

# TRACKS

ILLCIT DRUG USERS MAGAZINE



**NOT FOR GENERAL DISTRIBUTION** This is a restricted publication strictly for illicit drug users, available only through Needle & Syringe Programs. QuHN neither condemns nor condones illicit drug use but seeks to minimise the harm that can arise from illicit drug use, in line with Australia's public health strategy.



**Tracks Illicit Drug  
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This publication does not necessarily reflect the views of Queensland Injectors Health Network (QulHN). QulHN 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 QulHN, 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 QulHN 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. QulHN is funded by the **Queensland Department of Health** and the **Australian Government - Department of Health & Ageing**.

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

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

**Counselling services** provide a range of strategies for people wanting to reduce or cease their drug use, including psychosocial education, and process and recreational groups offering support for people contemplating, making, or sustaining changes to drug use.

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

QulHN is the Queensland member organisation of the Australian Injecting & Illicit Drug User's League (AIVL).

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# EASY TARGETS

An easy way to feel good about yourself is by criticising and stigmatising others, whether it's on the basis of gender, skin colour, religion, cultural background, beliefs or the length of a man's hair or a woman's skirt. Criticising illicit drug users, and groups like QulHN, is an easy way for conservative members of society to feel good about themselves by putting others down.

QulHN has been attracting a lot of negative media attention over the past few months. In a nutshell, we wanted to move our Gold Coast office a few blocks, and the local business community encouraged an intensive media campaign to prevent this move.

The media have also targeted our *Mix up* brochure, which tells current injecting drug users we'll pay them to attend a course to learn harm reduction strategies that can be passed on to other current users. It has been easy for the media to claim that QulHN is actually paying people to learn how to inject for the first time, and that we are encouraging more injecting by others.

#### We don't condone or condemn illicit drug use

As any *Tracks* reader knows, this is simply not the case, and we make it clear in every issue of this magazine. For the record, we neither condone or condemn injecting of drugs. We see injecting as the riskiest way of getting drugs into you, and we encourage users to minimise the potential harms from illicit drug use. The least harm obviously comes from not using drugs at all (including the legal ones, alcohol, caffeine and nicotine). If you do use drugs, we encourage you to learn about the effects of your drug (whether a legal one or not), and learn how to manage your use with greater safety, and how to minimise the harms that could occur.

#### We encourage non-injecting methods

For people who insist on using illicit drugs, we always encourage users to look at non-injecting methods to reduce the risks of harm — by mouth, snorting, smoking or shafting (up the arse). For users who insist on injecting, we provide harm reduction strategies in this magazine to minimise the potential harm, not only for the user, but the wider community. We aim to reduce the chances of HIV and hepatitis C spreading through the community, and also prevent overdoses, abscesses, psychotic episodes and other unpleasant stuff.

#### We provide a voice for illicit drug users

People who are stigmatised and marginalised by society tend to have very little say in the media. *Tracks* provides users with an opportunity to discuss, complain or share issues with other readers. Given the diversity of experiences of so many users, this means that our stories are very diverse too — some users are very dependent and wish they'd never used drugs, while others find they can control their use and that drugs enhance their lives. Some readers advocate legalising drugs, while others wish we could banish drugs completely to avoid getting addicted. *Tracks* will continue to cover this wide range of experiences and beliefs. It doesn't mean our editorial panel agree or disagree with these stories, but we know the value of sharing the ups and downs of drug use, knowledge and hard-won lessons.

Illicit drug users, QulHN, and this very magazine, are all easy targets when conservative members of society want to reduce government spending on welfare, and brush social issues like injecting drug use under the carpet. The harm reduction approach adopted by QulHN is funded by both Federal and State governments because IT WORKS. Sadly, it doesn't matter how often this is proved by research and anecdotal evidence. It is going to be a long slow fight for understanding and compassion in the wider community when it comes to illicit drugs.





# THE PHENOMENON OF THE SECOND TASTE

otherwise known as GIRL YOU GO AFTER ME

**In the beginning, Eve allegedly talked Adam into eating from the tree of knowledge. A religious myth perhaps, but as a consequence of this belief women have been marginalised in social, political, economic and health terms ever since.**

From this incident, women were considered the perpetrators of 'original sin', so they were assigned a social role which outlined their position in society — the role of wife and mother. This position involved being moral guardians, supporting their husbands, attending to the children's needs, and generally making sure the home environment was morally suitable and stable. Women have been fighting ever since to gain equality, and while there is no doubt women have come a long way, often there is a social expectation that women's behaviour should reflect morality.

So, if you are a woman who chooses to inject, the associated stigma which you must endure is often a lot worse than it is for men. Obviously in a utopian world people would be left to make these decisions without having to worry that a lifestyle choice may have a legal, social and moral impact which can be devastating, regardless of your gender. Although things have changed since Eve's time in the garden, the stakes for women who inject appear higher because they are failing to fulfill their socially constructed role, and thus fall from the exalted 'pedestal of wife and mother', and may be considered extremely deviant in terms of societal values. The

problem is that women have been socialised — along with everybody else — to believe that because they choose to inject they are bad and undeserving people.

Unfortunately one of the repercussions of this is that a significant number of women don't actually inject themselves, leaving it up to their partner. This practice is known as the *Phenomenon of the Second Taste* — generally the dominant partner scores the drug, uses first, and the woman goes second, using the same equipment.

This is a big problem for several reasons, particularly in terms of women's health. Often, the woman will look away as she is being injected because she can't bear to watch or, if she allows her partner to administer the hit, it implies trust.

If women choose to learn how to inject themselves, control issues with their partners may arise because the partner may feel their trust or role is being questioned.

Apart from the fact that a woman is handing control of her drug use to her partner by going second, the woman often doesn't know what she is getting — or how much — and as the partner has already had their hit, sterile injecting techniques may go out the window.

The partner controlling the ritual may expect

the woman to score the money to pay for the deal, thus women may be exposed to blood-borne viruses such as HIV, hepatitis C or B, a dirty hit, sexually-transmitted infections or violence.

I guess the moral of the story is that if you are going to inject, it is better to take control of your drug use. Learn safe injecting practices from the start, and empower yourself with this knowledge so that you don't have to rely on your partner. You will know exactly how much and what you are injecting. You will significantly lessen the odds of contracting blood-borne viruses — particularly hep C or reinfecting yourself with hep C. You will also lower your chances of sexually-transmitted infections, and other health issues associated with injecting drug use.

## WOMEN'S CIRCLE

Bored, lonely or isolated? Trying to avoid the triggers that make you want to use? Trying to turn your life around from problematic drug use can be tough. You may not have any straight friends, or they don't understand what you've been through. *The Womens Circle* is an informal, non-judgemental space for women of all ages, and kids are very welcome! We meet once a week in Fortitude Valley, Brisbane, for conversation and fun activities. It's a safe confidential space for you (and your kids) to connect with other women in similar situations. Give us a call on 07 3620 8111.





## WORKING ON THOSE LONG HOT NIGHTS

Summer is the perfect time for many users to hit the streets and swing their things following that elusive dollar. At QuiHN, one can stock up on the working necessities for both the male and female worker, lube, condoms, etc. But this edition I thought that I might address safety on the streets for the worker. There are plenty of little tricks that can keep us safe out there, and it is important that we share them with each other 'cos otherwise we don't hear of them.

Working from cars? Before entering a car, open the door and check that there is a door handle on the side you are getting in from. Also look at the car to note if it is new and flash. If so, chances are it has central locking, so you may want to negotiate a little more before piling in. If it is an old car, take note of any unusual bits etc.

It is a really good idea to work in pairs so you can keep an eye on each other. An old trick used to be to carry chalk with you so you could write down rego numbers on the wall, pavement, or anywhere that the chalk would write. Always tell the client that there is someone looking out for you, and that they are expecting you to return. Nothing beats the spray-on deodorant as a deterrent for an agro client, a squirt in the face usually is enough of a surprise element to give you time to depart. Many a girl swore by a hat pin in the early twenties. I will leave that up to the imagination.

