all his heart — even if we are fighting — I take on the responsibility of keeping our son safe from him for his sake, because he is not strong enough to do it himself. I am the horrible missus who won't let the person I love most see his baby.

THINK OF ME

Whatever it cost you, it cost me more. Next time you are about to lose it, think of me. I am your wife or your mother or your sister or your brother, and my blood bleeds as red as yours does, and my pain is as deep. If you think you feel bad because you're shitting your pants and puking, just remember me, rocking our baby through the night and going to bed alone to cry myself to sleep once more. Happy Father's Day, Arsehole. I do love you more than you will ever know. -A.L.B.



movie review



Darren Aronofsky directed *Requiem For A Dream* as an intense story of how a variety of people, knowingly or unknowingly, get into various drugs. To some extent, *Requiem* avoids the usual stereotypes of drug users in American films. We see the good times, mateship and intense highs of drug use, balanced with the shit that can also happen for some users when things get out of control. The music and visual effects are excellent, particularly the fast take sequences where the main characters are shooting up, and when they are tripping.

Harry Goldfarb genuinely cares for his mum but occasionally pawns her TV to get on, while she gets into trouble with prescription drugs from a careless doctor. The film creatively goes about looking at other dependencies apart from drugs, such as TV, relationships and individual visions of what a better life might be. Another great touch is that no particular character is typecast as evil or good – we just see confused vulnerable people which is a vast improvement on the concrete morality and one dimensional figures in many drug films.

Ever had the hankering to be a famous film critic? We can't make you famous, but we may accept your film review of a favourite drug flick. Send in a review! You can mail it to Tracks Editorial Panel, PO Box 2470, Fortitude Valley 4006, or email to hqmb3@quihn.org.au



VEINS CLOSING DOWN IS AN OCCUPATIONAL HAZARD WITH REGULAR INJECTING, IF YOU HAVE HAD YOUR FAVOURITE ONES CLOSE DOWN, HERE IS A GUIDE TO YOUR NEXT BEST OPTIONS...

Bad injecting technique, lack of filtering, not rotating your sites, reusing needles and injecting too quickly are a few of the things that can lead to vein closure. The only way to guarantee your veins stay in great shape is to use non-injecting methods like smoking, shafting, snorting or swallowing. But if you insist on injecting, here is a guide to which veins you should be use, especially if your fave ones have gone.

NOT RECOMMENDED EVER!

Injecting in the **neck** is extremely dangerous, as there are many arteries, veins and nerves close together. Hitting an artery can result in strokes, while hitting nerves is very painful and can cause paralysis. Abscesses or infections can cause a huge amount of trouble in this area, while using a mirror to self-inject can be very difficult to do.

4

Most of us are either left or right-handed. If the veins have closed down in one arm, use the other arm instead. Even if this feels uncomfortable, practise using your other hand. The problem is that after your arms, all your injection sites involve much higher risks so stay with your arms where possible.

NOT RECOMMENDED

Injecting in the **armpit** is risky. All the veins, arteries and nerves are close together around this joint with the usual risks of pain, nerve damage or artery blockages further down the arm.

NOT RECOMMENDED

Injecting into the **femoral artery** is very risky. The main issues involve it being very close to the femoral artery and nerve. Hitting the nerve not only causes intense pain but may cause paralysis as well. Injecting into the artery can also be very painful and may cause blockages in blood vessels further down the leg.

NOT RECOMMENDED

Injecting in your **legs** is not good for several reasons. The blood flow is slower and can cause a missed hit. This slower blood flow also means healing takes longer, with a greater chance of abscesses and infections. Leg veins have more valves to help the blood move up your leg. These valves create more turbulence during injecting and thus more damage.

Although **varicose veins** may look obvious, these are very weak and should never be injected into.

All these problems apply even more to your **feet**, as there is a high risk of fungal infections from footwear.

Many thanks to our sexless drug test dummy, Groucho.

NOT RECOMMENDED

Injecting in the **breasts** is not a good idea. Even if the veins look prominent, they are very fine and easily damaged. These veins are very close to the milk ducts and these can very easily become infected. This can lead to abscesses and a painful condition called mastitis.

2

The **upper arms** tend to be the next best option, although they may be harder to find. Use a tourniquet but remember to release it before injecting, otherwise the extra blood pressure can cause vein damage.

1

The **lower arm** has plenty of veins between your elbow and wrist, which are the best ones to use. Remember to have several sites and rotate them.

Good technique, new fits each time and rotation your sites should prevent vein closure. Rotation of sites gives your veins time to heal from the needle tearing their fragile lining. Remember to use these veins on your other arm too when rotating sites. If it feels awkward, practise by injecting sterile water in between real hits till you get the hang of it.

If the veins on the inside of your arm have closed down, you can use the ones on the outside of your arm too. Just make sure you inject with the blood flow, ie toward the heart.

3

The veins in the **hands** will usually be your third option. Although they may look prominent, they are smaller and more fragile. Use a very fine needle and be sure your mix is well filtered – a wheel filter is best. Veins in the fingers are very small so avoid these if possible. The artery usually lies just under the vein and it is very dangerous to accidentally inject into these. Remember to take off any rings or other jewellery that can restrict blood flow.

NOT RECOMMENDED

Injecting in your **feet** is quite dangerous. As the blood flow here is even slower than in your legs, there's a greater chance of missed hits and abscesses, and slower healing. Infection rates are high due to more bacteria on feet, especially if you wear shoes. The further you move away from the heart, the smaller and more fragile the veins become. You don't get further away than the feet! The veins may look big as there is little fat on your feet, but the veins are quite small with fragile walls.

NOT RECOMMENDED

Injecting in the **penis** is dangerous, with problems like local infections being highly likely. Another problem can be priapism – an erection caused by the veins not reopening. This can last a long time and be extremely painful.

Missed hits

WHAT IS A MISSED HIT?

You'll know it by an immediate stinging sensation and a swelling around an injection site during or immediately after injection. It may be caused by fluid entering the tissue surrounding the vein because the needle has:

- not entered the vein properly
- entered the vein and slipped out again
- entered the vein and gone through the opposite wall
- entered the vein correctly but excess pressure caused the vein to split.

A 'missed hit' will mean that the drug is absorbed much more slowly by the body, so that the effect will be less pronounced. It can also lead to other problems such as abscesses, cellulitis, and cutaneous foreign body granulomas.

HOW CAN I AVOID MISSED HITS?

- Check that the needle is in a vein by gently pulling back on the plunger to see that venous blood (a dark red colour) enters the syringe
- Always release the tourniquet before injecting
- Maintain a steady hand whilst injecting
- If you are in withdrawal from heroin, smoke a small amount before injecting so your hands will be steadier
- Use the smallest possible needle and syringe barrel
- Inject at the correct angle (i.e. in line with the vein)
- Inject the fluid slowly.

WHAT SHOULD I DO IF I GET A MISSED HIT?

Remove the needle and apply pressure to the site, preferably a frozen wool swab, otherwise anything cold and sterile. You should get missed hits or any other problems checked out by a doctor or at your local Needle Syringe Program.

Preparing yourself for

REHAB



While some people are happy with their level of use, others may come to the conclusion they have to detox and stay off. If you are looking at detox and rehab, it can help if you use the time before admission to do some sorting out.

The types of things you may want to try and sort out are:

PRACTICAL STUFF

- Bills and debts
- Employment/benefits
- Welfare of any dependents
- Who will look after your belongings while you are away
- Transport to get there
- Accommodation when you get back.

EMOTIONAL STUFF

- Support will be needed for when you come out
- Talking through with people close to you about what you are doing and why.

PHYSICAL STUFF

- Becoming drug/alcohol-free
- Physical health (including your teeth) and fitness.

LEGAL STUFF

- Fines
- Bail conditions
- Probation
- Pending court cases (including any marital or child custody issues)
- Any arrest warrants.

It may help to make lists of the things you need to do before you go in, and to talk to a social worker or counsellor about what you want to do. If you can sort things out before you start, it will mean that you will have fewer stresses from the outside – and the best possible chance of achieving what you want during and after rehab.

This information is reproduced with permission from www.exchangesupplies.org who have heaps of excellent online info on stuff associated with injecting drug use.



the economics of dependency

Ever heard of the law of diminishing returns? In a technical sense, economists would say it is where diminishing marginal returns occur in a production system, when each additional unit of input yields less and less additional profit.

Sound boring? Hell yes. For most people economics is a great way to get to sleep, but this particular law has a lot of relevance for users.

How Fords can be like drugs

To use an example, say Ford has worked out that producing around 12 493 Falcons a year gets them the most profits on each car. But if they made a million Falcons next year, they would obviously be getting bugger all profit on each car. Overdoing it just doesn't yield the same results.

There's a similar action at work with many drugs. If you only have one shot a week, you'll probably have a good high each and every time. But the more often you hit up, the less effect you get. Then your body develops a tolerance to the drug, and at some point you'll need to hit up just to feel normal, let alone high.

How much this process occurs varies from drug to drug. For example, tolerance to drugs like alcohol and cannabis will develop at a slower rate than drugs such as heroin, nicotine, speed and cocaine.

So the problem with many illicit drugs is that you can definitely have too much of a good thing, especially if you have it too often. If you really want to get the most positive effect out of your drug, you need to work out a level of use that keeps tolerance to a minimum.

The weekend user

Context has a lot to do with it. If you are doing speed or

ecstasy just for a night out on weekends, chances are you won't hang out, or at least not too badly. You might feel sleepy or crappy come Monday and Tuesday, but you balance the pros and cons and might decide it's worth a good weekend bash.

But if you start doing drugs like smack, speed, benzos and cocaine a few times a week, you'll soon need to keep taking more to get the same high, and you will get some nasty withdrawals when you cut back or stop using.

Constant cravings

So we've only looked at minimising our body's physical dependence. There is something that really buggers some of us up even if we try to only use now and then. There's also the psychological dependence, or the craving that our brain can develop for our favourite drug. Some users have a hell of a time trying to balance their use because their brain is craving another hit, even if their body isn't.

For some users, this can mean they will find they simply can't reduce their level of use. Anyone involved in Alcoholics Anonymous or Narcotics Anonymous would tend to agree, as they see addiction as a disease, and the only cure is staying well away.

If you aren't happy with your level of use, there are plenty of counsellors, support groups, programs and detox facilities to help out, regardless of whether you just want to reduce or give it all away. How about chatting with your friendly Needle Syringe Program staff or GP?

condom to replace coat of arms?

Globally minded drug users will be aware of how many governments, including Russian and American, are pursuing a "war on drugs" instead of the harm reduction approach which exists in Australia. One wag has suggested that governments with more emotional, less rational approaches to important issues, should replace their existing emblems with the condom, as it most accurately portrays public policy.

A condom not only allows for rampant inflation, it halts production, destroys the next generation and protects pricks. Above all, it gives you a sense of security while you are being screwed.

CORRECTION

On page 7 of our last issue, an article called *Famous Illicit Drug Users* claimed that Kurt Cobain died from an overdose, which a sharp-eyed reader noted as incorrect. Although Kurt had an extremely high level of heroin in his body at the time of death, it was a gunshot wound to the head that caused his death. There is a lot of controversy surrounding his suicide – for more information, visit http://en.wikipedia.org/wiki/Kurt_Cobain#Suicide_dispute

You're right, Cecil!
I look smashing in
this new suit but
it does bugger all
to help manage my
hep c symptoms...



Hepatitis C and maintaining your health

The liver is one of the most important organs of your body. It is the factory that converts raw materials from your digestive system into substances that your body needs. It detoxifies toxic substances such as alcohol and helps remove waste products.

Diet guidelines

There is no one diet that suits everyone. A general guideline is to check for any negative effects of food after you have eaten e.g. pain in your right side (the liver region), or feeling like you want to be sick. Try alternatives to the foods you believe may be causing problems, and where necessary, consult a dietitian. Be careful to keep your meals as nourishing as possible by including a variety of food groups, in the right amounts, into your daily diet.

Check out the diet suggestions on the opposite page for starters.

Chew slowly and exercise!

Take the time to eat properly by eating slowly and chewing your food well. For

many reasons exercise may also make you feel better and may improve your appetite. You do not have to necessarily take it seriously, only regularly. Consider ways to exercise and have fun and you may find you actually start enjoying regular exercise. Studies have shown that losing weight and regular exercise can significantly slow the progression of chronic liver disease in those who are overweight. Try light exercise for at least 30 minutes per day.

What about fats?

Your liver also produces bile which assists with the breakdown of fats, so many people report feeling better when avoiding food with a high fat content, especially junk-food. Fats and oils, like cooking oils and margarine should only be eaten sometimes or in small amounts. Unsaturated fats like polyunsaturated and monounsaturated fats may be a healthier alternative to saturated fats. Sunflower, safflower, corn, sesame oil and soya bean oils are mainly polyunsaturated

fats while olive, peanut and canola oils are mainly monounsaturated fats.

Enjoy a wide variety of nutritious foods, eat plenty of vegetables, legumes and fruits; eat plenty of cereals (including breads, rice, pasta and noodles) preferably whole-grain; include lean meat, fish, poultry and/or alternatives (reduced fat varieties should be chosen, where possible) and drink plenty of water (around 8 glasses a day for adults and more may be needed during physical activity or during hot periods). It is also important to take care: limit saturated fat and moderate total fat intake; choose foods low in salt; limit your alcohol intake if you choose to drink, consume only moderate amounts of sugars and foods containing added sugars.

There are a number of simple things that you can do to look after your own health and well-being. These include:

- A positive frame of mind
- A balanced diet with limited saturated fats
- Little or no alcohol consumption
- A good stress management plan
- Gentle exercise to assist with your overall physical condition
- Know your limits and seek counselling and support if needed.

Coping with stress

It is also important to manage stress when you have hep C. Stress can have a major impact on your physical and mental health. Stress has been shown to increase your pulse, blood pressure, and your blood adrenaline levels. Managing your stress, therefore, will benefit your overall health. Your ability to cope with a chronic infection like hepatitis C may also improve. If you feel as though things are getting on top of you and that you can't cope, chances are it is stress. Try to identify stressful situations, precursors to stress and learn to manage or avoid them.

Don't catch a new type of hep C!

Remember hep C comes in different types. You can still catch a different version even if you have the virus already. Don't share injecting gear, always use new fits and practise infection control.

A big thanks to the Hepatitis Council Queensland for this information. Ring them on 07 3236 0612 in Brisbane or 1800 648 491 from regional Queensland.

What about alcohol?



Abstaining from alcohol is recommended for people with cirrhosis, women who are pregnant or breast-feeding, and children. Alcohol is a potent poison to the liver, and in combination with hep C may increase damage to the liver. Chronic excessive alcohol intake can greatly accelerate the rate of fibrotic progression of hepatitis C.

There also appears to be a strong link between the development of cirrhosis, liver cancer (hepatocellular carcinoma) and people who consume chronic excessive amounts of alcohol. There is little evidence to be certain whether small amounts of alcohol does significant damage to the liver. Moderating alcohol intake may be the most effective health maintenance strategy for people with chronic hepatitis C infection.

Evidence shows that people with hepatitis C-related cirrhosis should avoid alcohol. Alcohol should be minimised to not more than one standard drink per day. If you have hep C and wish to drink, try to limit your alcohol intake to less than the alcohol guidelines for all Australians, to about 7 (for men) and 4 (for women) standard drinks per week, with at least two alcohol-free days per week.