Never carry large amounts of cash. Have a system where you can slip it into a safety bank, or have a trusted one take over the role of holding it. Be careful if a client is asking a worker for change, because this was one way a client could see how much cash they were carrying at the time.

If you do get into trouble, yell FIRE! No one wants to get involved if you call for help, but everyone wants to see the fire. Also, if in trouble remember EYES, NOSE, THROAT, GROIN. Hit 'em where it hurts then run yelling fire.

Fashion is one thing, but if you are working on the streets wear something that you can move in, run, jump and all those things that the worker sometimes needs to do. So stay safe, try to look out for each other, and remember — safe sex is the bottom line.

This article is reproduced with permission, from the now defunct SQWISI (Self Health for Queensland Workers in the Sex Industry). For more information, see their website at [www.sqwisi.org.au](http://www.sqwisi.org.au)

## WHEN YOUR FAMILY KNOWS YOU ARE USING



**Most of us would prefer our family didn't know we were using, but sometimes we can't keep it under wraps...**

When family finds out, it's anyone's guess how they will react. Sometimes they can be understanding and non-judgmental, but often they'll be pissed off, ashamed, scared shitless or just shell-shocked – sometimes all at once!

If your drug use is causing you grief, and your family is involved, this publication can help your family to understand dependence on illicit drugs better. It can also show them better ways to respond than just screaming at you or trying to bribe/force/manipulate you into rehab.

We'd only recommend giving this to your family if you'd like them to better understand illicit drugs, and how you'd like them to help if you are thinking of quitting or reducing your use. Topics include:

- Understanding drug use
- The reality of relapses
- Coping with a loved one in prison
- Supporting someone through detox
- Harm reduction strategies and personal stories.

Ring QuiHN on 07 3620 8111 or email [quihn@quihn.org](mailto:quihn@quihn.org) if you'd like to get your hot little hands on a copy.





USER'S STORY

# Life After Junk

**<< I think back to the crazy days of active addiction, how my thought processes were so far from reality, where all I thought about was junk and getting on. It was like I carried around this huge burden that I alone could bear, that no one else could understand me or my pain. >>**

When I started Narcotics Anonymous (NA), I had some bad starts — I was still using, and there were days when my problems overwhelmed my coping abilities, as well as my sponsor and all the wonderful people who loved me and supported me. What worked for me was not being alone — when the burden seemed too big, there were simply more people to help me carry it. I took my problems to meetings and shared them with the group in general. I also took them to a internet chat room for support; in fact I spread that big load fairly thinly over hundreds of people. That is what NA means to me. It is beyond friendship — it is a brotherhood of people who share your pain, your hurt and your problems, and they understand you and help carry the burden.

## Not enough strength

It was with a whole lot of help from everyone in my wonderful group that I finally became clean, and stayed clean for eight months now. It was something I had tried on my own, and just couldn't make it — I didn't have the strength on my own. It took a long time for the burden to seem bearable and the problems solvable. Much of that was due to my personal growth. I kept that recovery growing, but it was always tough. When it was hard, I just did it day-by-day, putting it off one more day.

The steps were painful for me. It's hard to acknowledge just how badly I'd treated everyone. Why my wife and my family hung in there with all the miserable things I did to them I'll never know. But she doggedly drove me to every meeting, waited patiently, and took me to my sponsor when I was having a breakdown. I am one lucky man. But I hung on, grimly at times, holding on to the balance I was starting to see emerge in my life. And every single day I wanted to use.

## A breakthrough

Yesterday I had a breakthrough. I work construction, which is tough as lots of my fellow workers use. I got paid and I stopped on my way home to pick up some things at the shop, a few groceries and went home for dinner. I just did normal things, had a shower, made love to my wife, and lay in bed watching late night tv, just a very normal day. I was working, and I felt good.

It wasn't till late into the evening that I realised why I felt so good. I had got paid, went grocery shopping, made love to my wife and lived a normal life and I was happy — *I didn't think once about going to score.* I actually mulled it over and I didn't want to use — first time in twenty years!

Every single day of my adult life since I started using, junk has been this focal point of my life. I felt like a million dollars

yesterday, because I didn't feel like heroin owned my soul anymore. I can't explain what that feels like — a high of kinds I guess — but this was real and tangible and so incredibly satisfying. Hell I was smug. When they tell you something you work for has more value than something that you didn't earn, well they certainly knew what they were talking about. I rang my sponsor at 2am gleefully.

## Elated at being alive

I went to an early morning meeting today, I just had to tell everyone about how empowered I felt, how wonderful I felt because they had finally gotten through to me — with their love and support I could see a life after junk. This might not seem such a big thing to you, but for me it was a huge breakthrough. Just simply enjoying the life that such a short time ago seemed such a burden. I yahoed and carried on and cried and hugged a hundred people and was just so elated at being alive.

For me it took a long time for the message to get through. I only went to meetings because I didn't know how to do it alone, it was all I had left. I actually felt that empty and worthless. I needed someone else to help me live with the pain and self-loathing that junk had created. I just got through the day, not using by the skin of my teeth, and because my brothers were carrying me. Today I felt like a toddler who has taken a step alone. Today I knew that all their love, energy and effort and my higher power knew something about me that I didn't know, that I could live without Junk.

## Giving something back

It's not a cure — if anything it's a glimpse through a keyhole to see hope, it's a fleeting feeling of having some balance and control in my own life where before I had none. I got down on my knees before everyone and thanked God and my Brothers and Sisters and my Wife and my Family for hope. I'd lived without it for so very long, I had forgotten how it felt.

The most important thing I can think of doing right now is giving it back, and I'm writing this story to tell you that there is more — that at the end of the tunnel there is light and hope and love, and I have been like a blind man all this time, unable to see because I had my eyes closed. I'm not asking you for a leap of faith — I'm not promising anything — but I just want to invite you to a meeting. My name is John and I'm an addict. I just want you to know that there is a way to a life without junk, let's do it together one step at a time.

- J.





# addiction

**Addiction! It's surprising the number of things we can get addicted to, and who gets addicted to them. One person can inject a bit of smack each weekend and leave it at that, while another person gets addicted to Coca Cola and drinks ten litres a day.**

Today, there's been increasing understanding and empathy for people who get hooked on alcohol and prescription pain killers. But there's still a pile of ignorance, negative stereotypes, and even outright hatred for anyone dependent on illicit drugs.

## Addiction as a disease

Alcoholics Anonymous played a key role in getting society to ease up on people who were dependent on booze. AA says that alcoholism is a disease, so you can't really blame the person —

some people will simply never be able to handle booze, and will need support to acknowledge their disease and stop drinking forever.

AA has been fantastic for some people, while for others it simply doesn't work. Research indicates that about one in five people will successfully stop drinking, and most other treatment approaches don't get much better results either. However, new research could lead to much better results in the

## Will there ever be a 'cure'?

Research is looking at drugs that might help the higher levels of our brain to do their job after detox. In years to come, we may be able to take a prescription drug that will help us control those impulses to get on again shortly after detox.

But what about the long term? AA has influenced many in the drug and alcohol area to see people as 'recovering addicts' for the rest of their lives. Many of us know someone who hadn't used for years, thought they'd just try a taste, and were back on again. Could there be a permanent 'cure' for users around the corner?

Recent studies suggest there could be a cure in the future. Research indicates that strokes affecting part of the brain called the *insula* have caused heavy smokers to lose interest in cigarettes permanently. One problem is that the brain is so complex, a cure along these lines could take a long time to make sure other brain functions weren't damaged as well. The other problem is that drug dependency involves so many different parts of the brain that our chances of finding a permanent cure could be decades — if not centuries — away.



# Why we like drugs

We've evolved to like things that make us feel good, whether it is sex, food, or looking after our family and friends. If our brains didn't stimulate us to enjoy these things, we'd have died out early in the *survival of the fittest* competition. The human brain is programmed to remember things that feel good — powerful natural chemicals kick in to reward doing things that ensure our survival, so we are inclined to establish 'habits' so we will keep doing an enjoyable thing.