Some drinking tips include:

- avoiding binge drinking
- not saving all your drinks to be consumed in one session
- avoiding situations where you can feel pressure to drink
- eating a substantial meal before drinking
- alternating alcoholic drinks with non-alcoholic drinks
- having several alcohol free days per week.

STOP PRESS

AIVL is the peak body in Oz for illicit drug users. They have posted a new site about hep C, with fact sheets on the virus, treatment, tips for managing symptoms, personal stories and heaps more. Check it out at www.positivenotpunitive.com.au

Q. what is the best way to handle an OVERDOSE?

- a Run around in circles going "oh my God, oh my God" really loudly
- b Place the person in a cold bath
- c Inject the person with a saline solution
- d Slap the person to keep them awake
- e Walk the person around the room
- f None of the above.

Hopefully you chose "f - none of the above". Believe it or not, these suggestions vary from useless to downright dangerous, even if some sound like commonsense. One effect of a 'war against drugs' is that a lot of misinformation gets around, including how to handle an overdose. This lack of useful information means that we try to work out strategies from commonsense, previous experience, or at worst, medical soapies on tv!

If someone is unconscious, any of the above techniques will be dangerous as you can waste time trying to revive a mate when you should be getting the ambulance there pronto.

A cold bath merely wastes time, and could expose them to hypothermia, a dangerous lowering of body temperature. Making a person walk around could raise their heart beat, and therefore quicken the absorption of the drug into their system. Inflicting pain will only keep someone awake to a certain point, and doesn't work once the overdose leads to unconsciousness.

Finally, there is absolutely no medical basis for saline solutions helping with overdoses. This myth may have been established by the use of saline drips in hospitals in certain medical situations, but overdose isn't one of them. It achieves nothing, and in the heat of the moment you may cause viral transmission or vein damage through poor hygiene and/or injecting technique.



PREVENTION IS THE BEST CURE

You don't have to take a lethal dose of drugs to die of an overdose – it only takes a tablespoonful of fluid to kill you if you are on your back, unconscious and unable to swallow! This has been the cause of many overdose deaths.

Usually overdose deaths are caused by people mixing sedative drugs such as:

- Alcohol
- Temazepam
- Diazepam (Valium)
- Methadone
- Heroin.

These drugs can work together making each other stronger. With these drugs it's like 2+2=5.

Remember that drugs you swallow reach peak levels between one and four hours after you take them, so an injection can push you over the lethal limit hours after taking something by mouth.

Another cause of many overdoses is people being 'clean' for a while, and then going back to opiates. If you stop using drugs (especially opiates), your tolerance drops within a few weeks.

So, if you go back to injecting as much as you were, it could kill you.

Every year, this kills many hundreds of drug users. People at higher risk are those coming out of prison and people relapsing after a spell in a rehab or detox.

Reduce the risk of overdose by:

- Not injecting, but smoking, snorting or swallowing instead
- Taking a test dose of drugs to get a feel for the strength before you inject
- Only injecting half of the barrel and waiting until you get the first rush - if it knocks you out, injecting more will at best be a waste and could kill you
- Not mixing sedative drugs.

You can reduce the risk of overdose being fatal by:

- Learning how to deal with overdoses when you see them happening; and
- Having other people around when you inject.

This information is reproduced with permission from www.exchangesupplies.org who have heaps of excellent online info.

unconscious from o.d.?

Check for hazards/dangers

Conscious?

Talk and touch

YES

Observe, seek medical advice if required

NO

Roll onto side
Clear and open the airway

Breathing?

Look, listen and feel

YES

Leave on their side.
Dial triple zero.
Ask for an ambulance.
Continue to check their breathing.

NO

Dial triple zero **(000)**

Ask for an ambulance

Give five full breaths

Any pulse?

YES

Continue mouth-to-mouth resuscitation.
Tilt, blow, look, listen and feel, 15 breaths per minute.

NO

Start CPR

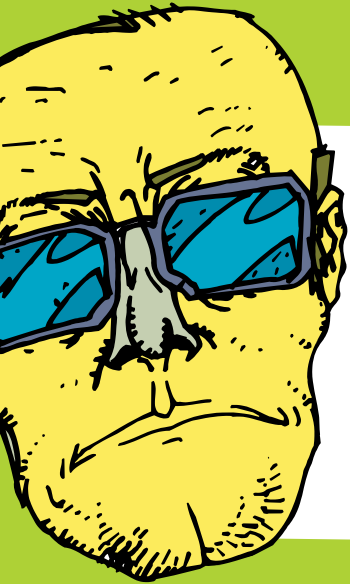
Give 15 compressions and 2 breaths, 4 cycles a minute.

Continue CPR until the ambulance arrives. If the person recovers, turn the person on their side and continue to observe. If their condition deteriorates, follow the above steps again.



PICK THAT DRUG!

Know your drugs? Wanna put it to the test? Read the following detox stories and see if you can pick that drug!



drug number 1

Talk about the revolving door syndrome when it comes to getting off... this is the seventh bloody time I've tried to go clean. It's not as if I'm a heavy user, but within a few hours I'm getting anxious, edgy, having trouble concentrating... a black wave of depression settles on me during the evening.

Sleep that night is disturbed by waking up for no reason several times and I struggle to get back to sleep, fighting off cravings, which are that much tougher coz I could just wake up my flat mate who is a user too. To my surprise, I start to fart a lot, although I manage to hold on until there's nobody around.

A bitch of a headache sets in and aspirin only takes some of the edge away. Surprisingly, I manage to last a week, but the withdrawal symptoms just don't let up and I finally give in, not willing to face another week of this — I wake my flat mate up at 2am to get a hit. He tells me there is an average relapse rate of 95% on any given attempt to get off this drug, and I can see why....

drug number 2

I took the last of my stash six hours ago and the withdrawals are on the way. Over the next few hours I start to get the shakes, the sweats, anxiety, rapid heart beat, a thumping headache, and to top it off, nausea. This was a pretty impulsive decision to go cold turkey, so I cruise the internet and find out that with my level of heavy use, going cold turkey can actually be life threatening! But I've started this now and I'll see it through.

A sleepless night and things just keep getting worse and it's so tempting to forget this, anything to get rid of these symptoms. The day wears on and my head really gets messed up — confusion, disorientation and hyperactivity. My skin starts crawling and some kind of hallucinations set in, as if the shadows in the room are turning into some kind of demons ready to pounce on me. I've had enough. I ring an understanding mate to bring me the medicine I need and hate, to get me back to normal, whatever that is.



drug number 3

I didn't figure I had a problem until a mate challenged me to go cold turkey for a few days. Most of my mates are into it and we all hold down jobs, function as reasonably together human beings so taking a week's break looked easy, especially with a \$50 bet in place!

It was a walk in the park initially. I had a bit of a craving but no withdrawals as such. But 12 hours later, I realised I was sliding into a drowsy kind of fatigue and getting bugger all done at work. When people come to my desk, I fight the urge to tell them to piss off, which is definitely not me!

That night, a nasty headache sets in and the next morning it feels like I'm coming down with the flu; muscle pain, foggy head. Things peak about 48 hours after my last hit and start to taper off. It's actually really hard to fight the urge even then, but I make it through the week and claim my \$50. I go straight out and use it to score, as a celebration of my strong fucking willpower!

Can you work out which drugs they are hooked on? Scoot to the last page for the answers!

heroin, speed or cocaine for the kids?

The past few hundred years have seen some interesting medications up for grabs, particularly those marketed for use by children. Glyco-heroin (see left) was heroin with a bit of glycerin to take the edge of the bitter taste of the opiate. Sold by a New York company, it was advertised as more effective than codeine or morphine for childhood coughs, asthma and bronchitis. It was claimed that its therapeutic value was rigorously tested (except perhaps its dependency-forming potential!).

While many of these opiates were taken orally, others were, in effect, smoked. The opium was placed in a heated pan and the vapours then inhaled. What does seem quite incredible today is how these opiates were taken by children. For example, Mrs. Winslow's Soothing Syrup was used by mothers to calm their babies, and was promoted in recipe books and calendars. Advertising morphine today to help babies sleep would see pharmaceutical companies in a spot of bother with both governments and the public.





baby boomers just keep plugging away...

Old enough to remember buying the Beatles on vinyl? Did you tune in, turn on and drop out? The 1960s were shagadelic baby, and saw the breaking of countless rules and traditions for music, film, fashion, war, education, sex, family life and of course, drugs.

Many people from the flower power decade decided to 'behave, baby!' and gave up illicit drug use as they settled into careers and family life. But others continued decades-long habits with marijuana, hallucinogens, heroin and cocaine. Any drug, legal or otherwise, has side effects. These usually accumulate over time, so older users will eventually encounter long-term effects, such as poor blood circulation from injecting.

Another problem for older users is that even if they keep their dosage the same, changes in their body mass, liver function and kidneys usually mean the drug has both a longer and stronger effect. This means the negative impacts will gradually increase while body's ability to heal itself is slowing. Thanks to the persistence of many of these baby boomers in using illicit drugs, researchers have a better picture of the long-term effects:

MARIJUANA - poor memory, lower sex drive, lower fertility, learning difficulties, cancer, and lung problems if smoked.

HALLUCINOGENS- Most baby boomers who were into these drugs came through with few problems, but flashbacks, while rare, can be a major problem from various hallucinogens, where the effects of the drug are experienced later without the actual drug in your body. This can vary from the odd flashback to a life-long irreversible condition. Other people have developed major mental illnesses after using hallucinogens, although this does not necessarily mean that the drugs caused the illness.

COCAINE- Long-term use of coke can lead to heart attacks and strokes. Chronic snorting can lead to all sorts of problems with nasal membranes and structures.

HEROIN- Death by overdose is the most commonly known long-term risk with smack, particularly when it is combined with other drugs, particularly depressants like alcohol. Other problems involve the liver, hypertension, blood circulation, and higher risks of contracting hep C and HIV if injected.

One big advantage we have over the baby boomers is we have access to this kind of research, as well as plenty of information about how to minimise these harms through safer injecting, alternatives to injecting, avoiding overdoses and strategies on reducing the chances of bacterial infections and viruses such as HIV and hepatitis C.

Tracks will keep delivering the goods in this respect, whether you are a whipper snapper, baby boomer or grey-haired and getting around with a walking stick...

Opiates were very common medications, for their pain relief and constipation effects – the latter was particularly useful for dysentery. However, the twentieth century saw better public health measures and other pain relief medications emerge, and opiates gradually lost favour. Today they are reserved medically for short-term use in pain management, and treatment of opiate dependency.

Other drugs had their turn as well. Cocaine toothache drops were sold over the counter, and to this day, cocaine is used as a dental anaesthetic. Amphetamines also gained popularity through the

twentieth century – today they are best known medically for treatment of Attention Deficit Disorder in children.



While steroid users don't usually see themselves as injecting drug users, they still run the risk of getting viruses like hep C. One study found 9.5% of steroid injectors were hep C positive!*

HOW TO BENCH PRESS A TRU

Anabolic steroids, also known as roids, are a class of natural and synthetic steroid hormones that promote cell growth and division, resulting in growth of several types of tissues, especially muscle and bone. Testosterone is the most potent natural anabolic steroid.

DESIRED EFFECTS OF ROIDS

Most anabolic steroids work in two simultaneous ways. First, they work by binding the androgen receptor and increasing protein synthesis. Second, they also reduce recovery time by blocking the effects of the stress hormone, cortisol, on muscle tissue.

Examples of anabolic effects include increased protein synthesis and muscle mass, bigger appetite and increased bone growth and production of red blood cells.

An ideal anabolic steroid has been widely sought. Many synthetic anabolic steroids have been developed in an attempt to find molecules that produced a higher degree of desired effects. Unfortunately, the most effective steroids known for increasing lean body mass also have the strongest negative side effects.

ADMINISTRATION

Anabolic steroids should never be injected by persons unfamiliar with safe injection sites and practices or without first consulting a doctor or your Needle Syringe Program. Steroids are commonly injected IM (intramuscularly). A swab should always be wiped once, in one direction only, across the injection site. Always use a new fit, and never share injecting gear with other users. Steroid injectors run all the risks of bacterial infections, hepatitis C and HIV/AIDS that other injecting drug users do.

Common injection sites include the buttocks, shoulders and thighs. The triceps, biceps and latissimus dorsi also have been used, however, this practice can be dangerous. Care must be taken to maintain cleanliness when injecting. Infection and disease can result if careless procedures are used.

Care must also be taken when selecting an injection site. The sciatic nerve runs right up the back of each leg and up the middle of both buttocks. Blood vessels are also abundant in other areas. Injections into nerves will be extremely painful and dangerous. Injection into vessels is dangerous as well, as this can cause an embolism or other complications.

A common dose is typically on the order of a few tens of mg/day (for oral steroids) to several hundred mg/day (for injectable steroids.) As with any drug, increasing the dosage increases the risk of the side effects.

MINIMISING THE SIDE EFFECTS

Typically, bodybuilders, athletes and sportsmen who use anabolic steroids try to minimise the negative side effects. For example, users may increase their amount of cardiovascular exercise to help negate the effects of left ventricle hypertrophy in the heart.

HIV / AIDS FACTS

HIV/AIDS is one of the most destructive pandemics in recorded history, with 25 million people killed as of January 2006, according to the World Health Organisation. The same report indicates that between 33.4 and 46 million people are currently living with the virus.

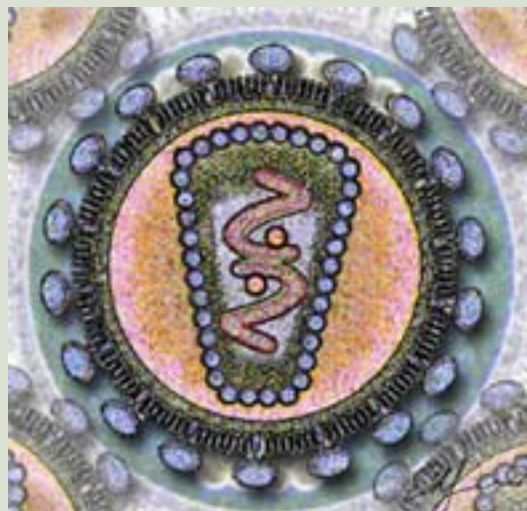
One of the earliest cases of HIV infection is from a plasma sample taken in 1959 from an adult male living in what is now the Democratic Republic of Congo.

Infection with HIV occurs after the transfer of blood, semen, vaginal fluid, or breast milk from an infected person to an uninfected one.

Injecting drug users are particularly vulnerable to the virus due to the chances of blood-to-blood contact. People who give and receive tattoos, piercings and scarification procedures can also be at risk of infection.

There is currently no vaccine or cure for HIV or AIDS. Prevention strategies, such as condoms and Needle Syringe Programs, have proved very effective in Australia and other countries that follow a policy of harm reduction.

An antiretroviral treatment, known as post-exposure prophylaxis (PEP) is believed to reduce the risk of seroconversion, if implemented directly after a highly significant exposure.



A stylised representation of the Human Immunodeficiency Virus

This article is licensed under the GNU Free Documentation (www.gnu.org/copyleft/fdl.html). This image and information are adapted from an article at <http://en.wikipedia.org/wiki/HIV>

CK: your guide to roids

Some steroids are converted to estrogen, potentially causing some combination of the side effects listed. During a steroid cycle, users may take an aromatase inhibitor and/or a selective estrogen receptor modulator (SERM).

Furthermore, to combat the natural testosterone suppression and to restore proper functioning of the hypothalamus, pituitary gland and -gonads, what is known as 'post-cycle therapy' (PCT) is self prescribed. PCT takes place after the course of anabolic steroids. The aim is to return the body's endogenous hormonal balance to its original state within the shortest space of time.

Those prone to premature hairloss due to steroid use have been known to take the prescription drug finasteride for prolonged periods of time. This reduces the conversion of testosterone to DHT, the latter having much higher potency for alopecia. Finasteride is useless in the cases when steroid is not converted into a more androgenic derivative. Finasteride is also used as a masking agent by those who are subject to steroid testing.

If you are use steroids and/or want to minimise side effects, talk to a suitable doctor to discuss your options. Since anabolic steroids can be toxic to the liver or can cause increases in blood pressure or cholesterol, many users consider it ideal to get frequent blood work tests and blood pressure tests. It is generally considered mandatory for all users to get regular blood tests while using anabolic steroids.

Popular misconceptions

As with many drugs, there are misconceptions about anabolic steroids:

Roids reduce penis size. Wrong. This myth probably came from the side effect of anabolic steroids known as testicular atrophy in which the use of anabolic steroids will cause natural testosterone levels to decrease, thus reducing testicle size. This side effect is temporary and testicles return to normal once use is stopped and natural testosterone levels return to normal.

Roids will kill you. Wrong. Anabolic steroids are used widely in the medical field without any serious health risks to users and no scientific evidence has shown any long-term serious health defects from correct use of anabolic steroids. The risk of premature death from use of anabolic steroids seems to be extremely low.

Roids cause teenage suicides. While lower levels of testosterone has been known to cause depression, and lower levels of testosterone are associated with ending a steroid cycle, the claim that anabolic steroids are responsible for specific suicides among teenagers is baseless at best.

Roid rage. Most studies done on "angry behaviour" and anabolic steroid use show no psychological effect, implying that either "roid rage" doesn't exist or that anabolic steroids effects on aggression are too small to be measured. Many scientists and medical professionals have concluded that roids have no real effect on increased angry behaviour.

Arnold Schwarzenegger has heart problems because of his roid use. Wrong. Arnold Schwarzenegger was born with a genetic defect in which his heart only had a bicuspid aortic valve. It was a congenital disorder meaning he was born with it. Normal hearts have three cusps. However Arnie has only two cusps which causes problems.

POSSIBLE SIDE EFFECTS

Examples of general side effects include:

- Increased growth of pubic, beard, chest, and limb hair
- Increased libido
- Disproportionate ear size
- Higher cholesterol levels
- Left ventricle enlargement and thickening
- Deepening of the voice
- Suppression of endogenous sex hormones
- Possible elevated blood pressure
- Acne
- Liver damage and overgrowth of gums



Male-specific side effects

- Breast development
- Premature baldness and prostate cancer
- Reduced sexual function
- Temporary infertility
- Smaller testicles.

Female-specific side effects

- Body hair increase
- Deepening of the voice
- Enlarged clitoris (clitoral hypertrophy)
- Temporary decrease in menstrual cycles.

Adolescent-specific side effects

- Stunted growth
- Accelerated bone maturation
- Enlarged penis/clitoris
- Slight beard growth.

* "Pumping Iron, risking infection?" Drug and Alcohol Dependence, 2002; 65(3): 303-308.



Some topics might be things that :

- You think or worry about too much
- You are dreaming about
- Are affecting you in a unhealthy way
- You've been avoiding for weeks or years.

Write about your deepest emotions and thoughts about the most upsetting experience in your life. Let go and explore your feelings and thoughts about it. In your writing, you might tie this experience to your childhood, your parents, people you have loved or love now, or even your career. How is this experience related to

Writing about emotional upheavals in our lives can improve physical and mental health... whether it is with a pencil, on the computer or using a tape recorder, getting your thoughts out of your head is good medicine!

who you would like to become, who have you been in the past or who you are now?

Many people have not had a single traumatic experience, but all of us have had major conflict or stresses in our lives, and you can write about them as well. You can write about the same issue every day or a series of different issues. Whatever you choose to write about, however, it is critical that you really let go and explore your deepest emotions and thoughts.

A warning though — many people report that after writing, they sometimes feel somewhat sad or depressed. Like seeing a sad movie, this typically goes away in a couple of hours. If you find that you are getting extremely upset about a writing topic, simply stop writing.

What to do with your writing

The writing is for you and you only. The purpose for writing is to be completely honest with your

self. When writing, secretly plan to throw away your writing when you are finished. Whether you keep it or toss it, is up to you.

Some people keep their samples and edit them. That is, they gradually change their writing from day to day. Others simply keep them and return to them over and over again to see how they've changed.

Some people may want to use their writing as the basis for an article for this magazine, in which case I suggest that you edit out the identifying material and make it anonymous.

Some other options...

Burn them. Erase them. Shred them. Flush them. Tear them into little pieces and toss them in the ocean, or just let the wind carry them away. Eat them (not recommended unless you work for ASIO).

From your friendly Sunshine Coast QuIHN staff

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

Dear Doctor QuiHN, I have been reading everywhere about the importance of injecting large volumes slowly. What exactly is slowly, how do you measure injection speed, and then, what speed should I inject? (I pride myself on my good vein health)

DJ.

Hi DJ, great to hear you look after your veins! As you no doubt know, a danger of fast injection is the extra pressure in the vein might cause it to rupture, so you lose your mix and cause vein damage. Also, the extra turbulence in the vein from injection can irritate the vein lining and begin the process of vein closure. If you are hanging out, try swallowing, smoking, sniffing or shafting a bit of your drug to steady your hands for accurate slow injection.

There is no exact ml/minute ratio behind your injection rate. The rule of thumb — whether injecting illicit drugs or legal ones in a hospital — is simply the slower the better.

I would suggest that you simply apply gentle pressure with your thumb on the plunger and let the syringe do its work. If the mix is sufficiently diluted with sterile water, there will be no extra pressure needed on the plunger, even if it is thick methadone syrup.

If you are injecting done, see our article in this issue. I will always recommend users simply don't bother injecting done as it is full of ingredients that can cause a wide range of health problems. If you do inject done, please use a 0.2 wheel filter which can even get rid of bacteria if the syrup has been in your mouth. These are usually only around \$1.20 at Needle Syringe Programs who have them in stock.

if wheel filters are so brilliant, why can't they get rid of viruses? - stan

Viruses are incredibly small. To give you some idea, a nanometer is one billionth of a meter, and viruses range in size from 20 to 250 nanometers. Wheel filters just can't do this kind of trick.

Bacteria are much bigger. One comparison is that if you were the size of a virus, the equivalent bacterium would be like a massive dinosaur around 10 stories tall! So while wheel filters are the best thing we have to get a clean mix, they simply aren't fine enough to pick up those tiny viruses. And remember you need to use the finest wheel filter, the 0.2 size, to get rid of bacteria.

Other points of interest? A virus is not technically alive. It is more of a structure — a mechanised bit of information — that takes over cells in the human body so it can produce more virus particles. The ones most injecting drug users should worry about are HIV, hep B and hep C.

On the other hand, bacteria are living organisms. Each bacterium is just one cell that can reproduce independently. While some bacteria are helpful, many cause diseases. Injectors should take care to use new fits, wash hands, and clean their drug preparation area to avoid injecting bacteria (that are not harmful on your skin) into the bloodstream.



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

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

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

Hi Doc, I hate condoms. my girlfriend insists on them but i don't think i need to if i'm faithful to her - R.B.

Condoms are seen as a blessing by some, a curse by others. For some men, the lessened sensitivity from a condom can make intercourse less enjoyable. For others who tend toward premature ejaculation, they can be great. Remember there are thinner condoms available to allow more sensitivity. And if putting one on tends to kill the moment, try working it into your sex play more.

But to answer your question, your girlfriend is being sensible. Many sexually transmitted infections (STIs) may have no apparent symptoms, yet you may be a carrier. For example, the majority of people who are sexually active have the Human Papilloma Virus and it can cause cervical cancer in some cases. Your girlfriend is right to protect herself from STIs that can cause a range of potentially serious health problems.

It is interesting to note that HIV is on the rise in Western countries because people think it's no longer a risk and so are using condoms less.

The good news is that you may be able to enjoy intercourse without condoms, if your partner agrees. You could both go to your nearest sexual health clinic for a free check up. They can test for common STIs, discuss the results with you and provide information on any risks you may face if you don't use condoms. Of course, this assumes that you don't have other sexual partners, or at the very least, use condoms if you do.

If you have a history of injecting drugs, it would be a great idea to get tested in any case, in case you have contracted blood-borne viruses like hep C, hep B or HIV.

Turn to page 25 for a list of Sexual Health Clinics. These guys are confidential and will be non-judgemental toward your brand of sexuality or drug use.

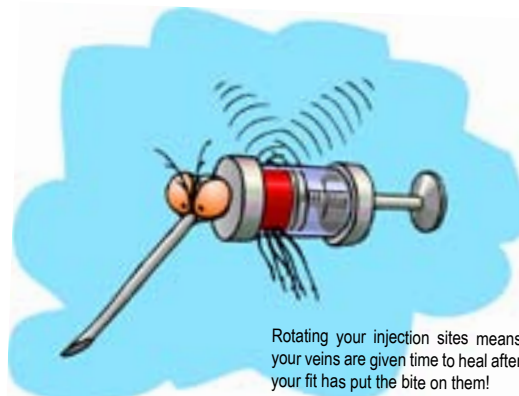
hi doc, one of my mates has had his favourite veins shut down over the years. he uses his femoral vein now. everyone reckons this is really dangerous but he hasn't had any problems yet. what's the go? - spud

There are some users who manage to use the femoral vein reliably, as they have researched the location of the vein and have excellent injection skills. However, many drug user organisations, consider it too dangerous a practice to provide information on, as it is so close to the femoral artery and nerve. We'll discuss the issue and may include an article in a future edition...

With proper care, you should be able to minimise the risks of veins closing down. Your best bets are good injecting technique, proper filtering, rotating your sites, using new fits every time, injecting slowly and releasing any tourniquets before injecting.

Obviously the ideal for your veins is to go for non-injecting methods such as smoking, shafting, snorting or swallowing. If you and your mate keep injecting though, it can be a good idea to try these alternatives regularly just to give your veins a bit of a holiday and time to heal properly.

If you lose your favourite veins, check out the article on page 2 for suggested alternative veins in order of preference.



Rotating your injection sites means your veins are given time to heal after your fit has put the bite on them!

hi doc, i had some hassles 'down there' recently. i thought it might have been the clap but just turned out to be a yeast infection and a bit of irregular bleeding. how will i know in future if it is serious or not? - kaz

Hi Kaz,

I hope you don't mind, but I'll go into depth here. I have found that information about vaginal discharges and bleeding isn't getting to many women. So here are the goods, girls, let's get to know our bodies!

What is normal discharge from the vagina? In young girls **before** the age of puberty, any vaginal discharge should be discussed with your doctor, clinic nurse or health worker.

Bacteria from the bowel can cause infection in the vagina of young girls. Poor hygiene, pinworms and something put inside the vagina can all cause irritation and discharge. Sexually abused girls can also develop sexually transmitted infections of the vagina causing discharge.

After puberty, vaginal secretions are produced under the influence of the female hormone oestrogen. A range of bacteria are normally present in the vaginal secretions. The amount of discharge normal women produce varies from woman to woman. The amount of discharge is different at different stages of the menstrual cycle:

- Just before and just after the period, the discharge may be thicker and white
- In the middle of the cycle (ovulation), there may be more discharge, usually clear and runny like egg white
- Women on the pill may notice less discharge
- The smell of normal vaginal discharge may change,

although it is not normally offensive

- General health and well-being may affect the amount and quality of discharge.

After menopause, oestrogen is no longer produced. The lining of the vagina and the skin around the outside of the vagina become thinner. Also, there are less vaginal secretions made. The vagina can become quite dry. Replacement oestrogen, as in hormone replacement therapy (HRT) can reverse these changes.

What is an abnormal discharge? This may include:

- An unusual increase in the amount of discharge
- An unusual and unpleasant smell
- An unusual yellow or green colour
- A discharge which is accompanied by itching, irritation or vulval swelling and pain.

What are the causes of abnormal vaginal discharge? One cause of abnormal vaginal discharge may be infection:

- Thrush (Candidiasis) – often thick white discharge, usually itchy
- Trichomonas – may be a fishy smell
- Bacterial vaginosis
- Chlamydia
- Gonorrhoea.

Other causes include:

- Tampon left in too long
- Something put into vagina and left there (bit of broken condom etc)
- Allergy (i.e. latex in condoms, medicated vaginal creams
- Irritation (ie. douches, soaps, detergents, spermicides)
- Toxins.

Toxic shock has been associated with tampon use and is fortunately uncommon. Women with toxic shock are usually quite unwell and have a high fever.

Unusual vaginal discharge may be a sign of an infection. Some of these can be serious. Some may cause problems later in life if they are not treated. If you are concerned about any vaginal discharge or have some other concern about your health, you should see your doctor, family planning clinic or sexual health clinic.

A big thanks to Queensland Health for permission to use information from their website. Check it out at: www.health.qld.gov.au/sexhealth/



SLIGHTLY INACCURATE COMPUTER PREDICTIONS

Computers in the future may weigh no more than 1.5 tons." - Popular Mechanics, forecasting the relentless march of science, 1949

"I think there is a world market for maybe five computers." - Thomas Watson, chairman of IBM, 1943

"There is no reason anyone would want a computer in their home." - Ken Olson, president, Digital Equipment Corp., 1977

64K ought to be enough memory for anybody." - Bill Gates, 1981 (new computers currently have at least 256 000k in memory)

tourist questions about Oz



Someone in the Australian tourism industry has a sense of humour. These answers have been seen all over the Internet concerning commonly asked questions by travellers heading this way.

Q: Does it ever get windy in Australia? I have never seen it rain on TV, so how do the plants grow? (UK)

A: We import all plants fully grown and then just sit around watching them die.

Q: Will I be able to see kangaroos in the street? (USA)

A: Depends how much you've been drinking.

Q: It is imperative that I find the names and addresses of places to contact for a stuffed porpoise. (Italy)

A: Let's not touch this one.

Q: Are there any ATMs (cash machines) in Australia?

Can you send me a list of them in Brisbane, Cairns, Townsville and Hervey Bay?(UK)

A: What did your last slave die of?

Q: Can you give me some information about hippo racing in Australia?(USA)

A: A-fri-ca is the big triangle shaped continent south of Europe. Aus-tra-lia is that big island in the middle of the pacific which does not... oh forget it. Sure, the hippo racing is every Tuesday night in Kings Cross. Come naked.

Q: Which direction is North in Australia? (USA)

A: Face south and then turn 90 degrees. Contact us when you get here and we'll send the rest of the directions.

Q: Can I bring cutlery into Australia? (UK)

A: Why? Just use your fingers like we do.