The problem is that drugs can hijack this system — for some of us, it feels so good that it starts to override everything else. It's not just a modern lifestyle issue either. There are records of humans using various natural stimulants, hallucinogens, and opioids for thousands of years. It's not just drugs either — some people get seriously hooked on shopping, sex, overeating or computer games. Anything that is pleasurable has the potential for addiction.



near future, whether a person is dependent on beer, heroin, ice or cannabis.

## Your brain and drug dependency

Why can one person get so badly hooked on alcohol, while another person can inject heroin each weekend yet avoid becoming dependent on it? New toys like MRI scanners allow researchers to watch the brain, and some people experience much higher levels of pleasure to certain drugs than others, so they will have a more powerful reward to keep using.

Also, we all differ in our ability to analyse consequences. Some people are better at assessing the risks of drug use, and will more carefully monitor their use to avoid dependency. Again, brain scans show that people more likely to relapse after rehab have lower activity in the rational, decision-making parts of our brain that override our impulses. In fact one researcher found that he had a 90% accuracy in predicting who would relapse after rehab for meth use, just by looking at their brain scans.<sup>1</sup>

## Stress and drug dependency

Stress has a lot to do with getting dependent on drugs too. Research shows that stressed rats will take more drugs, and the same is true of humans, whether it's the stress of being homeless or working long hectic hours as a stock market broker. Stress particularly affects those parts of the brain that assess risks and make decisions.

## ongoing support after detox

New medical toys like MRI and PET scans are letting researchers find out all sorts of new things about our brains. Regular drug use gradually changes the way our brain works, and leads to various withdrawal symptoms when we stop using. However, researchers are finding that it can take over a year for the brain to get back to its pre-drug state, which goes a long way to explaining why so many relapses occur even a year after detox and rehab.

Research suggests that the changes in the brain from methamphetamine last a lot longer, and could possibly even be permanent in some cases. PET scans show lasting effects in parts of the brain responsible for depression, anxiety and drug cravings.<sup>2</sup>

## critical few months after detox

It's interesting to note that the brain does tend to regain a lot of its pre-drug state within three months after detox. This tends to support the success of AA programs, which advise members to go to an AA meeting every day for the first 90 days. Many of the

more successful drug treatment programs also run for around three months. Why is this important? Straight after detox, our brain is least able to learn the strategies it needs to stop or curb drug use, and the rational decision-making part of our brain is in poor shape to handle those impulses.

## The devil and the angel

Some of us might remember cartoons where a person has an angel on one shoulder whispering into one ear, and a devil on the other shoulder. Getting off drugs can be a similar experience — the more primitive part of our brain is impulsive, and wants to feel good no matter the cost in the long term. The higher parts of our brain assess these long-term costs, analyse the options, and make sensible decisions for the future.

The way our brain operates can be likened to water flowing down a hill. Channels form and become deeper as more water erodes the path. Creating new paths is initially very difficult and takes a lot of effort, but with time the new channels deepen and become normal. Our brain likes drugs so much that the pathways in the brain are entrenched, and our ability to learn new pathways — or habits — comes slowly.

## Tips for the long term

Jim first got into heroin as a teenager. He loved that feeling of being wrapped in cotton wool, numb and protected from a frequently nasty world. At thirty years of age, he finally went through a series of detoxes and rehabs after seeing mates die from overdoses. He could actually get through detox and rehab easily, but always relapsed around six to twelve months later.

"I was missing life skills", Jim says. "I learned how to handle cravings, but just didn't know how to handle life itself".

While this isn't the case for every user, some of us do start using at an earlier age, often to blot out things we'd rather not face. This can lead to problems later on if the decision is made to go clean. We only have to look at young children to see that handling our emotions is a tricky business, and it can take years, if not a life time, to learn how to handle them.

Long-term heavy use can sometimes mean we have to develop alternative strategies for handling depression, stress, anger and anxiety, especially if we've just used drugs to handle it in the past. Regardless of whether you want to get off for good, or just want to manage your use better, there are counsellors who can help you work on this kind of stuff.

1 [www.dpna.org/drugarticles/6methbrain.htm](http://www.dpna.org/drugarticles/6methbrain.htm)

2 [www.sciencedaily.com/releases/2004/01/040106081122.htm](http://www.sciencedaily.com/releases/2004/01/040106081122.htm)

3 [www.newscientist.com/article/dn11031-brain-damage-can-erase-cigarette-addiction.html](http://www.newscientist.com/article/dn11031-brain-damage-can-erase-cigarette-addiction.html)



# time for a reality

BY EDDIE BURKE

**"SARAH"** sometimes likes to do a line of cocaine with friends after a nice glass of red wine. Occasionally the 28-year-old Brisbane-based university lecturer will drop some ecstasy. She has tried ice, but says she didn't like it. She has dabbled in heroin, and now and again she'll smoke some weed.

She doesn't view her occasional drug use as a problem – she says she doesn't see it as anybody's business but her own – and she has absolutely no intention of stopping.

"It's just something I do. It is part of my life, but it's not a big deal," says the attractive, dark-haired woman. "I sometimes like to take a pill or do some speed if I am going to go out. To be honest, as I've got older, alcohol makes me kind of tired".

"I'd rather do a line of speed instead. A lot of my friends feel the same way as I do. One girl is a scientist, there's an architect, graphic designer, teachers and," she laughs, "journalists, for sure."

Sarah is a successful academic, who by most people's standards seems to have her life in good order. She doesn't suffer from depression and she isn't bipolar. She says she doesn't have a mental illness or emotional problems. She doesn't fit into the stereotype of a drug user but the confronting fact is, experts say, that most drug users in Queensland and the rest of Australia don't.

"Andrew" is in his 40s but his hobby of bodybuilding makes him look much younger. Yet the Brisbane primary school teacher occasionally uses speed and ecstasy. "It knocks you around sometimes but I feel far worse after a big weekend on bourbon and Coke, the normal kind of Coke. Alcohol affects my training far more," he says.

"I'd lose my job if they (his school) found out and the truth is I have missed a few Monday mornings. But how many of us can say we haven't called in sick after a big night out?"

There are very few studies into "white collar"

drug use in Australia. Researchers say it is difficult to gather information in surveys because there is no value in responding to it for the professional who doesn't feel he or she has a problem. But most experts agree there are many "recreational" drug users in Australia who manage their habit, do not develop any serious health problems and continue to be useful members of society.

The confession by rugby league star Andrew Johns that he regularly used "party drugs" throughout his 12-year NRL career shocked people who struggled to understand how a professional athlete could be a "druggie" and still function at the highest physical level. Johns, regarded by many as a great player, admitted to more than a decade of recreational drug use after London police caught him with an ecstasy tablet.

The recent controversy in Melbourne with Channel 7 seeking to report on the stolen medical records of two AFL players would seem to confirm that "party drug" use among athletes is widespread.

Last week a defensive Brisbane Broncos NRL coach Wayne Bennett said sports people were unfairly held to standards not expected of the rest of the community.

"If you are a doctor or solicitor or politician or whatever, no one else gets paraded like our people do," he told The Sunday Mail. "That's a real downside to me personally. The problem is society's problem, it's not our problem. We

are doing something about it. That makes us absolutely stand out."

Bennett's comments may have been dismissed as a typical closing of NRL ranks. But does the normally tight-lipped coach have a valid point?

Many social scientists and drug counsellors believe the time has come to present to the public a more realistic view of drug use.

ONE police officer who worked in Brisbane's Fortitude Valley entertainment precinct said drug use was much more widespread than many people realised.

"With some of the clubs there might be a queue of 100 people and 99 of them will be on something," he said. "People with good jobs, law students from good families, all types of people. If he's from Woodridge he might be smoking ice, if he's a middle-class student from Paddington he's probably on ecstasy. But they're all on something."

The police officer admitted that some drug users, particularly those on marijuana or ecstasy, were often less trouble than alcohol or amphetamine abusers.