Q: Can you send me the Vienna Boys' Choir schedule? (USA)

A: Aus-tri-a is that quaint little country bordering Ger-man-y, which is...oh forget it. Sure, the Vienna BoysChoir plays every Tuesday night in Kings Cross, straight after the hippo races. Come naked.

Q: Do you have perfume in Australia? (France)

A: No, WE don't stink.

Q: I have developed a new product that is the fountain of youth. Can you tell me where I can sell it in Australia (USA)

A: Anywhere significant numbers of Americans gather.

Q: Can I wear high heels in Australia? (UK)

A: You are a British politician, right?

Q: Can you tell me the regions in Tasmania where the female population is smaller than the male population? (Italy)

A: Yes, gay nightclubs.

Q: Do you celebrate Christmas in Australia? (France)

A: Only at Christmas.

Q: Are there supermarkets in Sydney and is milk available all year round? (Germany)

A: No, we are a peaceful civilisation of vegan hunter gatherers. Milk is illegal.

Q: Please send a list of all doctors in Australia who can dispense rattlesnake serum. (USA)

A: Rattlesnakes live in A-meri-ca which is where YOU come from. All Australian snakes are perfectly harmless, can be safely handled and make good pets.

Q: I have a question about a famous animal in Australia, but I forget its name. It's a kind of bear and lives in trees. (USA)

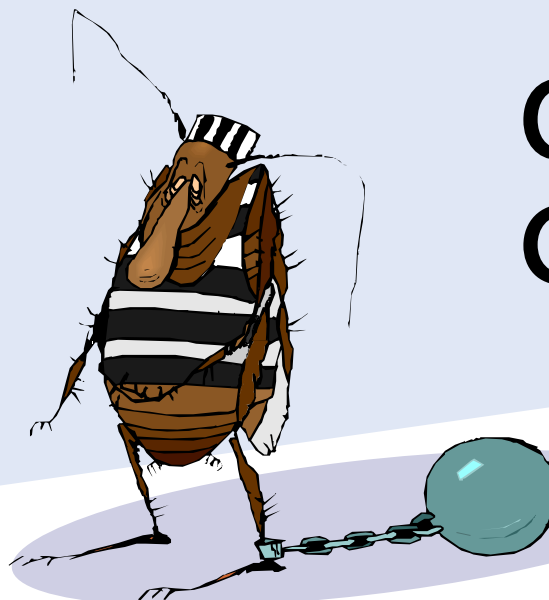
A: It's called a Drop Bear. They are so called because they drop out of gum trees and eat the brains of anyone walking underneath them. You can scare them off by spraying yourself with human urine before you go out walking.

Q: I was in Australia in 1969 on R+R, and I want to contact the girl I dated while I was staying in Kings Cross. Can you help? (USA)

A: Yes, and you will still have to pay her by the hour.

Q: Will I be able to speak English most places I go? (USA)

A: Yes, but you'll have to learn it first.



drug courts

Some Magistrates Courts in Queensland are trying a new way of dealing with people who have committed a drug offence. The Drug Court has been set up to sentence people who have pleaded guilty to certain drug-related offences in the Magistrates Court.

Offender may have the option of an intensive drug rehabilitation order as an alternative to prison. This involves:

- Treatment by a team of specialists
- Corrections programs
- Frequent drug testing
- Strict court supervision for about 12 to 18 months.

Offenders then return to the court for final sentencing. The final sentence takes into account participation in the program and any rewards or sanctions (punishments) that have been given during the program. In the first four years of the Drug Courts running, no one who successfully completed the rehabilitation program went to jail. Instead, they received community-based sentencing options like probation.

Where are these Drug Courts and who gets involved?

The Drug Court operates at five Magistrates Courts. Southeast Queensland has three Drug Courts — Beenleigh, Ipswich and Southport. There are two in North Queensland — Cairns and Townsville.

A number of Queensland Government agencies get involved, including the Department of Justice and Attorney-General which runs the courts, Police, Health, Legal Aid and Corrective Services. The Department of Housing, the Department of Communities and non-government services help participants with housing and support in residential rehabilitation facilities.

The intensive rehabilitation goes for around 12 to 18 months. Generally speaking, offences that qualify for the Drug Court include simple offences and indictable offences that have come before the Magistrates Court.

Want to give the Drug Court a try?

Talk with your lawyer, or get one through Legal Aid. You can get more information from the south-east Queensland Drug Court coordinator on 07 3884 7519 or fax 07 3804 6379. If you aren't in Queensland, contact your State's drug user organisation and see if there is a similar option available.

Once your case comes to a participating Magistrates Court, you can ask the magistrate handling your case to consider referring you for assessment. You must first tell the magistrate that you are going to plead guilty.

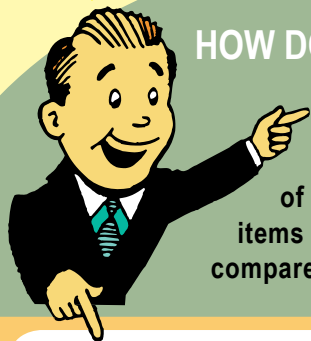
Don't leave it too late to ask for help. You can ask to be referred for assessment at any of your court appearances, but you must ask before you've been sentenced, or before you've been committed for trial or sentence to another court. Once this happens, it's too late.

Source: <http://www.justice.qld.gov.au/courts/factsht/C10DrugCrt.htm>

GOOD GRUB

YOUR GUIDE TO

A serious commitment to your drug of choice can mean your diet takes a back seat. Here are a few tips on stoking the fires without affecting your finances too badly.



HOW DOES YOUR DIET RATE?

Your diet should be mostly based around foods from these five groups every day. There's also the added bonus of saving money – stocking up on these items can save you hundreds of dollars each year, compared to eating out or getting into junk food...

Bread, cereals, rice, pasta noodles

Fibre, vitamins and minerals, carbohydrates and protein — all great stuff for energy, growth and repair of the body. Try eating wholegrain bread, high fibre cereal, brown rice and wholemeal pasta. Don't rely on just bread and breakfast cereal – get into rice, pasta and noodles, as they have less salt.



Vegetables, legumes

A good source of vitamins, minerals, dietary fibre and carbohydrates, they are usually cheap, especially when they are in season. They are still nutritious even if you buy them frozen or canned.



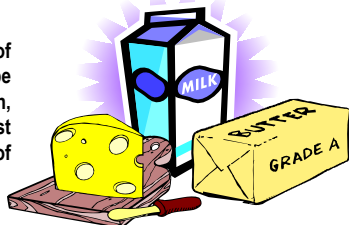
Fruit

Fruit is a rich source of vitamins, including vitamin C and folate. Fruit also provides carbohydrates, in particular natural sugars and fibre, especially in the edible skins. Fruit also provides dietary fibre which can help prevent and manage conditions such as being overweight, bowel cancer, haemorrhoids, diabetes and high blood cholesterol. Choose whole fruit more often than fruit juice, as it is higher in fibre.



Dairy products

Milk, cheese and yoghurt are excellent sources of calcium. Try to avoid all the sugar and fat that can be present in some yoghurts and milk drinks. Women, and girls especially, need calcium to protect against osteoporosis. These foods are also a good source of protein, riboflavin and vitamin B12.



Meat, fish, poultry, eggs, nuts, legumes

While a great part of your diet, don't go overboard on meat where possible, and get the low fat ones. This food group provides a good source of iron and zinc. Iron helps your body carry oxygen in the blood, and zinc is an important mineral that assists the healing of wounds, growth and reproduction. Vegetarians, and especially vegans, need to boost their intake of foods such as legumes, nuts and seeds to get sufficient protein, iron and zinc.



Need to lose weight?

Ideally you should be reducing your daily calorie intake to somewhere within 500 to 1000 calories a day. You can buy cheap calorie guide books at most newsagents. Total fat should be less than 30% of your total calories. Reducing saturated fat is important (e.g. red meat), especially if your cholesterol is high. Avoid junk food, and try to minimise your simple carbohydrates, such as cakes, biscuits, breads and pastas. For serious weight problems, see a registered dietician for dietary therapy, or develop a weight management program with your doctor.

Exercise

This must go hand in hand with your diet for good health. Try to get 30 minutes exercise, three times a week, even if it is just walking. This will lower your chances of high blood pressure, heart disease and diabetes. You may want to check with your doctor before adopting an exercise plan.

Lifestyle changes

Our society is geared to look for the 'quick fix', hence the popularity of fad diets. But research has always shown the best way to keep in shape long-term is a combined effort of eating well and regular exercise. This is why it is crucial to change your eating and exercise habits in an achievable way. Many of us can stick to a gruelling regime for a few weeks or months. But a sensible, enjoyable change of habits will see you staying healthy in a more permanent way.

When you don't feel like eating

A serious habit can mean you simply aren't hungry much of the time, but you need to get good food into you to keep your health up. Try to eat little bits of food regularly. Make sure the food is high in vitamin and mineral content, and see if some good spices might get your appetite going. While they aren't a substitute for good food, a daily multi-vitamin tablet may help if you aren't eating much.

Take a regular drug holiday

Give your body and mind time to recover occasionally by taking a break from drugs – or at the very least take a break from injecting and try the smoking, snorting, swallowing or shafting alternatives. Your body can often heal itself quickly given good food and a break from drugs, especially your veins!

When money is scarce

Finances are a hassle especially with casual work or the dole. When the money does come around, try to stock up on tinned fruit and frozen vegetables, powdered milk or long-life milk. They aren't as good as the fresh items, but are still healthier and cheaper than fast food.

Doing it really tough

Some people find themselves homeless and struggling just to get by. In most communities, there are ways to get a free meal that's good for you. Check with your local Needle Syringe Program or local welfare services for places where you can score at least one decent meal a day. Getting a bit of good fuel into your body will help keep you healthy and in better shape to deal with any issues life throws your way.

These are the five good food groups. There are alternatives like the pizza, chocolate, beer, ice cream and McDonalds food groups but you get a hell of a lot less vitamins and it will cost you more!

thanks for the free accommodation or "YOUR GUIDE TO BACTERIA"



Steve (not his real name)
As a *Staphylococcus epidermidis*, Steve is into the asexual lifestyle, enjoys life on the skin, but keen to thumb a lift on your fit, then relocate to your heart valves and wreak havoc

From babyhood through to your death, your body is a breeding ground for over 200 species of bacteria. A large percentage of us, like me, enjoy free accommodation on that two square metres of covering you've got - your skin. We usually aren't bad guys, unless we find a way to get into your bloodstream.

Enter the needle! With anywhere between hundreds to thousands of us on each square cm of skin, you simply can't stop us getting in each time you inject. But your body has natural defences to kill us in the blood stream, and it usually can cope with a small number of us.

Every time you swab, it kills most of us off! So the few of us who make it in on your fit get killed off by your immune system. It is the actual drying of the alcohol that kills us, and why smart users only wipe the swab once, and in one direction only.

Lucky for me, some keep scrubbing away, or moving the swab in circles. This only moves us around on your skin and leaves more of us to get inside you. Even better is if you don't swab at all - then it's party time, dude!

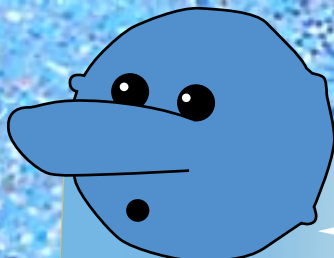
Cousins of mine like to hang out in water. The only way to guarantee your water is clean is using the ampoules that come from your NSP, or boiling tap water for five minutes. Tap water will have some of us nasties in it, but it is still actually better than bottled water from your supermarket.

Actually, I've got cousins pretty much everywhere. They are on your fingers, tourniquet and drug preparation area. Warm soapy water is great for getting rid of most of us. It doesn't kill us, but counteracts the oily surfaces that allow us to stick around.



Corrie (not her real name)
A *Corynebacterium*, Corrie likes skin-to-skin contact, but really gets off on causing skin infections or heart valve damage via needles

Bacteria are seriously bad critters when it comes to injecting, but they do some pretty useful stuff too. They help to break down milk into cheese or yoghurt, so bacteria shit can not only taste good, but be good for you. Other types live in our intestines and help break food down for us, although this also leads to some nasty farts as well.



Mick (not his real name)
A *Micrococcus*, Mick is another skin-dweller, pretty much harmless unless his landlord's immune system is in really bad shape ie. HIV or AIDS

There is often an army of us in your drug too, because it isn't manufactured in sterile conditions. The best way to stop my cousins getting into you is to use a 0.2 micron wheel filter, which is fine enough to strain them out. But remember not to reuse it - we can start growing in the filter within a few hours, and you can't kill us by freezing either! We just go to sleep.

Your best defence is simply to find safer ways to get it into you. Injecting is the riskiest way because it bypasses your body's best defence - your skin. Have a try at snorting, smoking, swallowing or shafting, whichever technique works for your drug!



IN A SPOT OF LEGAL TROUBLE?

Legal Aid Queensland can help you in a tough legal spot, by providing legal information, advice and representation.

Information about the law

The legal information service is free, and gives you information about the law and the legal system. You can access this service by:

- Calling 1300 65 11 88
- Searching the Legal information and Publications areas of the website at www.legalaid.qld.gov.au
- Face-to-face by talking to a client information officer at one of the 14 offices in Queensland.

Legal advice

Their lawyers can help with free advice about most personal legal problems. To get advice, call 1300 65 11 88 and a client information officer will arrange legal advice.

Legal representation

Legal Aid Queensland arranges Duty lawyer services in criminal matters in more than 100 Magistrates and Children's Courts throughout Queensland. Family law duty lawyer services are available in the Brisbane and Townsville Family Court and Federal Magistrates Court. The duty lawyer helps you on the day you are in court. This is a free service.

Legal representation is available if you get a grant of legal aid. To get a grant, you must:

- be financially eligible under our means test
- have a case which comes within the guidelines set by government
- have reasonable prospects of succeeding in the legal action.

You can apply for a grant of legal aid through a private lawyer who does legal aid work or directly to Legal Aid Queensland. It is best to get legal advice before applying for a grant of legal aid.

Getting in touch with these dudes

Ring 1300 651 188 to find your nearest office in Brisbane. Call 1300 650 143 for the Indigenous Information Line.

Cairns 1300 651 188
Rockhampton 1300 65 11 88
Mackay 1300 65 11 88
Townsville 1300 65 11 88
Bundaberg 1300 65 11 88
Maroochydore 1300 65 11 88
Toowoomba 1300 65 11 88
Mount Isa 1300 65 11 885 11.

ice & responsible using

So the media headlines are all about Ice. And we're not talking Ice Ice Baby of the bad 80's white rapper, we're talking meth. Ice has hit and hit hard, and the "experts" all reckon that Ice is much worse than heroin.

Ice is Crystal Meth. Ingredients are cheap and easy to buy. There are some labs in Australia but it is more difficult to make than base, it is largely imported from SE Asia. Also the stench give it away! It looks a lot like rock salt and is usually cut with salt.

Today's Ice headline uses the drug as an excuse for the rape of a 17-year-old girl. About it being an extenuating circumstance in her rape and torture. And it made me think about all drugs, even the legal ones. For example, an alcoholic can get into a car and hit someone, either injuring them or killing them. They go to court, plead guilty, say "I was drink-driving" and receive a manslaughter charge instead of murder. They might pay a huge fine and do a few months inside at best. And the victim's family is left to mourn. It's fucking unbelievable that they get away with it almost every day.