"But as far as we are concerned, we'll be policing them in 10 years' time when they develop depression and bipolar disorders," he said.

"James" is a 22-year-old final-year science student who intends to study for his medical degree following a gap year overseas. He is

## PICK THE USER...

Geoff Manu is manager of the Queensland Injectors Health Network (QIHN), a government-funded facility to provide information and services on illicit drug use within a harm-reduction philosophy.

"The majority of people we see here do not fit the stereotypical view of a drug user. We don't ask people about their backgrounds because that is not what we are about here," he says. "But we see people pull up in good cars and be neatly dressed. Well-spoken, intelligent people who obviously have jobs and lives beyond their drug use. Substance abuse can create havoc, but it is different for every person. Everyone who picks up a drink



doesn't become an alcoholic, and to a certain extent drug use is the same."

QIHN is working on an advertising campaign which will feature a poster with pictures of 100 people and the tagline: "Pick the Drug User."

"Sometimes I can't even tell if someone is a drug user or not," Manu says. "The stereotype of a user is someone whose life is out of control but the truth is they are probably in the minority. We don't condone or condemn drug use but there are recreational users. People will make their own choices and we need to be presenting a more balanced view so at least it can be an informed one."



# check

## DRUG STATISTICS

The State Government's Queensland Drug Strategy 2006-2010 contains some uncomfortable facts for those who argue drug use is inherently "wrong" while alcohol and tobacco use are acceptable.

"Despite the widely held perception that drug-related problems are mainly caused by the use of illicit drugs, tobacco and alcohol are responsible for the most harm associated with drugs in our community," reads the report.

In Queensland, it is estimated that tobacco smoking and alcohol consumption account for 93 per cent of all drug-related deaths and illnesses. Each year an estimated 812 deaths and 20,900 hospital admissions are due to alcohol misuse, while an estimated 90 deaths and 4100 hospital admissions in Queensland are due to illicit drug use. Of course there are more alcohol users than illicit drug users but, statistically at least, alcohol is still more dangerous than other drugs.

Government figures show about 80 per cent of Queenslanders drink alcohol, while at least 12% use drugs of some description. That means about seven times more people drink than take drugs, but about nine times as many deaths are attributed to alcohol than to illicit drug use. It is this apparent hypocrisy in our attitude to drugs and alcohol which is often seized upon by young drug users.



strikingly articulate and comes from a wealthy and close-knit Queensland family.

During his years as a student at the University of Queensland, he says, he smoked marijuana almost every day, often took ecstasy, tried cocaine and smoked ice on two occasions.

"Ice is maybe a bit different. I could tell that could be really addictive but the only one that I ever felt was getting a bit out of control was the weed," he says. "That was affecting my personal relationships but I smoked for years and I never had any problems with my grades. I would wait until after dinner before I started smoking and try to get all my work done during the day."

The young man says a shocking amount of his peers shared his attitude to drugs.

"I would say that a third to a half of the people I studied with took drugs. Nobody sees it as a big deal," he said. "It is the same as drinking. Alcohol is probably worse than most of the stuff I have tried. Nobody wants to be around a sloppy drunk."

James says ecstasy tablets are getting cheaper, from about \$40 a pill two years ago, to about \$25 to \$30 now.

"Cocaine is expensive, around \$300 a gram and you could easily go through half a gram in a night. That's a big night . . . a treat," he says.

Marijuana, or weed, is bought in "sticks", which are a 16th of an ounce, for \$25 and a heavy smoker might use two sticks in a night.

"I never bought ice . . . I don't really know how much that is," says James, who adds that drugs are normally bought from friends or acquaintances.

The young man admits his marijuana smoking did start to worry him this year and says he stopped using the drug about two months ago. But he is critical of campaigns to stop young people using drugs and says most

of his peers regard government advertising with derision.

"They tell you that if you take ecstasy there is a danger that you are going to overheat in a club and die. But you look around you and you see people taking it every week and they are not dying," he says. "They try to scare you into not trying stuff but you just end up not believing any of the things they tell you."

Paul Dillon, of Drug and Alcohol Research Training Australia, says a Federal Government television campaign last year, which targeted marijuana, amphetamines and ecstasy, had mixed results.

"The ads for marijuana and amphetamines had a relatively moderate message. They warned that the drugs can affect different people in different ways," he said. "There was some really positive feedback for them, but the ads for ecstasy showed a young girl collapsing in a club and dying and there was some really negative feedback from that."

Dillon accepts that the Government must walk a tightrope between deterrence and credible information in its education programs. But he warns that many of the conventional scare tactics in the war against drugs are being rejected by young people.

"If the Government continues to project a message that is not seen as credible that could do more harm than good," he says. "There are some really serious potential consequences of drug use and we need to get that message out in a way that is going to be accepted."

Dr James Rowe is a lecturer at the School of Global Studies, Social Science and Planning, at RMIT University Melbourne. He gained his doctorate while he was a heroin user (something he says he has now ceased) and has sharply criticised government drug campaigns in the past.

"You see these exaggerated representations based on a few individual cases and what it does is rob them of their credibility," he says. "There are many people for whom drug use becomes a problem and I was one of them. But there are many for whom drug use doesn't become a lifelong habit or addiction."

"I would never encourage anyone to use an illicit drug because there is that risk that there is a price that you will have to pay, but we need to present a more balanced view."

The Howard Government has recently launched its Tough on Drugs campaign and a booklet titled *Talking With Your Kids About Drugs* was distributed to thousands of Queensland homes this week.

The publication, with an accompanying television advertising campaign, has received some tentative support from academics. Rowe has praised the scheme for its focus on honest communication between parents and their children.

"There is a line on page five of that booklet that says when parents talk to their children they should not exaggerate or make false claims because if they do their children will not accept their advice," he says. "That is a lesson the Government would do well to listen to itself."

There is no doubt drug use can lead to serious physical and mental health problems. AMA Queensland president Dr Ross Cartmill warned drug users that they may be harming their health despite feeling they are in control of their drug use.

"All of the evidence shows that people steadily increase dosage to get the same effect. People may think they are managing their usage but it is the insidious nature of drugs that is their most dangerous aspect," Cartmill said. "The first problems that people experience will be in their brain – mood swings, depression – we don't even fully understand all of them yet."

"The second organ that will be affected is the liver. The liver has to process all the toxins and the stress on the liver will depend on how many toxins it has to process.

"There is also the fact that we don't know what a lot of these drugs will do over time because they haven't been around long enough. It seems likely that people are storing up problems for themselves that we don't yet know about."

But "Sarah" says these are risks she is willing to take.

"I know some people crack up on drugs, but to be honest I think those cracks were there already," she says. "We've all heard horror stories. We've seen the headlines about evil drugs and, as far as most of us are concerned, it's just a lopsided representation that hardly anyone believes."

Reproduced with kind permission from the *Sunday Mail*, September 09, 2007

# WHY I DO DRUGS

**I guess when I decide to use drugs again, or relapse, the first thought that repeatedly runs through my head is the euphoric effects I get from heroin. I tell myself I will be able to control my addiction and that 'one shot' will be okay. I know that from my past experiences that one shot leads to a habit, but at the time of relapse my head blocks out that thought or memory.**

## USER'S STORY

When I've decided to pick up and I have been through all the "should I or shouldn't I", there is no stopping me.

I will not stop till I have that shot. Once the habit has set in and the 'positive frame of mind' has gone, there are numerous reasons why I continue on the downward spiral.

The first belief that enters my head is 'I will have more fun on drugs' so I use — to get what I thought was fun until I became physically addicted. Then I use to feel normal or just to function normally, like any ordinary person.

It's at this point that there is a huge psychological change in my persona. The self-talk sets in and my rational way of thinking just dissolves, so I believe the negative or bad thoughts of myself and where I am heading. (I am telling myself I'm screwed so I may as well keep going

because I can't stop). To escape these thoughts and dirty feelings of self, I use to give myself momentary relief from these false beliefs.

I continue to use to escape from my reality, and when my addiction is out of control my past always seems to rise up — I use to escape from the depression that my past terrorises me with.