Is it okay to blame the "disease"? When does an alco, a speed freak, someone with a mental illness, or any of us users, become responsible and/or accountable for our actions? The difference is, in my opinion, we should all know we were doing the wrong thing at the time – we know drink driving isn't acceptable, or we knew the effects of heroin or ice before we took the drug. We know the potential for harm is always there, but say "It won't happen to me". Any of us could lose control on a big dose and let the drug take over, let our baser instincts have free reign.

Being an alcoholic is not an excuse to hit your wife and/or drink and drive. Being a user is not an excuse to beat up little old ladies for their handbags, even if only a small minority do this. And being a speed freak doesn't make it okay to run around raping people, although once again again only a very small minority do.

So why aren't we holding these people accountable for their actions? Since when has addiction been an excuse to be a miserable fucking human being? It comes down to respect, and if you haven't earned it, why expect it?

So if you are going to jail for something that you've done, then be a man [or a chick! - Ed.], put your hand up, cop it sweet and pay the piper. But if you try telling me that you're not responsible for what you did because you were on something... so help me,... I think if I was a judge I'd give them all an extra five years for being fuckwits, and charge them with using prohibited drugs as well. And fuck extenuating circumstances and being drunk and driving, I believe



you "do the crime, you do the time" - and no excuses.

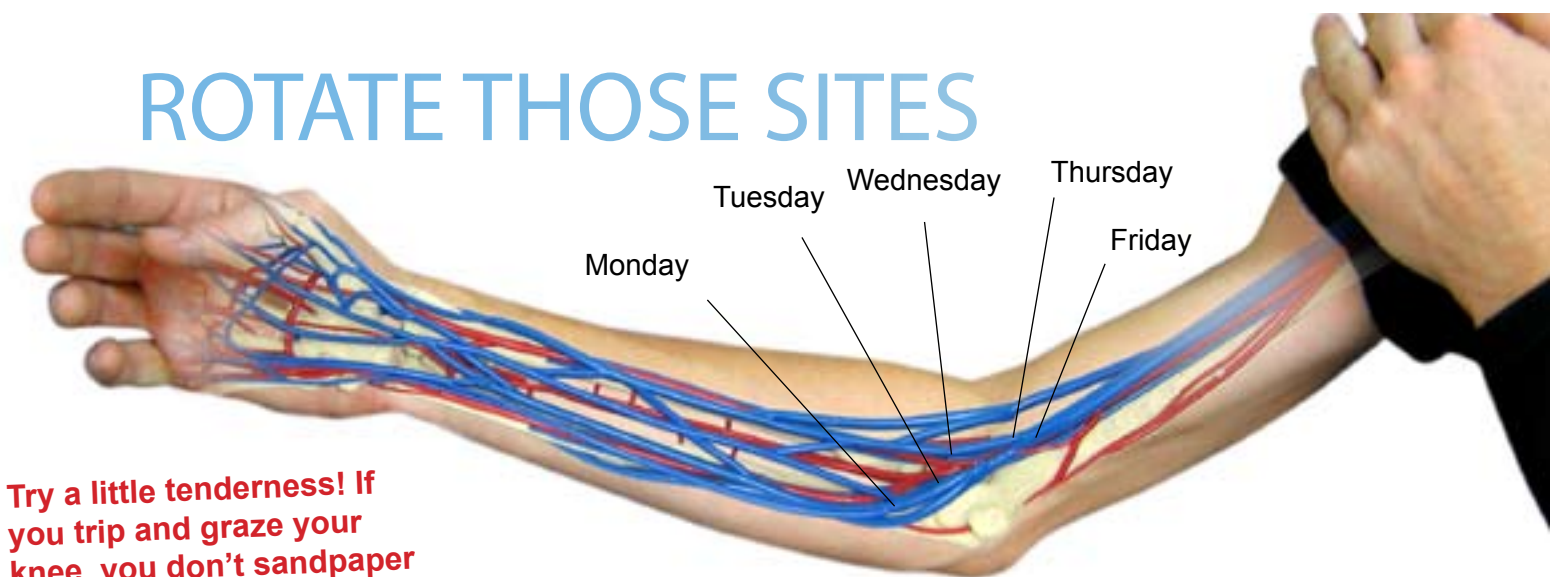
If you choose to use, it doesn't matter what you use, or whether it's legal or moral. While I am all for the decriminalisation of drugs, I don't think that you can abdicate responsibility for your actions. Nobody holds you down and forces you to be like this. Everyone has options.

So if you want to explore your options, you could get a job and support your habit that way. Or you could try Narcotics Anonymous and get help. Go to Detox or do an in-home detox with the staff at QuIHN. You don't have to be a user if it's not working out well. And if you keep using, then there are lots of options – methadone, or only using on payday. You could try getting on a controlled morphine plan with a doctor (uncommon but it can happen). There is even Subutex, which is great stuff to help you come down. You don't have to lead an unproductive life; you don't have to hurt other people.

Now back to Ice as an excuse to rape little girls. It's not on. Yes, addiction is an illness — that I agree with — but so is diabetes or overeating. The difference is whether you choose to only hurt yourself, or hurt someone else. Ice can make you feel ten feet tall and bullet-proof, and it can suspend reality, but there is no fucking way it turns a normal person into a rapist. It can be a bit punchy, sure, but it is up to you to maintain control and keep it on a leash. There is no excuse for violence towards a spouse, there is no excuse for rape, and there is no excuse for drink driving. No matter what you are on, there is no excuse for sharing the downside of drugs with anyone. That includes sharing needles and diseases. If you are not a big enough man (or woman, or otherwise) to use responsibly, then don't fucking use at all.

As with all users' stories, this story does not necessarily reflect the opinion of *Tracks* or QuIHN staff. Responsibility for one's actions while under the influence of any drug is a much debated topic. *Tracks* is keen to hear about other users' perspectives on this issue. - Editor

ROTATE THOSE SITES



Try a little tenderness! If you trip and graze your knee, you don't sandpaper it every day and keep it raw – you let it heal. Our veins need the same attention and tender loving care.

Even with a new fit every time, you do damage to your vein and it needs time to heal. Even if you do have a favourite injection site, try to have a few sites that you can rotate. Use both arms too. If it feels awkward, try practising by injecting sterile water till you get the hang of it both ways.

Rotating your sites will reduce your chances of things that can be a real pain in the arm, like abscesses, vein collapse, ulcers, infections and blood clots.

SKIN-POPPING

Skin-popping is a type of injection between skin and fat layers. It is sometimes called “subcutaneous” or “sub-Q,” meaning underneath the skin, as opposed to intravenous, which is into the vein.

Why do people muscle or skin-pop?

Some users may have trouble finding a vein, or simply don't like injecting into the vein. Others may prefer to skin-pop as it reduces the chances of an overdose as the drug takes longer to enter the blood stream. It takes longer to feel the full effect of the drug, but the high may last longer as a result.

What are potential problems with skin-popping?

Skin popping should only be contemplated when injecting heroin, and even then only the white gear. Other drugs are just too nasty to have injected under the skin.

As with any kind of injecting, there is the risk of picking up blood-borne viruses such as HIV, hepatitis C and hepatitis B. There is also the risk of bacterial infections. Skin-popping gives germs a greater chance to take hold in muscle or fat tissue. Infections can lead to abscesses and can potentially spread to other parts of the body, such as the bloodstream, heart and bones. Some of the worst infections include wound botulism, tetanus (also called “lockjaw”) and necrotising fasciitis (“flesh eating disease”).

A guide to safer skin-popping

Even following good guidelines, any type of injecting is risky. Consider safer alternatives such as swallowing, smoking, snorting (nasal ingestion) or shafting (rectal insertion). If you do decide to skin-pop, thoroughly wash your hands, drug preparation area and use new fits every time.

Filtering your mix is especially important when skin-



Multiple abscesses from skin-popping. Proper technique and not overdoing it can greatly reduce the chances of abscesses and other health problems.

popping due to the higher risks of infections. At the very least, use the filter in your sharps kit from the NSP, and ideally use a wheel filter as well.

Use the alcohol swab in your fits pack from the NSP and wipe once, one way only, over your injection site. It is the drying action of the alcohol that kills germs, not rubbing the swab around!

The best places to skin-pop are in your upper arms or thighs. Don't inject more than 0.5 ml in one spot. While any drug is going to irritate your skin, fat layers or muscle, speed and cocaine can be particularly irritating and it is advisable to find safer methods of taking these.

If you are skin-popping regularly, remember to use different sites each time. Even with a new sharp needle, your skin and body tissues are ruptured and take time to heal after injection. Rotating your sites means your body has time to heal itself.

Watch out for infections

With the high risk of infections, it is important to keep your eye out for lumps, pain, discolouration and any other abnormal signs around your injection sites. Get to your local hospital, doctor, or NSP for advice. While injecting drug users often avoid health services in case of judgmental attitudes, infections can lead to major, even life-threatening, health problems if left untreated.

Remember to check out our fact sheets at www.quihn.org.au for info on different drugs, how to get them into you more safely, and heaps of users' stories.



Apology

A few readers thought the cover of our previous issue may have implied that people who inject drugs are a threat to society. The cover was a tongue-in-cheek poke at society for viewing us as a threat so our apologies for not having made this clearer. The cover was intended to complement the editorial on page two concerned with “emotionally based scare campaigns” and society's tendency to “sensationalise and demonise illicit drug use”. In future, we'll make it extremely clear when our tongues are firmly in cheek with regard to covers, stories and illustrations.

Feedback

Feedback on this magazine continues to be positive. There have been concerns from Needle Syringe Program staff that a small number of users may not want to take a copy of the magazine as fits feature very strongly on each cover. Most readers have enjoyed the covers and are happy with Tracks being so obviously a user's magazine.

It's your magazine so have your say! Should we tame down the covers a little? Or the more fits shown the better? Email hqmb3@quihn.org.au or call us on 07 3620 8111.

QUOTABLE quotes

You should just say no to drugs. That will drive the prices down. - Geechy Guy

Welsh looks thoughtful and pauses for a full 15 seconds. "I can't really say I've had a great deal of personal problems with drugs," he says eventually. "The problems were caused by the procurement rather than the effects. In your teens and your twenties you're not really aware of your mortality, you're just steaming in... There's a tension when you write a book like this [*Trainspotting*], that people expect you to be either this big reformed ex-junkie voice-of-experience, which I don't think I am, or they think you are some kind of middle class voyeur looking in and writing an exploitation book about other people's misery, which equally I don't think I am. Probably you could point to people in my past and they'd say: 'Oh, he was never into anything like that to that extent.' Or get people saying: 'That bastard was much worse than any of the characters in the book.' - Irvine Welsh, 1993 Interview

Drugs are a bet with the mind. - Jim Morrison

Did you know America ranks the lowest in education but the highest in drug use? It's nice to be number one, but we can fix that. All we need to do is start the war on education. If it's anywhere near as successful as our war on drugs, in no time we'll all be hooked on phonics. - Leighann Lord

I hate people who think it's clever to take drugs... like custom officers. - Jack Dee

I will lift up mine eyes unto the pills. Almost everyone takes them, from the humble aspirin to the multi-coloured, king-sized three deckers, which put you to sleep, wake you up, stimulate and soothe you all in one. It is an age of pills. - Malcolm Muggeridge

I'd stay away from Ecstasy. This is a drug so

strong it makes white people think they can dance. - Lenny Henry

I think psychedelics play a major part in what we do, but having said that, I feel that if somebody's going to experiment with those things they really need to educate themselves about them. People just taking the chemicals and diving in without having any kind of preparation about what they're about to experience tend to have no frame of reference, so they're missing everything flying by and all these new perspectives. It's just a waste. They reach a little bit of spiritual enlightenment, but they end up going, 'Well, now I need that drug to get back there again.' The trick is to use the drugs once to get there, and maybe spend the next ten years trying to get back there without the drug.

- Maynard James Keenan

Psychedelics are probably responsible for every aspect of human evolution apart from the decline in body hair. - Terence McKenna

Acid is not for every brain . . . Only the healthy, happy, wholesome, handsome, hopeful, humorous, high-velocity should seek these experiences. This elitism is totally self-determined. Unless you are self-confident, self-directed, self-selected, please abstain. - Timothy Leary

It is good to be without vices, but it is not good to be without temptations. - Walter Bagehot

The prestige of government has undoubtedly been lowered considerably by the Prohibition law. For nothing is more destructive of respect for the government and the law of the land than passing laws which cannot be enforced. It is an open secret that the dangerous increase of crime in this country is closely connected with this. - Albert Einstein

needle stick injury

Got some great gear, everyone's into it and bummer! Somehow you get jabbed with someone's used fit. What the fuck do you do now?

STAY CALM!

STEP 1

Gently squeeze the area surrounding the needle stick injury to expel blood.

STEP 2

Wash the wound with cold running water and soap if there is some handy.

STEP 3

Apply an antiseptic and get a waterproof dressing on it.

STEP 4

As soon as possible, contact your:

- Emergency service at the local hospital
- sexual health service
- family doctor
- community health centre.

These services will advise you if there is a need for HIV or hepatitis B/C testing, counselling, possible hepatitis B vaccination or HIV Prophylaxis.

Where there is a risk of getting HIV (which can lead to AIDS), HIV Prophylaxis is a treatment that can be given within 72 hours of the needle stick injury.

Speaking of viruses, it is always a good idea to get checked out, even if the person using that needle looks healthy.

A person can be infected with HIV, hepatitis C or other blood-borne viruses and not show any outward signs – they might not even know they have a virus!

It can be a good idea to get checked out if you have had a history of injecting drugs, just in case you've picked up a nasty virus along the way. To get tested, you can ring one of the Sexual Health Clinics (see page 24) or ask the guys at your Needle Syringe Program for the best place to go. It's confidential, free and gives you peace of mind!

FAR MORPH STORIES

Tony, a local peer is putting together a Book of Using Stories & Artwork by Northern Injectors. Stories can be around all types of drug use (not just morph. For more info. call or text Anita at QuITHN on 0411 338 900 or 4051 4742

RELEASE THE INNER POET! (or writer, or illustrator or journalist...)

Don't repress those creative urges or you'll explode and make a nasty mess that someone else will have to clean up. Remember Tracks is your magazine so send us your stories, piccies or scribbles along with written permission to use them. Our contact details are on the inside cover.

Cocaine is a crystalline tropane alkaloid that is obtained from the leaves of the coca plant. It is a stimulant of the central nervous system and an appetite suppressant, creating what has been described as a euphoric sense of happiness and increased energy. It is also a topical anesthetic used in eye, throat, and nose surgery.

The stimulating qualities of the coca leaf were known to the ancient peoples of Peru and other Pre-Columbian South American societies. In modern Western countries, cocaine has been a feature of the counterculture for well-over a century.

In 1859, an Italian doctor, Paolo Mantegazza returned from Peru, where he had witnessed first-hand use by the natives. He experimented on himself and declared coca as being useful in the medical treatment of "a furred tongue in the morning, flatulence, and whitening of the teeth."

A "pinch of coca leaves" was included in John Styth Pemberton's original 1886 recipe for Coca-Cola, though the company began using decocainised leaves in 1906 when the Pure Food and Drug Act was passed.

In 1879 cocaine began to be used to treat morphine addiction. Cocaine was introduced into clinical use as a local anaesthetic in Germany in 1884, about the same time as Sigmund Freud started using the drug.

Potential problems

Trauma can be caused by the compounds used in adulteration. Cutting the drug is commonplace, using compounds which simulate ingestion effects, such as novocaine (producing temporary anaesthesia), ephedrine (producing an increased heart rate), or more dangerously, strong toxins to produce vasodilatory (expanding of the blood vessels) effects. For example a nosebleed can be wrongly regarded by heavy users as a sign of

COKE

purity. The normal adulterants for profit are inactive sugars, (usually mannitol, creatine or glucose), so introducing active adulterants gives the illusion of purity.

Appearance

Cocaine in its purest form is a white, pearly product. Cocaine appearing in powder form is a salt, typically cocaine hydrochloride. Black market cocaine is frequently adulterated or "cut" with various powdery fillers to increase its surface area; the substances most commonly used in this process are baking soda; sugars, such as lactose, dextrose, inositol, and mannitol; and local anaesthetics, such as lidocaine or benzocaine, which mimic or add to cocaine's numbing effect on mucous membranes. Cocaine may also be "cut" with other stimulants such as methamphetamine. Adulterated cocaine is often a white, off-white or pinkish powder. Novocaine, a dental anesthetic and benzocaine are related to cocaine and can both cause a person to test positive for it even though they are not illegal drugs.

The colour of "crack" cocaine depends upon several factors including the origin of the cocaine used, the method of preparation, and the presence of impurities. It will generally range from white to a yellowish cream to a light brown. Its texture will also depend on the adulterants, origin and processing of the powdered cocaine, and



the method of converting the base; but will range from a crumbly texture, to oily, or a hard, almost crystalline nature.

Freebase (or 'crack')

As the name implies, "freebase" is the base form of cocaine, as opposed to the salt form of cocaine hydrochloride. Whereas cocaine hydrochloride is extremely soluble in water, cocaine base is insoluble in water and is therefore not suitable for swallowing, snorting or injecting. Cocaine hydrochloride is not well-suited for smoking because the temperature at which it vaporises is very high, and close to the temperature at which it burns; however, cocaine base vaporizes at a low temperature, which makes it suitable for inhalation.

Smoking freebase coke (or 'crack')

Smoking freebase is preferred by many users because the cocaine is absorbed immediately into blood via the lungs, where it reaches the brain in about five seconds. The rush is much more intense than sniffing the same amount of cocaine nasally, but the effects do not last as long. The peak of the freebase rush is over almost as soon as the user exhales the vapour, but the high typically lasts five to ten minutes afterward. What makes freebasing particularly dangerous is that users typically don't wait that long for their next hit and will continue

WAYS OF GETTING IT INTO YOU

BY MOUTH This is the safest way to do coke, but by far the least efficient. Users can absorb cocaine through the mucous membrane of the inner cheeks and gums. It can also be swallowed but the drug loses much of its effectiveness in the stomach. While the rate of absorption is slow, the effects last longer.

SNORTING, as in by nose, is the next safest method. The effects peak sooner and don't last as long this way. It can lead to a burning sensation in the nostrils after cocaine's anaesthetic effects wear off. Cocaine highly constricts blood vessels and prolonged use can lead to nasal tissue being destroyed.

Cocaine powder must be divided into very fine particles. Snorters should be careful to use a clean instrument to snort with, such as a straw or hollowed out pen. Don't share this with others as blood-borne viruses and infections can result as the nasal linings are quite fragile. Don't use paper money, it will have all sorts of bacteria on it (and possibly viruses) and can lead to infections.

SMOKING freebase or crack cocaine is most often accomplished using a glass pipe or a small length of a radio antenna or similar metal tube. Like injecting, smoking leads to intense short-lived effects but it does bypass some of the risks posed by injecting, like infections from bacteria or viruses. The danger of overdose is lowered to some extent, but still risky.

INJECTING provides the highest blood levels of drug in the shortest amount of time. Upon injection, cocaine reaches the brain in a matter of seconds, and the exhilarating rush that follows can be so intense that it induces some users to vomit uncontrollably. The euphoria passes quickly. Make sure you use a 0.2 wheel filter to get rid of bacteria and fillers.

One effect of cocaine is a restricting of your veins. They get harder to find, so rotate your sites and take care if you are on a binge. An injected mixture of cocaine and heroin is a dangerous combination, as the converse effects of the drugs actually complement each other, but may also mask the symptoms of an overdose.



to smoke freebase until none is left. These effects are similar to those that can be achieved by injecting cocaine hydrochloride, but without the greater risks associated with injecting.

Smoking cocaine can lead to chest pain, breathing difficulties, chronic coughing and lung damage.

Effects

Cocaine is a potent central nervous system stimulant. The initial signs of stimulation are increased blood pressure and heart rate, hyperactivity, restlessness, and euphoria. The euphoria is sometimes followed by feelings of discomfort and depression and a craving to experience the drug again. Sexual interest and pleasure can be amplified. Side effects can include twitching, paranoia, and impotence, which usually increases with frequent usage.

With excessive dosage the drug can produce hallucinations, paranoid delusions, increased heart rate, itching, and formication (crawling feeling of the skin). Overdose causes uneven beating of the heart and a marked elevation of blood pressure. These can be life-threatening, especially if the user has existing heart problems.

Dependency and withdrawals

The body adapts to cocaine within hours and some users will find they need a higher dose each time as the effects of the previous hit wear off. With regular use, physical dependency forms with withdrawal symptoms of depression, fatigue, unpleasant dreams, disturbed sleep (too much or not enough), increased appetite, agitation and anxiety.

There is a greater risk of heart attack with chronic use and smoking can lead to chest pain, lung trauma, shortness of breath, sore throat, hoarse voice, shortness of breath, and an aching, flu-like syndrome. There are also links with chronic use of cocaine with the risk of autoimmune, connective tissue and kidney diseases.

I tried sniffing coke once, but the ice cubes got stuck up my nose - anonymous



Getting into coke was easy, in fact it was far too easy. I was at Uni and had a huge amount of work on my plate. Everyone was using, at least 30 percent of the Uni were on something, it just seemed natural to start. My drug of choice is cocaine and I'm a sniffer.

People talk about peer pressure but it simply wasn't that way at all with me, I just gravitated towards it naturally and liked the way it made me feel. There's your sign! I just decided one day to try it because everyone was into eccies and coke. I guess I didn't want to miss out on what I could see happening around me, but there was no pressure from anyone; in fact I had to do some arm twisting to get on at first.

The rather ironic thing about sniff for me was that it got better the more times I took it; that's to say the first few times I did it, it had virtually no effect. I did what most stupid teenagers in my position would have done – did more and more so the high would get better.

The benefits of sniff are that it gives you boundless energy and confidence. Basically that's why it's a yuppie drug – doctors, stockbrokers, lawyers and people with high pressure jobs need that extra edge, but all knives have two sides to every blade. The affects of too much coke are – to say the least, – easy to see. By the time I left Uni I had lost 20 kilos and looked like a concentration camp victim. My mum was horrified and thought I had

AIDS. Things broke down at home and I became homeless, first moving in with my friends, then eventually the streets or a convenient squat.

I've heard of orgies with cocaine, but my experience is most people simply don't go into that sort of thing. It's not everyone's cup of tea, but I have had some wild sex while using. And most coke heads I knew didn't inject so we didn't worry about AIDS and hep C, but I knew you could get hep C through sniffing if you shared equipment. I

Obviously every action has an equal and opposite reaction and I was a drug addict, living on the streets and unable to support myself because my addiction had left telltale scars – not on my arms, but on my brain. I had taken it all too far and was using a gram a day. The result is I turned into a drooling idiot who just lay there shaking and occasionally moaning out a word or two. Then I'd get up and find/steal the money for the next fix. I had given it complete control of my life. Surrendered myself completely to the drug. Needless to say the downside ended in incarceration and thankfully sobriety.

I'll spare you the shakes and the little green men on the curtains, but of course detox was bad, but possibly worse with coke because they simply don't see a lot of it here and aren't as sure on how to help with detox. Coke is still a bit of a designer drug and isn't huge here yet. But it's growing daily. I cried a lot, must have looked like a scared kid, skinny and crying. I got off easy in court and only did 300 hours community service, but I learned my lesson.

Looking back I am now working in my profession and I still use sniff occasionally. It's not an everyday thing with me anymore. It can't be, but it's a fine line between balance use and becoming a user again. My mind is more focused and I feel more in control and have less doubts about myself. I now control the drug and my use – it doesn't control me.



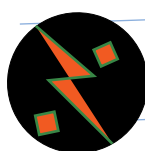
got a problem?

Drugs, whether legally sanctioned or not, can be great fun. Sometimes they can get you into an awkward spot you hadn't planned on. Remember QuIHN can help out in heaps of different ways, whether you want to get things back under control, detox or having hassles with life!

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

QuIHN's service of the month!

PAIN, STRESS, TIREDNESS, DEPRESSION OR ANXIETY?



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



The party ended wildly, but started right on dusk
For every rebel child was gathered to discuss
The treatment of we black sheep, hardly fair and just
While the straight folk sleep, attendance is a must!

The bikers came, one and all
They sat on the left, packed to the wall
All men and women with tattoo ink
Were sent to the balcony, pushed to the brink
And every single creature who'd ever done a crime
Had come to see the feature and were pushing into line
Abusers, drug users and prostitutes alike
Kept streaming in, kept filling the night.

Then as the time drew near the M.C proudly stood
With not one ounce of fear, an old boy from the hood
It has come to my attention, and now I am aware
I'm almost afraid to mention, the news I must impart,
Only black sheep welcome, the invitation said
We have our limitations, all straight folk stay in bed!

For you to belong, you must lie or con or thief
I really hope I'm wrong, but I think we've been deceived
Not one soul could stay in their bed
It appears we're all black, black sheep instead!

So here's the lesson for you who are straight
Stop throwing stones before it's too late
Cause if you throw them with enough hate
Those stones will come back
And for your head they'll make!!!

Fisc 06



Alarm bells

Come around with an alarm
To stick a needle in my arm.
All these things that i do when it gets real,
Then its out then in the out again,
It's the door.

Showcased playmates acting happy,
But who can join the dots when you're not?
Sometimes its the lot.

Fate points the pick path,
Providing more comfort, i think
Than being an out of work actress
In your fucking silent sex flick
Gemma

choices

USER'S STORY

I am an old time Paregoric – for those of you who aren't familiar with the term 'paregoric', it means drug addict or junky.

I started using at the sweet age of 13. Over the next twenty plus years I've injected, smoked, snorted, swallowed, drunk and shoved up my arse, every known drug and possible combination thereof. Quite a pleasurable experience really.

I began as a young man taking speed, my drug of choice back then! Punk Rock ruled and I was bouncing off the walls and other patrons of hotels and party spots. Going out with the hip crowd to use and abuse. Sex, drugs and rock and roll!!!! Yeehaw!!!!

I've since moved on to the loving tenderness of the brave lady, she who makes everything okay at the end of the day.

In the world of drugs nothing is NORMAL! All the normal rules are off. Honesty and truth are relative to the situation. I found early on that I was not a big blokey bloke – I couldn't go up to people on the street and say hand over your dope or I'll bash you, or do bankies or 'burgs. I found that I had a gift and simply asked people for money – large amounts of money — on the whims of a user's promise. I don't know if it's because I'm Irish and have the gift of the gab, (insert Irish accent "oh he's a lovely fella, he could talk da birds down from da trees, but he tells a lot of lies; that he does") or what, I just know it works.

I'm no Christopher Skase, but I do make as much money as your average GP, unfortunately without his access to morphine (not that I'm bitter). Unlike a lot of people in fact the majority, I have purpose and meaning. Buddha said, "All sentient life is pain". Well Jesus, Buddha, L. Ron Hubbard, St Joan of Narc or whatever is out there, blessed is the ultimate in painkillers. Thus I awake, I am ill, I have direction, I have an enemy I can fight everyday, I have purpose, direction, I know where I'm going!!!!

I'm actually happy. Personally I feel using drugs is like being Gay or making one of many lifestyle choices that are alternative – this is just not perceived by the majority of society because someone told them drugs were bad. Once upon a time, you went to jail for being Gay, once upon a time you went to jail for saying women should get the vote, once you went to jail for having another religion or belief system, but I think it's just not my time yet, and my day too will come when society knows we are human beings who have simply made different choices.

You get up, drag your clothes on, your shoes feel like lead weights, and you are sure you have never felt this sick before. Even lifting your head off the pillow was a supreme effort this morning and you shuffle off to the car, secure in the knowledge that in just a short while you will be feeling like a human being again. You rub your sniffly nose and go to start the car.

The ominous clicking and no start!

You only have exactly the right money for a phone call and the gear, not one cent more, and today of all days, the car has chosen to break down! It only ever happens to you! What a dilemma!

- J.

Physical wellbeing for SEX WORKERS

While it's vital for everyone to maintain a healthy state of physical well being, it is especially important for sex workers. The level of physical intimacy between sex workers and their clientele far exceeds that of any other occupation, putting sex workers at a far greater risk of contracting sexually transmitted infections (STIs) and other communicable diseases. Here are some tips on how to maintain your physical wellbeing, keeping your immune system strong, looking after your skin, protecting your oral health, visiting your GP and looking after yourself.

Be responsible for your health

Apart from maintaining regular sexual health checks, sex workers must be responsible for their own overall physical health. Knowing when not to work is crucial for sex workers and could mean the difference between life and death.

Keep your immune system strong

Our immune system helps our bodies fight off infection caused by bacteria we come into contact with. It is very important for sex workers to keep this mighty defence mechanism at optimum levels. To keep your immune system strong, ensure you get regular exercise, enough sleep and a healthy diet. Consider taking monitored vitamin supplements to boost your immune system's efficiency. Herbs such as echinacea, ginseng and garlic are known to boost the immune system. Try to avoid excessive intake of immune depleting substances such as caffeine, alcohol and nicotine.

Avoid high levels of stress as this can have major effects on the immune system. Stress and lack of rest can impair your immune system and make you more vulnerable to infections. Relieve stress through activities such as meditation, yoga, walking, swimming, even macramé and laughing. A healthy body and a healthy mind, make a healthy immune system. Even a half-tired body means a half-tired immune system. Don't take a risk – take a rest.

Look after your skin

Many sex workers have constant direct skin contact with their clientele. This can (and usually does) involve a lot of friction which can cause microscopic breaks in the skin's outer layer. These skin breaks enable the possible transmission of various infections. It is not uncommon for many sex workers to develop a hygiene obsession, involving excessive rubbing and scrubbing with often harsh soaps. This can lead to many unwanted, unfavourable skin conditions which make working difficult and unpleasant.

Due to these issues, it is highly recommended that sex workers follow "best practice" when it comes to skin care. Use a gentle moisturizing cleanser rich in vegetable oils, and be sure to



moisturize after every shower/bath. Sorbolene or Aqueous creams are suitable and affordable moisturisers, as is Aloe Vera, which works to form a protective layer on the skin. After showering and while the body is slightly wet, apply moisturiser in a light, gentle polishing manner all over the body, including the face. This should take less than a minute. Not only will you have beautiful skin, you may also discover that you never need to buy expensive moisturisers again. Drinking lots of fresh water will also help maintain healthy, glowing skin.