I think the main reason I decided to live an addict's lifestyle is due to the fact that over the past eight years I have forgotten how to live normally. I believe my addiction has evolved so much that I don't know how to take responsibility for the way I choose to live.

But now to the point — why I decide to use drugs. I believe it has to do with finding comfort living as an addict, because over time I have become familiar with this type of lifestyle.

I think that I convince myself to pick up because living the nine to five day bores me, or I don't know how to fit back into society. I know I have the ability to succeed in life and make something of myself, but that type of life seems foreign to me.

When I am straight I have all good intentions of making something of myself — and I want to — but I tend to feel alien to this type of life.

I feel as if something is missing so I decide to pick up. Once the cops are after me, I have a raging habit and there is a trail of destruction behind me, I feel fearful, but at least I can identify with this lifestyle.

This is why I use drugs.

Ian

Thanks to NUAAs for permission to reprint this story from *User's News*. Visit their website at [www.nuaa.org.au](http://www.nuaa.org.au)



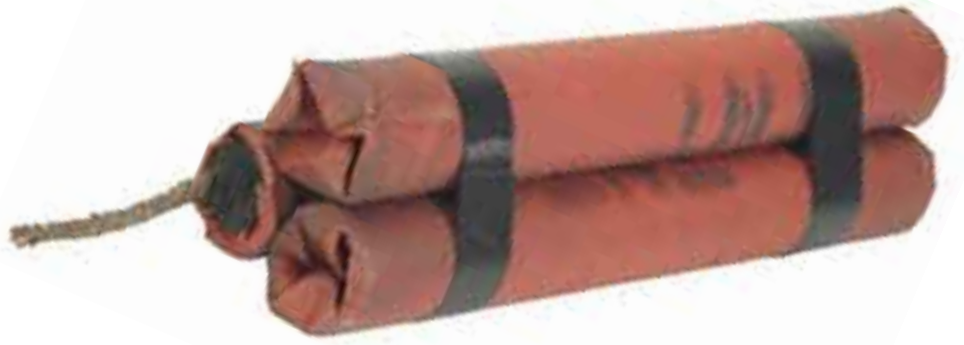
## SUBTLE COMEBACKS

Let's face it — telling someone to fuck off has started countless fights, uprisings and wars throughout history. Where possible, we recommend the gentle art of the subtle comeback, although we still won't be held responsible for any hospital bills or dental work you may incur on using the following examples:

- I don't know what your problem is, but I'll bet it's hard to pronounce.
- I see you've set aside this special time to humiliate yourself in public.
- I'll try being nicer if you'll try being smarter.
- It sounds like English, but I can't understand a word you're saying.
- I like you. You remind me of when I was young and stupid.
- You are validating my inherent mistrust of strangers.
- I have plenty of talent and vision. I just don't give a damn.
- I'm already visualising the duct tape over your mouth.
- I will always cherish the initial misconceptions I had about you.
- Thank you. We're all refreshed and challenged by your unique point of view.
- The fact that no one understands you doesn't mean you're an artist.
- Any connection between your reality and mine is purely coincidental.







# There's a Bomb in my C\*nt

USER'S STORY

*Bella's a friend of mine, and her poison is speed, and usually Ice — the newest and supposedly deadliest drug on the streets. We call her Bella-bomb-in-her-c\*nt for good reason. This is her story...*

I can't remember how long I have been speeding, it seems like forever — I am eternally awake and cleaning something. I worked as a nurse and I have lost my credentials for being a little careless and helping myself to the drugs cabinet. You have no idea just how many medical professionals use drugs; it is quite a party scene.

I can remember going down but not quite why — I kept buying speed and whacking it up compulsively, spending all my pay, the rent, the food money and money I convinced my mother to send me. The end result was a sure-fire case of speed psychosis. It got so bad that I thought that the English secret security service, MI5, were sending me secret messages through the television, so naturally I took apart the television and left it lying strewn around the living room.

MI5 had told me they were sending me a suitcase full of money and that I had to go to the airport to collect it. I left Jack a note and caught a taxi all the way, confident that there would be a suitcase there with my name on it full of pound notes arrived from England. I figured I could change

it at the airport so I'd taken my passport with me as identification. Obviously the taxi driver wasn't paid, the police were called, and I was incarcerated in H Block, the local hospital's mental facility.

While I was there I was still getting messages from their television. It told me that MI5 had inserted a bomb into my body, and I was going to blow up and kill everyone there. I was desperate — how could I remove the bomb and disarm it? The nurses found me gouging my vagina with a spoon I had taken from the food tray. God only knows what damage I could have done to myself trying to get the bomb out, and what damage I would have done had I been home and not locked up.

At first the nurse thought I was trying to incur a miscarriage, but then I started screaming at her "get away, get everyone to safety, there's a bomb in my cunt!"

Then they came with a shot and restraints, and I spent two weeks restrained. You have no idea just how fucking humiliating that is, going to the toilet on a bedpan and being spoon-fed.

I spent a few months in the tender care of the lunatic asylum. Slowly I got myself back to rationality, and I was no longer a danger to myself and others.

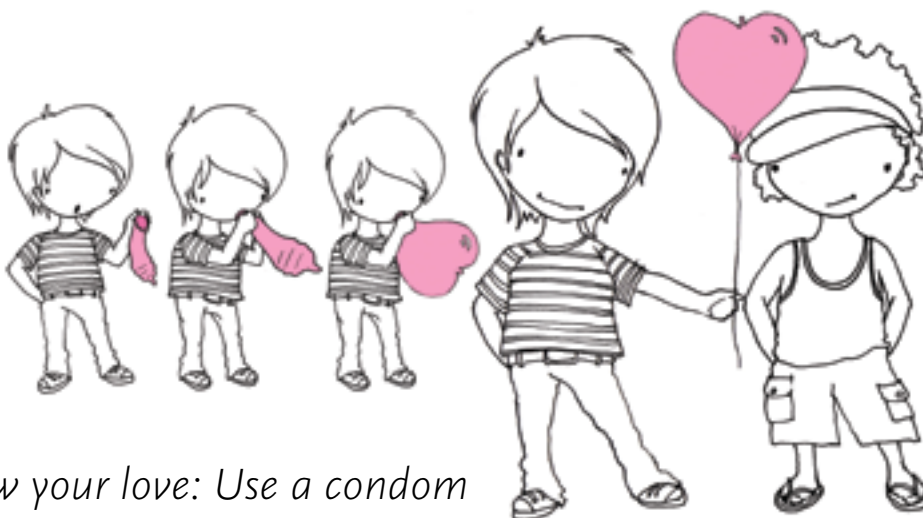
You sit there and think why or how could I not know I was in a psychotic state? Surely I didn't believe the things my mind

told me where happening? The truth is I didn't believe it at first. But the worse the speed psychosis gets, the more plausible it seems. Reality fades, and there is only this huge conspiracy that you are interwoven with.

When you come down, the psychosis stays for quite a while. The hospitals are full of speeding people like me who do and say the strangest things. I met someone who had seen little purple pixies having sex on the blinds in our ward. Speed psychosis is a very real danger, and if you suspect someone might be psychotic from drugs and likely to harm someone — even themselves — you should ring 000 or the medical emergency line in your local area.

At first I was very hard on Jack — I rang him and told him I hated him and never wanted to see him again. But regardless of whether I was screaming at him or weeping in his arms, he came to the hospital every day. I blamed him for being locked up, and I blamed him for my addiction problems. Eventually reason took over with the help of my doctors. After eight weeks I went home. My friend who is writing this story recalls Jack sitting in his living room, saying "My lovie is coming home today, I am so excited I just can't wait." I don't know how he puts up with me, it certainly is a trial.

- Fin



Queensland Association  
for Healthy Communities

www.qahc.org.au

Show your love: Use a condom



1800 155 141

# LIFE IN THE FAST LANE

**In 1992 I went clubbing five nights a week, slept a total of five hours a day, and managed to hold down a job with a certain burger chain. Wearing tight navy polyester and asking 'would you like fries with that?' certainly wasn't the highlight of my social existence, but it gave me enough money to go out every night.**

I worked in the city, so I was only a cheap cab ride from the action. It was the same drill every day; get up, shower, start work at noon for eight hours, then shower, change and go out.

We'd meet up at Edwards, our favourite bar, for a few beers and pool until about eleven, then head off to The Planet where a mate gave us half-price entry.

## The Planet and Medusa's Well

Once at The Planet, we'd lose ourselves in the latest house tracks, the line for the bar, or the toilet queue. Drinking had finished by this time, and we sipped water filled from the taps in the bathroom out of designer brand water bottles.

After I'd been going to The Planet for a couple of months, it closed for refurbishments so we started going to Medusa's Well, which had good music but was darker, rougher and smellier. The smell was due to the fact that it was a known amphetamine spot. The frenzied dancing combined with poor ventilation meant that there was a permanent remnant of body odour in the air. In fact the club was more often called Medusa's Smell or just The Smell.

## Twice the speed of light

On my first night at Medusa's, a guy offered me a snort of speed. On my third night there I accepted. We went into the toilets, and used a five-dollar note on top of the porcelain cistern to suck up the powder. For the first few seconds all I felt was a blocked nose, and then a horrible taste. Then it felt like the world around me expanded and I was being jettisoned through colour and sound at twice the normal speed of light. I felt invincible.

After my first taste I used every night for the next week. At first Joe, my contact, would meet us at Medusa's and we would go straight to the toilets for a sniff. After a while he'd meet up with us at Edwards, and we'd head to Medusa's together. The progression from using only at night to during the day passed without me even noticing it. I felt fabulous.

Work had promoted me to duty manager due to my hard work and fastidious cleaning habits. If I saw even a speck

of dirt anywhere in the entire restaurant then I'd be out with the scrubbing brush and disinfectant. At home I would bake cakes, clean and do the washing without being asked — mum thought this was a miracle compared to the lazy lay-about I used to be. I started using needles, because it seemed I got more out of my speed that way. By now I was spending the majority of my pay on powder, so getting maximum effect was an issue.

## Speed psychosis

I knew something was not right one day at work when I found myself pulling apart the soft-serve machine hunting for

and she told me I had speed psychosis. I was pretty freaked out and paranoid, but I was relieved when she suggested we try detox. Mum couldn't believe that they were sending me back out into the world when I obviously needed help; she spent the rest of that day and the next trying to find a detox that would take me. Meanwhile I was still taking speed.

## Detox

Four days after the ice-cream incident Mum got in contact with QuIVAA [now QuIHN - Ed.], and was told there was no amphetamine specific detox beds in Queensland, and that the chances were she would have to try and manage with me at home. They kept her on the phone for nearly an hour, telling her what to expect and what to do, as well as giving her the number for other detox services, which although not speed-oriented, might still be able to squeeze me in.

Mum tried every number she'd been given, but was told over and over again that either they didn't do speed detox, or that there was a waiting list on beds.

I don't know how we made it through the next week. Mum completely turned the house upside down and found my remaining half gram, as well as my fits. She emptied the powder in the loo, and put the needles in their bin and then into the car, ready to return to a Needle and Syringe Program.

Our local doctor visited several times throughout the week, giving mum medication to give me. I don't remember much about the whole thing, but mum loves reminding me of the whole experience now!

She also talks about how hard it was, when she didn't know anything about speed or its effects, to try and get me into a detox, or to understand what was going on. I still can't believe that she put up with me screaming, crying and being a general paranoiac because there was nowhere for me to go.

I haven't used speed since that time, but I was thinking about it the other day when an old house track I used to love was on the radio. I thought about how lucky I was that I didn't contract hepatitis C or HIV, and lucky that I managed to stop when I did.

- Craig



USER'S STORY

the voices that were talking about me. I emptied the ice-cream all over the floor while shouting threats at the voices to make them stop. I got sent home and given a week off work, so I spent the next few days at home freaking out my family. I thought there were cameras everywhere, and that the whole world was trying to spy on me. When Mum came into my room and I had turned all my posters face to the wall, she called a psychiatric hospital. I was bundled off, kicking and screaming, into the back of Mum's station wagon, and off to the psych ward for an assessment.

I told the doctor that I was using speed,



# your guide to **Correct Thinking**

CONSUME, BUY, REPRODUCE  
TO CREATE NEW  
CONSUMERS, THEN DIE

DO NOT QUESTION THE  
SYSTEM ABOUT WHICH  
DRUGS IT CHOOSES FOR ME

REMEMBER THE WHITE  
MIDDLE CLASS ELITE  
ALWAYS KNOWS  
WHAT IS BEST FOR ME

ANYONE MORE THAN 2  
STANDARD DEVIATIONS  
FROM THE NORM IS  
TO BE MARGINALISED,  
CRITICISED OR IGNORED

USER'S STORY

**WARNING - THIS ARTICLE CONTAINS 80% OF YOUR DAILY SARCASM REQUIREMENTS**

**Society has always liked to place people in boxes, particularly if it can be done in a way that makes the moral majority feel better about themselves. Please take time to read this guide on appropriate thoughts toward those with consuming cravings...**

It is easy to judge people who are fat because they deliberately overeat. However they already feel ashamed, and are only too conscious of not fitting society's ideal of weight/height ratio. Some may object from an economic viewpoint, because they cost the health system millions every year in treating obesity-related issues such as heart disease and diabetes — but judge not. They are humans deserving of our compassion, not judgement. There but for the grace of thin physique go I...

## ☛+THE GAMBLER☛

Other brothers and sisters may be addicted to gambling, often leading to lies, cheating, fraud and crime as it spirals out of control. Immense distress may be brought to their loved ones, and it is easy to see them as weak, spineless and heartless in their treatment of others. But far better that we treat the gambling as the problem, not the person. Are we not all weak in some way, and capable of beating our problems with the right support?

## ☛+THE ALCO☛

For many years, alcoholics were looked down upon, their passion for the bottle being viewed as a personal failing. This terrible indictment was made by countless movies and the general media until a newfound compassion showed that "there but for a stable childhood/good role modelling/fortunate genetic selection, go I". Despite the road carnage, domestic violence, booze-fuelled assaults, alcohol-related brain injury, and massive cost to the public health system, it is only right that we see the alcoholic as still worthy of respect as a human being, and needing help to fight this terrible addiction.

Approaches such as Alcoholics Anonymous go so far as to say

the drinker has an actual illness, so they should not be judged, but be seen as simply needing appropriate treatment.

## ☛+THE JUNKIE☛

Unfortunately the same is not true of injecting drug users. As you will know from reading the papers and watching Hollywood movies, injecting drug users (hereafter known as 'junkies') are wraiths of former human beings, and hence not entitled to basic human rights and respect in the eyes of the public. Without exception, they all lie, cheat, steal, sell their bodies, dress poorly, do not wash, have bad breath, sell drugs outside kindergartens, indulge in human sacrifices, drive slowly in the right hand lane, and are probably trying to topple the current Government.

As a member of the public, you must resist any sense of compassion or comparing their addiction with others... junkies are simply different (do not question why!) and theirs is a moral failing, a gross character defect purely of their choosing. Believe the media, when they reveal how addicted mothers love passing on their habit to their new-born child. Believe the media, when jail (and plenty of it) is shown to be the most appropriate response, given that it not only combines punishment, but forces abstinence (despite evidence to the contrary).

You may hear of seemingly respectable people among you holding down jobs, raising families, and appearing to be part of society as they indulge their habits. This is irrelevant! The fact is illicit drugs have not been officially sanctioned by the government, so the users forfeit their human rights.

It is our hope that this guide to correct public thinking will be helpful in how to regard the various addictions at work in society. It is particularly our hope that you won't have to think at all now, since you now know how to think correctly.