Protect your oral health

As many infections can be passed on through bleeding gums or cuts/sores in the mouth, healthy gums can be as crucial as condoms for sex workers. To protect your oral health, visit your dentist regularly and remember to floss and brush after meals.

Do not brush or floss immediately prior to receiving clients as this can aggravate the gums and cause bleeding. Gargle with water or a mouthwash if necessary, and keep some mints handy.

Look after yourself

Ensure you lead a balanced lifestyle - work, rest, play. Establish boundaries between your personal and professional life. Try not to become too involved with clients.

Working in the sex industry can be both physical and mentally draining. Make sure you take time off when you're feeling burnt out. Good financial management allows you to take time off whenever you need it.

Talk about issues with someone you trust before they become big problems, and don't become a slave to your phone or workplace. Find constructive ways to spend time in between clients. Reading a book or doing exercises like sit-ups or yoga are good ways to pass time. Nurture yourself and give to yourself, so that you have something to give others.

Many thanks to SQWISI for this article. SQWISI is a community-based organisation funded by Queensland Health, to provide health and information services to the sex industry and the broader community. For health information, confidential support and referral call them on 1800 118 021. They also have great resources for download at www.sqwisi.org.au

Visit your doctor

It is strongly recommended that sex workers find a GP who they can be honest with. Your doctor should know you are working in the sex industry, particularly if you live in a remote area and do not have access to a sexual health clinic. Sex workers require more thorough and regular STI testing, and a GP can help determine the most suitable treatment for any problems.

Your GP will be familiar with common infections that can be easily transmitted by close contact and kissing (eg. glandular fever, ringworm, tinea and other viral illnesses such as the flu). You may like to consider flu vaccinations to keep your immune system strong. Your GP can also be a valuable referral source to many other specialist services.





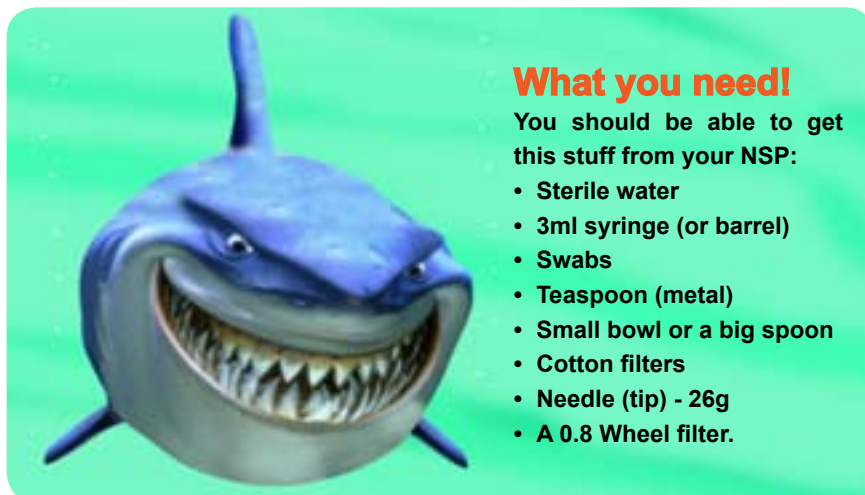
injecting grey nurses?

MS Contin pills are designed for swallowing, so injecting pills is never safe. The risks of injecting pills are so high that it is strongly suggested users swallow MS Contin – you will stay stoned for a longer time as well. But if you insist on injecting, read on about how to reduce the risks of letting the grey nurses get the bite on you!

MS Contin tablets have a 'wax' (microcrystalline cellulose) mixed in with the morphine sulphate. This wax is to slow the release of morphine when you swallow the tablets. If you dissolve a tablet in water and inject it, the wax goes into your vein. Injecting wax into your veins can block them and may cause vein problems such as loss of circulation, vein collapse, abscesses and even loss of limbs. Recent research states injecting MS Contin, without correct filtering, may cause emphysema of the lungs, endocarditis in the heart and possible blindness in the eyes. There are also the usual dangers associated with injecting, such as getting blood-borne viruses such as hepatitis C, hepatitis B and HIV.

DISCLAIMER

QulHN accepts no responsibility for harms arising from the injection of MS Contin. The following steps are used at your own risk. However, if you insist on injecting, the absorption method gets most of the morphine out and reduces the risks involved if you use the correct equipment and follow these procedures...



What you need!

You should be able to get this stuff from your NSP:

- Sterile water
- 3ml syringe (or barrel)
- Swabs
- Teaspoon (metal)
- Small bowl or a big spoon
- Cotton filters
- Needle (tip) - 26g
- A 0.8 Wheel filter.

Can't get these seven steps to work?

Remember removing the coloured outer coating is NOT enough. You need to follow the whole method to get rid of the wax. The secret is crushing the pill as finely as possible. Try crushing your pill on a glossy magazine cover with a spoon to get it really fine. (Some people find this the best method).

DON'T cook it. If you do, the wax expands with hot water, trapping some of your 'mix' inside.

Make sure you use just enough cotton wool to soak up the liquid. This is NOT a filtering method - a little blob of cotton wool will not work. Also, too much cotton wool will make it difficult to draw up the morphine.

Morphine can give a 'prickle rush' - inject slowly to make this less likely. It is not a dirty hit – it is just the way morphine works. Morphine has the same risks of overdose and addiction as heroin, so be careful and practise safer shooting technique.

Talk to a staff member from your Needle Syringe Program for more advice, training or information. We'll bring you a full article on grey nurses in the next issue!

STEP 1

Use a swab to wipe off the coloured coating on the tablet. Wait for the tablet to dry out.

STEP 2

Put the tablet in the bowl (or large spoon) and crush into a fine powder with the teaspoon. It is important to crush the tablet as much as possible to get the most morphine out of the tablet.

STEP 3

Add 3ml of water to the powdered tablet. This is a full barrel's worth of water. You need this much water for every tablet you want to inject. It does not matter how strong your tablet is, you still need 3ml of water to get the wax out.

STEP 4

Grind up the powdered tablet and water with the teaspoon. Keep going until you get a smooth, milky liquid. The smoother it is, the more morphine you will get out.

STEP 5

Drop about half a cotton ball or filter into the liquid. Just let it sit there and absorb the liquid and wait. The longer you wait, the better the result. If you can wait 5 minutes you will get nearly all the morphine. You need to wait at least one minute to make it worth it.

STEP 6

Place the 3ml barrel on the top of the cotton ball. Don't push it right into the cotton ball, or you will suck up the wax. Draw back the plunger. You should end up with about 2.5 ml of clear liquid. This is the morphine sulphate that is in the solution.

STEP 7

At this point, it is important to filter your mix. You need it to be completely clear. A wheel filter works best and should be primed with water first. Attach the primed wheel filter and backload the mix into another 3ml barrel. Once you have filtered the mix, put the tip on the barrel and practise safer injecting techniques.

The 'wax' (microcrystalline cellulose) is left behind on the cotton ball. Taste the soggy cotton ball - it should be slimy, and have no bitterness to it. If it is bitter, then maybe the tablet wasn't ground up enough, or the time allowed soaking into the cotton ball was too short.

Genital warts are fleshy growths or bumps seen most often in moist areas in and around the genitals and anus, including the inside of the vagina, cervix, the opening of the urethra, and may also be inside the anal canal. They are caused by a group of viruses called human papilloma virus (HPV).

HPV infection is very common. You may have the infection but not develop visible warts because your immune system keeps the virus under control. Other people may develop genital warts. This is why you can't tell if you got the infection recently – the infection may have occurred some time in the past.

How do I get genital warts?

The human papilloma virus is spread through direct skin to skin contact with a person infected with HPV. This occurs most commonly through sexual contact. HPV may be passed from person to person by sexual contact where there is skin to skin contact of the genital area. HPV may also be passed from mother to baby during labour and birth.

The virus can be passed from person to person even if there are no visible warts. The virus can live in the skin for many years and during that time can be passed on through sexual contact. This explains why genital HPV infection spreads easily among sexually active people.

How would I know if I had genital warts or HPV?

HPV is diagnosed clinically by the presence of warts. You may have HPV infection and not be aware of this, as you may never develop warts.

Sometimes HPV infection causes visible warts. Warts are usually not painful, though women may notice an itch around the area, or experience discomfort or bleeding during sex. Occasionally, warts in the urethra or anus may cause bleeding during urination



or bowel movements.

Certain types of HPV are associated with changes in the cells of the cervix (neck of the womb) which can be detected on Pap smears. These changes have the potential to become cancer of the cervix if they are not treated. All women should have a pap smear within twelve months to two years of becoming sexually active, and thereafter every two years.

How do I get tested for HPV infection?

You may check yourself and your partner/s for visible warts. Be aware that some of the lumps or bumps you detect may be completely normal. However, to be sure, you will need to have them checked by a health professional with training in sexual health.

If you think you have warts or have been exposed to genital warts, or, if you are worried about HPV infection, it is best to go to your doctor or sexual health clinic for a check up. In most cases, the presence of warts can be confirmed by checking the

genital area. HPV infection may be present without any signs. At present there is no blood test or swab test available to detect HPV infection.

How can HPV or genital warts be treated?

There is no cure for HPV infection. However, visible warts can be treated by several means. Talk to your doctor or nearest sexual health clinic for more details.

How do you avoid getting warts or HPV?

It is unknown how long a person with HPV infection remains infectious or can pass the infection on to a sexual partner. The use of condoms for sex is encouraged. Using condoms will reduce the spread of HPV but will not completely remove the risk.

If visible warts are treated as soon as they appear, the spread of HPV is reduced. Even though the warts are gone HPV can still be living in the genital skin and it is still possible to transmit the virus to your partner.

Who can I talk to?

Talk to your doctor or ring the nearest clinic below for a free confidential appointment.

Source: Queensland Health

Sexual Health Clinics

Gold Coast (07) 5576 9033
West Moreton/Ipswich (07) 3817 2428
Cairns (07) 4050 6205
Rockhampton (07) 4920 6262
Townsville (07) 4778 9600

Brisbane (07) 3227 8666
Sunshine Coast (07) 5441 2459
Mackay (07) 4968 3919
Toowoomba (07) 4616 6446
Bundaberg (07) 4150 2754



Big Tex risks the virus from hairy leg device

Whoa, cowboy! You know your partner has hepatitis C. And that's her leg-shaving razor you are running over your rugged jowels. The virus can be passed blood-to-blood by the tiniest nicks, so do yourself a favour and buy your own for a change!

Anyone with a history of injecting drugs may have picked up the hepatitis C virus, even if they don't show signs of infection. Ideally you should avoid sharing razors and toothbrushes with anyone.

While these are low to moderate risks for getting infected with hepatitis C, the big risk of course, is sharing injecting equipment. The tiniest bits of blood can carry the virus, whether it is on your tourniquet, fingers, spoon or drug preparation area, in the mix, or on the skin around your injection site.

Remember soap is your friend. Always wash your preparation area, spoon, hands and injection site well. Swab your injection site once, in one direction only, with the swab in the pack from your Needle Syringe Program. Always use a new fit each time, and don't share any of your injecting gear with anyone else.

And one last thing, cowboy. Puh-leeeez, tucking your shirt into your undies is so 1960s. Get with the program and buy some boxers.

An addict is anyone you don't like, who uses more than you do – anon

Thank you for coming in, Higher Power.

A pleasure to be here.

I must say you are looking in fine form. You have the face of Jesus, the belly of Buddha, the many arms of Vishnu and could that skin colouring be the delicate blue of Krishna?

Nice of you to notice, Steve. I seem to appear to people in whatever way they assume I'll be, so I figure you must have a rather chaotic spiritual stance.

Yeah, you could say that. Obviously I have plenty of questions for you tonight, God... may I call you God?

No, that's a bit divisive. What about Your Immenseness, the Ineffable... I am partial to Cyril. Whatever takes your fancy.

Well, Higher Power, having something of a recreational passion for substances, I'd love to know why you actually created drugs in the first place.

I say, Steve, what a relief! Everyone usually wants to know the same old stuff... is there life after death? Why does suffering happen? What is the meaning of life. Where did I leave my car keys?

To tell you the truth, I didn't plan drugs. I just kind of made stuff and didn't really look at the psychoactive possibilities if you lot were brave enough to snort, smoke, inject or shove things up your arses.

Actually I have lost my car keys. But are you are saying drugs are wrong?

Heavens no. You humans seem to spend a lot of time constructing elaborate moral frameworks on things like this. To me, it just seems a complicated way to feel better about yourself. You judge others so you can feel better about yourself.

But surely you see certain drugs as inherently evil?

Ah, the limitations of the human mind – I keep forgetting. Listen, Steve. There have been times in Indian and Middle Eastern regions where smoking opium was the accepted cultural thing after eating, a kind of uplifting after-dinner mint. Yet alcohol was the inherently evil drug by their standards. Contrast this with modern America, where

AN INTERVIEW WITH A HIGHER POWER



powerful alcohol and tobacco industries lobby to ensure the democratic system won't restrict access to these drugs, despite huge social and medical costs. At the same time, they wage war against drugs like marijuana. And recreational use of the modern derivative of opium lands you in prison, yet pharmaceutical companies make millions from selling it to hospitals. Go figure.

So are you for or against drugs?

Ha. You're trying to box me in, Steve. I have no strong feelings either way. Drugs are just one of many ways you humans try to make yourselves happier, if temporarily. Different people will use drugs with differing degrees of control, success or negative shit happening in their lives.

I know many people say they have seen you when they use LSD.

Yes, I believe it was a human called Steve Wright who wondered if I would actually see

people if I dropped acid.

Wow! Really? Do you only see us humans if you drop acid?

That was a joke, Steve.

Oh, I see. But can drugs help us on the path to spiritual enlightenment, to be closer to you?

Yes, but I wish they wouldn't. For thousands of years, I've had cow-eyed shamans mumbling at me. More recently there have been a lot of Rastafarians but they just giggle a lot and ask me for Tim Tams. The 1960s were worst. Thousands of hippies with questionable personal hygiene going "Check out the colours, man!" Very tedious.

You don't sound as if you care much about us human beings at all.

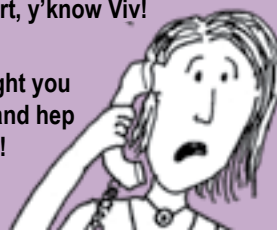
- Well, Steve, let's just say I'm dispassionate about humans. Really I'm just the cosmic architect. The universe was just a fun project that I started around 14 billion years

BODY ART



Sam: It's possible to get HIV from body art like tattoos, body piercing, branding and scarring. When someone else does your art, always make sure they use sterile equipment, new ink and proper infection control. Otherwise you could also get hep C, hep B, nerve damage, scarring & other serious infections. Cheap art isn't always the best art, y'know Viv!

Viv: Shit, I thought you only got hep B and hep C from injecting!



This is an extract from our brand new *The Little Black Book*. Sam and Viv go through the ABCs of life, from AIDS to ZZZ radio station! On the way, they talk about safer injecting, avoiding sexually transmitted infections, and dealing with pregnancy, accommodation, transport and other big things in life.

The Little Black Book also lists heaps of agencies and groups in Brisbane that can help you out with all sorts of stuff.

Wanna get your hands on a copy? They are free at heaps of Needle Syringe Programs. If your particular mob don't have them, call us on 07 3620 8111 and we can mail one out.

Don't live in Brisbane? The agencies are all Brisbane-based, but the stuff Viv and Sam get into applies to all of us!



USER'S STORY

ago when I was feeling my way around.

So you just ignore us! Where's the love?

Well, this is the crazy thing. I get billions of prayer requests each year, but you humans are completely responsible for yourselves. If you put all that praying and kneeling into constructive self-improvement, you'd be smokin', man!

Bugger, I thought you might have advice for us injecting drug users.

But you humans have worked it out already! Philosophers and psychologists have worked out the good shit on making yourselves happy – sex, food, family, friends, love, hobbies, a sense of purpose, work, art, and of course, drugs. It's all in the balance. Concentrate on any of these too much and it all goes arse-over-tit.

For a Supreme Being, you seem to use swear words quite comfortably.

Fucking ay.

What about advice for injectors?

Aren't you listening, you carbon-based organism? You humans have it sorted already! I hand thee 10 Great Suggestions:

- Always use new fits
- Never share any injecting gear
- Rotate your injection sites regularly
- Wash your hands and preparation area
- Swab your injection site once, in one direction only before injecting
- Release your tourniquet before injecting
- Take a break from injecting regularly to give your veins a rest by swallowing, snorting, smoking or shafting
- Even better, take a break from drugs regularly to clear your brain
- Dispose of everything properly in a sharps bin when you are done
- Enjoy the ride!

That's the stuff this Tracks magazine keeps going on about.

Yeah, they are a bit like a broken record. But seriously, if you do this stuff you'll generally have positive experiences, and minimise the nasty shit that can happen. Your drug habit is what you make of it.

That sounds a bit practical, doesn't it? I mean coming from You? I thought you might have a more spiritual approach.

What do you want to hear? Drugs enhance the path to higher consciousness, where the oneness meets the astral planes of knowledge while true self merges infinitely with the unity of cosmic destiny and...

Hang on, I'm writing this down! True self merges with what?

Jesus, Steve, get with the program! I'm taking the piss. I don't do that sort of airy fairy stuff as a rule, unlike you lot.

Okay, fair enough. Well um... what is the meaning of life? Why are we here?

Oh God, I knew it. The big questions! Alright... you humans are the most complex organisms in the universe to date. There is life on 32 739 other planets, but you are the most highly evolved so far. You and the others only came about by a combination of billions of years and a series of incredible coincidences.

Why does suffering occur? You live in a universe with no regard for humans, and everyday chaos will occasionally lead to suffering. Frankly, I don't get involved with your doings, so you are totally responsible for your species. If you improve the world, the chances of suffering are reduced. If you live for yourself and say fuck everyone else, well surprise surprise – suffering increases too. It ain't rocket science, you know.

The meaning of life is that life is only what you make of it, so appreciate this amazing spark of self-consciousness that has evolved within you, and appreciate it in everyone else too, whatever colour skin they have. A meaningless universe is no cause for despair or depression – it just gives you more freedom to invent your own meaning of life for your happiness and for those around you. And you can be good because you want to be, not from fear of Hell, purgatory, or coming back as a snail.

You are totally responsible for the world you create, so get involved in making it better. Don't come running to Me for help. And try not to blame others or circumstances, all your answers are within you. Most of your religions are based on not taking responsibility for yourselves completely.

There is no life after death, so make the most of this one unique opportunity. There is quite a bit of truth in the statement, *live each day as though it was your last*, but this could lead to rash impulsive acts. I'd suggest living each day as though it was your 184th last day on Earth.

And finally, your car keys are in the right pocket of your jeans, in the laundry basket.

But I don't understand. If You are outside this universe, yet created it initially, doesn't that imply some responsibility for us? And how are You able to communicate with me? Doesn't this imply a relationship with You is possible? Or are you just a figment of my imagination?

- Bingo, Steve, well done! I am just a figment of your imagination. Your LSD is wearing off now so this part of your brain will catch you next time you get your hands on some quality tabs. Later dude...

now to this?

The corridors I roam
Like a cascading dome
The twilight of my mind
Torn of essence, I find.

The darkness of light
Piercing my heart's delight
To furbish this vile waste
I score and fall in haste.

So as the moth burned black
This innocence in chain and shack
I bellowed internal pained hurt
Within this land, by sea we are girt.

Jherrick 0706



drink spiking

Australian research reckons that cases of other drugs being slipped into drinks is quite rare. It seems people are usually far more drunk than they thought they were. But drink spiking does happen, so try these safer partying tips.

Make sure your mates know where you are and what you are drinking. Don't drink anything that's been out of your sight. Check your drink for anything floating on the surface and tell your mates, bar staff or security if you feeling kind of weird. And remember alcohol can multiply the effect of some drugs, so it helps if you don't get too plastered!



INJECTING METHADONE

WE CAN'T STRESS ENOUGH THAT METHADONE WAS MADE TO BE TAKEN ORALLY, NEVER INJECTED. IT'S NOT STERILE, IT HAS SOME SERIOUSLY NASTY INGREDIENTS FOR VEINS AND ORGANS, YOU MIGHT END UP HANGING OUT, AND MANY USERS DON'T GET A RUSH ANYWAY. THIS GUIDE IS ONLY FOR THOSE WHO INSIST ON INJECTING THEIR DONE, TO MAKE SURE THEY CAN REDUCE THE MANY RISKS INVOLVED.

Methadone syrup was never designed for injection. Each millilitre contains 5 mg of methadone hydrochloride, sodium benzoate, ethanol, sorbitol solution, glycerol, caramel and finally, flavour pharmaceutical 503.978/A.

Some of these ingredients can cause allergic reactions, respiratory reactions, and damage your heart, kidney, veins and liver if injected. Talk to your NSP workers or methadone prescriber about the differences between pure methadone and methadone with additives.

In some cases, methadone is mixed with cordial or fruit juice. Injecting this after it has been in someone's mouth also means there will be plenty of harmful bacteria entering your bloodstream.

Methadone is not a sterile fluid so blood diseases can arise from injection. A large volume of injected fluid can also cause vein damage, especially if injected quickly. Always go slow and steady.

Injecting methadone will lessen the amount of time it will stay in the body, so withdrawal symptoms will usually come on earlier than usual. Some users state there is no rush from injecting methadone anyway and it is just a needle fixation. In any case, weigh up the high risks of injection carefully against the perceived benefit.

WHAT YOU'LL NEED

Use new, sterile equipment with each shot. Never share your equipment and make sure you have the following gear.

STERILE WATER - Ideally you should mix nine parts sterile water to one part of methadone syrup (please note these figures are based on done syrup in Australia only). The absolute minimum amount should be three parts water to methadone syrup. However, your methadone may already be diluted by the chemist which can complicate the process.

SYRINGES - Larger 10ml or 20ml barrels are best due to the amounts involved.

'DRAWING UP' NEEDLES - These are 19 and 21 gauge needles, able to draw up methadone into the barrel.

BUTTERFLY NEEDLES - These are 25 and 23 gauge surflo needle tips with plastic tubing, designed to cope with larger amounts of fluid, as the butterfly stays in your vein as you change barrels.

FILTERS - You can use cotton wool, cigarette filters or swabs with the alcohol rinsed out, but wheel filters are best,

especially when the syrup has been in someone's mouth. The 0.2 filter can remove the bacteria that cause bad hit and serious infections. You can also use butterflies to make the injection from multiple barrels easier.

SWABS - Use these to clean your equipment and injection sites. Wipe them in one direction, once only. Wait for the area to dry - it is the drying action that kills germs. Do NOT use to stop bleeding after an injection as the alcohol encourages bleeding.

SOAP - Clean your preparation areas and hands before and after using, to reduce the risks of blood borne diseases like hepatitis C and HIV.

TOURNIQUET - Make sure you clean this with soap before and after use and never share.

SAFE DISPOSAL BIN - This should come with your gear from the Needle Syringe Program. It is illegal not to safely dispose of used injecting equipment in a rigid-walled, puncture resistant, sealable container.

MIXING THE MIX

Clean your work area and hands with soapy water and get your gear ready.

You will need triple the amount of water for the amount of methadone e.g:

5mls of methadone syrup, 15mls water.

Mix the sterile water through the methadone by stirring or shaking.

Attach a 'drawing up' needle to the syringe. Draw up all the fluid into the syringe if possible. Repeat with more syringes as needed. Inject the fluid through filters until the fluid is clear. Use a new filter each time.

Prime your filter using sterile water only. Draw the clear fluid up into a syringe and connect a wheel filter to the syringe. Push the fluid through the filter into a new sterile syringe or a clean bowl.

Do not reuse any equipment, as it is now unclean from the unfiltered fluid. Draw the fluid into as many new syringes as required.

Connect the butterfly to the syringe and push the fluid through until you see the fluid entering the end of the needle.

SHOOTING THE MIX

Select a vein. Place a warm towel over the site to bring veins to the surface then

POSSIBLE PROBLEMS WITH INJECTING DONE SYRUP

Methadone hydrochloride: respiratory depression

Sodium benzoate: Hypersensitivity and allergic reactions. Respiratory reactions have occurred in people susceptible to aspirin-induced asthma.

Ethanol: Central nervous system depression, which can lead to stopping breathing and coma

Sorbitol solution: effects can be similar to a 'dirty hit': facial flushing, abdominal pain, nausea, vomiting and sweating. High levels may lead to kidney failure or kidney stones.

Glycerol, caramel and flavour pharmaceutical 503.978/A:

effects unknown.

swab the injection site.

Inject slowly and steadily. It is extremely dangerous to inject a large volume of fluid into a vein (try to use different sites in future to minimise damage).

Apply adhesive tape over the plastic 'wings' of the butterfly needle to secure it against your skin.

If you need to change barrels when you have filled more than one syringe with methadone, bend the tubing of the butterfly needle in half tightly at the end to which you connect the syringe, before you change barrels. This stops back flow.

Have another syringe with sterile water ready to inject after the methadone. This empties the tube, so you get all of the mix.

When you take the needle out of your arm, put pressure on the injection site for a couple of minutes to stop the bleeding. Using a swab will only make it bleed and bruise.

Wash your hands and place all used equipment in to the safe disposal bottle and seal. Dispose of the bottle responsibly.

wanna make some cash?



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

LEARN A BIT
SHARE A BIT
MAKE A BIT (\$110!)

**The Mixup Project, your one-stop shop
for learning about wheel filters, handling
overdoses, your legal rights and safer injecting**

While the rush can be amazing, some of the risks from injecting can be pretty shitty... abscesses, bugged veins, jail or overdose. But QuiHN is so keen to help you avoid bad karma that we'll pay you to learn the good stuff.

It's completely confidential and totally on about helping you and your mates get the goods into you in a safer way. Here's some feedback from guys who've been through the group:

"It was great. The sexual health info was much needed... the instruction was A1" - M

"...highly enjoyable and informative. The relaxed atmosphere that included past and present users made for a great environment for sharing information and tips... The topics were highly informative and necessary, particularly for users. I would highly recommend this program to anyone" - MC

Interested? Here are the contacts for getting info:

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

PICK THAT DRUG answers from page 10

DRUG NUMBER 1

Welcome to **nicotine**, a naturally occurring pesticide, one of the world's most popular drugs and probably the most costly world wide too. Many of the symptoms of nicotine withdrawal are similar to those of other drug withdrawal syndromes: anxiety, awakening during sleep, depression, difficulty concentrating, impatience, irritability/anger and restlessness. Slowing of the heart rate and weight gain are distinguishing features of tobacco withdrawal.

Nicotine withdrawal can last for several weeks and can be severe in some smokers.

Many people would argue that regular smoking can be far worse for your health than quite a few illicit drugs would be. If you want to do your body a favour, try calling the Quitline on 13 7848 and talk through all the various options. Smoking costs the government millions of dollars in health care every year so they have developed a lot of supports for anyone wanting to kick the weed...



DRUG NUMBER 2

Probably the world's most ancient drug, withdrawals from heavy **alcohol** use can be life threatening and the DTs (delirium tremens) are no fun, with hallucinations and profound confusion setting in. Once DT's begin, there is no known medical treatment to stop them. Grand mal seizures, heart attacks and stroke can occur during the DT's, all of which can be fatal.

Not everyone who stops drinking experiences withdrawal symptoms, but most people who have been drinking for a long period of time, or drinking frequently, or drink heavily when they do drink, will experience some form of withdrawal symptoms if they stop drinking suddenly.

It can be a good idea to talk with a medical professional before going cold turkey if you have been drinking pretty heavily. There are detox units available too, where medication can help with potentially dangerous severe withdrawals. For more information, ring the Alcohol & Drug Information Service in Queensland toll free on 1800 177 833.



DRUG NUMBER 3

The world's most popular recreational drug, **caffeine** is the only one you can engage in at pretty much any workplace or social situation (unless you are a Mormon).

Reduction in serotonin levels when caffeine use is stopped can cause anxiety, irritability, inability to concentrate and diminished motivation to initiate or to complete daily tasks; in extreme cases it may cause mild depression.

Withdrawal symptoms may appear within 12 to 24 hours after discontinuation of caffeine intake, peak at roughly 48 hours, and usually last from one to five days - representing the time required for the number of adenosine receptors in the brain to revert to "normal" levels, uninfluenced by caffeine consumption. Analgesics, such as aspirin, can relieve the pain symptoms, as can a small dose of caffeine.



BLOKES & TROUSER SNAKE CARE

Hey bloke! Whatever your age, sexual orientation, or inclination to the kinky stuff, remember a condom is your little latex passport to yourself (and her, him, them or it) from little surprises like chlamydia, trichomonas, gonorrhoea, hepatitis B, syphilis and HIV. Most times it can also reduce your chances of getting genital herpes and genital warts.

Make sure your latex does the job and:

- Chuck it if it is past the use-by date
- Make sure it isn't discoloured or brittle
- Find the right size (small ones can break while a big one might slip off)
- Use water-based lubricant and never re-use condoms
- Store condoms in a cool dark place
- Don't keep for any length of time in a wallet, purse or handbag
- Try other brands if your condom causes skin irritation.



ABSOLUTELY OBSOLETE

Upside down and back to front is this world to me.
This is my simple key to this infinity.

Once upon a time in the untime
There was only something which was nothing
Nothing didn't know what nothing was
It took no time in the untime

Now nothing knew what nothing was
Nothing knew that nothing was something
From nothings realization thought emerged
Nothing created something

Thought was now it's own self
Starting perpetuality
Thought evolved one thought at a time
Thought became thoughtful

It took thinking for thought to think
Thought realized thought's thought and thought
In thinking thought thought from where was thought thought

Thought thought and thought
Until thought realized what thought was
Thought thought thought was a product of thought
Which was thought from nothing

If nothing could create thought thought thought
Thought could create anything thought thought
Thought then created thought and thought thoughts
Thought realized action of thought created existence

All thoughts acted on thoughts thought
Existence came into being
Thought cannot stop thinking for that is thought
Existence is thought's creation
Non existence is from whence thought came

- Andrew

LISTEN

LISTEN
EVERY TIME I CRY
MY FRIENDS THEY DESERT ME
MADNESS
TRYING HARD TO BREAK

TO TAUNT AND TO HURT ME
MY LIFE IS FADING INTO GREY
LISTEN PLEASE LISTEN