# POSITIVE NOT PUNITIVE

## Self help tips for managing hep C

### SUPPORT SERVICES

The symptoms of hepatitis C can affect all areas of life, including personal relationships, family dynamics, social situations, employment, and plans for the future. There are a number of support services available that include:

- Drug user organisations and peer support groups
- Magazines and newsletters
- Telephone help lines
- Websites and news groups.

### NUTRITION

Nutrition is important for people living with hepatitis C. People living with hepatitis C should:

- Enjoy a wide variety of foods
- Eat whole grain bread, cereals, vegetables and fruit
- Eat low fat products
- Engage in regular exercise
- Limit alcohol intake
- Minimise sugar and salt intake.

### NAUSEA

Nausea can be problematic for people who are living with hepatitis C. This can be helped by:

- Eating small amounts often, rather than big meals
- Eating when hungry
- Choosing foods that contain lots of vitamins and minerals
- Nutritional supplements if you have a poor diet.

### LOSS OF APPETITE

Loss of appetite can be helped by:

- Eating small amounts regularly
- Eating meals with other people
- Trying different tastes to stimulate appetite
- Trying cold foods if it is tolerated more easily.

### FATIGUE

Fatigue can result when the body's immune system is compromised, and can be helped by:

- acknowledging the experience of fatigue and its symptoms
- planning the day to avoid overload
- having regular breaks and time-out to reduce fatigue
- experimenting with exercise which can increase energy.

### ORAL HEALTH

Oral and dental health can become increasingly problematic for people living with hepatitis C. Symptoms can include dry mouth, tooth sensitivity, tooth decay, gum infections and mouth ulcerations. Access to oral health and dental treatment is costly and for many people living with hepatitis C this is a difficult symptom to manage.

Complementary therapies are increasingly being used to manage the symptoms of hepatitis C, including acupuncture, natural remedies, homeopathy and massage.



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

If you are unable to find what you are looking for then you can send AIVL a question and they will get back to you within 24 hours with the answer.

[www.positivenotpunitive.com.au](http://www.positivenotpunitive.com.au)

## WHY MEN ARE NEVER DEPRESSED

**Men Are Just Happier People — what do you expect from such simple creatures?**

Your last name stays put. The garage is all yours. Wedding plans take care of themselves. Chocolate is just another snack.

You can never be pregnant. You can wear a white T-shirt to a water park. You can wear NO shirt to a water park. Car mechanics tell you the truth.

The world is your urinal. You never have to drive to another gas station rest room because “this one is just too icky”. You don't have to stop and think of which way to turn a nut on a bolt. Same work, more pay.

Wrinkles add character. Wedding dress \$5000, suit rental \$100. People never stare at your chest when you are talking to them. New shoes don't cut, blister, or mangle your feet.

One mood all the time! Phone conversations are over in 30 seconds flat. You know stuff about tanks. A five-day vacation

requires only one suitcase. You can open all your own jars. You get extra credit for the slightest act of thoughtfulness.

If someone forgets to invite you, he or she can still be your friend. Your underwear is \$8.95 for a three-pack. Three pairs of shoes are more than enough. You almost never have strap problems in public. You are unable to see wrinkles in your clothes. Everything on your face stays its original color. The same hairstyle lasts for years, maybe decades. You only have to shave your face.

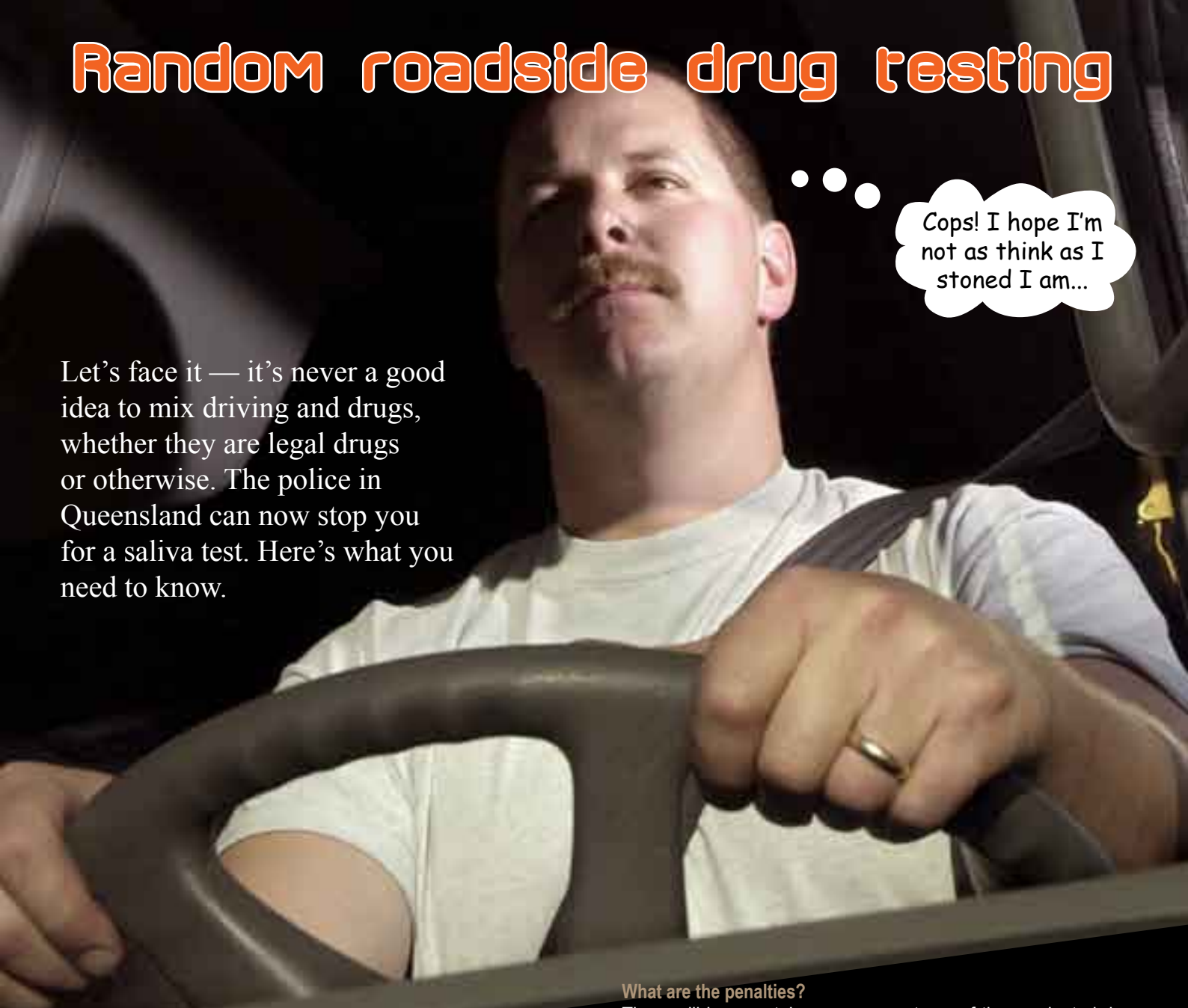
You can play with toys all your life. One wallet and one pair of shoes — one color for all seasons. You can wear shorts no matter how your legs look. You can do your nails with a pocket knife. You have freedom of choice concerning growing a moustache.

You can do Christmas shopping for 25 relatives on December 24 in 25 minutes.

No wonder men are happier.



# Random roadside drug testing



Cops! I hope I'm not as stoned as I think I am...

Let's face it — it's never a good idea to mix driving and drugs, whether they are legal drugs or otherwise. The police in Queensland can now stop you for a saliva test. Here's what you need to know.

## Which drugs does the test look for?

Roadside drug testing allows police to conduct saliva testing in conjunction with random breath testing (RBT) or as a stand alone check. The process operates in a similar way to RBTs. Police will ask for a saliva sample to test for:

- THC, the active ingredient in cannabis
- Methylamphetamine, also known as speed and ice
- MDMA, the active ingredient in ecstasy.

Saliva tests will only be able to detect the active ingredients of the nominated drugs THC, MDMA and methylamphetamine. Even though methamphetamine is manufactured from substances found in cold and flu tablets, those substances will not be detected by the saliva tests.

## What is the testing process?

You will undergo a simple and painless preliminary saliva test (screening test) which will take three to five minutes. If a negative result is returned you will be free to go. If a positive result (drug detected) is returned you will be taken to a police vehicle for a second saliva test. If the second saliva test is positive for drugs, your driver licence will be suspended for 24 hours and the remainder of the saliva sample will be sent for laboratory analysis. If this tests positive as well, you will be notified and charged with a traffic offence for drug driving. If you are unable to provide a saliva sample you need to provide a specimen of blood for analysis.

## What are the penalties?

There will be zero tolerance — any trace of the nominated drugs in your system and you can be penalised. The court may impose a fine of up to \$1,050 and you could lose your licence for up to nine months for a first offence. If you are found drug driving a second time while an outstanding drug driving offence is still to be heard by a court, you'll have your driver licence suspended until the matter is heard, or is settled, in court.

## Can a saliva sample be used for other purposes?

No. Saliva samples obtained from a roadside drug test can only be used to detect drug driving and will only result in a traffic offence if a positive result is returned. All saliva specimens obtained from roadside drug testing will be destroyed once no longer required.

## How long after consuming illegal drugs can they be detected?

The saliva tests are designed to only react with the active ingredient of the relevant drug. The detection period for the active ingredient in the relevant drug varies depending on factors such as the quantity and quality of the drug that has been ingested, the frequency of use of the drug and the period of time since taking the drug.

## Prescription and other drugs

If a police officer reasonably suspects that your driving ability has been impaired by *any* drug you may be required to provide a specimen of blood for analysis. If you fail to provide a specimen as required, or a drug is detected in your blood, you will be charged and required to appear in court. If convicted, you could be disqualified from holding or obtaining a driver licence for a period of time, and you can also be fined and possibly face jail time.

Adapted from the Queensland Transport site at [www.transport.qld.gov.au](http://www.transport.qld.gov.au)

# CANNABIS

## HARM REDUCTION TIPS

When the subject of harm reduction for drug users comes up, most people tend to think of the issue in terms of so-called “hard” drug use — distributing clean syringes to injectors, providing information on avoiding overdose to heroin users, educating people about the dangers of mixing pills with alcohol, operating methadone maintenance programs, etc. But in recent years, many researchers and drug educators have begun to look into harm reduction for what is often considered the most benign of illicit drugs — cannabis.

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

### Mixes

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

Some people mull their cannabis with herbal preparations in the belief that this is less harmful than mixing with tobacco. Doing so will reduce the risk of nicotine withdrawal if

you stop smoking, but there is no evidence that these mixes are better for your health.

### Smoking methods

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

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

**BONGS:** While many people prefer to smoke

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

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

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

### Inhaling

Among many cannabis smokers the

## HYDROPONIC VERSUS BUSH

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



conventional wisdom is that holding in an inhalation of smoke increases the effects felt, but the consensus among experts is that this is not the case, and in fact holding in the inhalation causes more harm to the lungs without increasing the amount of THC absorbed. Studies indicate that 95% of the THC in cannabis smoke is absorbed in the first few seconds of inhaling, so holding in the smoke any longer just allows more tar and other noxious chemicals to be absorbed by the lungs. It is better to take small, shallow puffs rather than deep inhalations.

### Eating cannabis

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

### Bacteria on cannabis

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

### Quitting cannabis

If you are trying to cut down or stop smoking cannabis, many drug and alcohol agencies have started quit smoking groups to assist people with managing their cannabis use. These groups usually hold weekly sessions where you can discuss quitting methods, coping mechanisms and relapse prevention with other people who are trying to quit or cut down on smoking cannabis.

For information on groups in your area, call the Alcohol and Drug Information Service in your State.

The National Drug and Alcohol Research Centre (NDARC) has produced a booklet, *Marijuana: A Guide to Quitting*, which outlines some strategies for quitting cannabis smoking. For a copy of this booklet call NDARC on 02 9398 9333.

The information in this article was compiled from the following sources:

Mulling it Over: Health Information for People Who Use Cannabis; Annie Bleeker and Annie Malcolm, Manly Drug Education and Counselling Centre, January 1998

Multidisciplinary Association for Psychedelic Studies Newsletter, Volume 6, Number 3, Summer 1996

Thanks to the NSW Users & Aids Association (NUAA) for permission to reproduce this article. Visit their website at [www.nuaa.org.au](http://www.nuaa.org.au)

### USER'S STORY

## Wacky Backy

Mary Jane, Pot, Hash, Bush, Reefer, Hydro, Weed, Dope, Dakka, Savage Cabbage, Wacky Backy, Foil, Ounce, Hashish, Grass, Stick, Buddha Stick, Smoko, Bong, Billy, Toke and Joint. All are common terms in most homes in every street and every suburb in Australia. Yes we are talking marijuana, the most popular illegal drug in Australia.

Buying it is a somewhat social thing unless you are high up in the scene. Everyone sits around and has a few cones and things get mellow. It's the only drug that you try before you buy, used by housewives, doctors, solicitors and uni students. It features at the majority of parties for the under fifties, as well as festivals and concerts. It's everywhere. It's even delivered to your door.

But not every dope deal is easy. I can remember some friends who lived in the country who brought in a few garbage bags full of Bush to bring to the city (Bush is home-grown with no additives, as opposed to hydro which sometimes has other chemicals infused into the plants to make them even stronger). We smoked a little bit and they knew we had connections to the man. But still you get kinda nervous when your mates start unloading green garbage bags full of pot in your living room. I built up a bit of a sweat until it was out of the house, I can tell you.

So we called the man and invited him round for a few social "drinks". We all sat around the dinning room table, chatting and smoking. Simon always kept a few grand in the car for just such a purpose, and the deal was made in an eye blink. He usually travels to north Queensland twice a month — we're not talking hundred dollar deals, we are talking about taking a car to north Queensland with a hundred thousand dollars and bringing back another car, but he's pretty much retired now since he got busted.

He asked me if I wanted to take the wife and kids on an all-expenses-paid trip to North Queensland, and I say NO rather firmly. An idiot we used to know owed him a few dollars and got caught with a whole lot of money in his borrowed car; there was no fucking way I was going to stick my neck out by running up north for him.

My missus looks at me with that "get rid of him" look. He laughs it off, and we spend a jolly evening smoking dope and hitting the piss. All in all, a pleasant evening and everyone walked away from the table happy. The missus was happy it had disappeared off the table into his car; now we couldn't get busted for more than personal use. I'd scored an ounce and was happy with the result. We threw on a barbecue and invited the neighbors around. They were all cool, and everyone smoked. Of course we didn't tell them about Simon and the garbage bags.

Not all smokers go on to bigger and harder drugs. In all my years of smoking, I started when I was 14, I have never felt the need to try other drugs, they just never interested me. Pot is a weekend and holiday drug for me. I hold down a full-time job, have a wife and kids, and enjoy mellowing out at the end of the week. I don't deal, but I have occasionally helped out a mate when there was a need.

I don't know anyone who doesn't smoke a little bit of wacky backy sometimes. It's become a part of our modern culture, even my parents smoked it way back in the sixties, though they rarely admit it. I reckon it's fairly harmless. It's a lot cheaper than alcohol, and it doesn't fuck up your liver [actually, daily use of marijuana increased the risk of liver fibrosis in people with hepatitis C - Ed.]. I am for legalising it, for home use. Let us grow a few bushes in our gardens and leave us alone — we're not harming anyone. - J.

Pot. For when you care enough to not care at all...

# Twelve-stepping Tea Totalitarians

Captain Serenity had a three month addiction to heroin, then a 12 year treatment of methadone, so he knows it all. He's cured and wants to save you from your evil ways.

Step aside Serenity Sisters; Captain Serenity has all the answers in the Big Blue Book!

USER'S STORY

Honestly he can give some of us, who have come back after a long time absent from our own lives, a bad name. Holier than thou, and somehow more in touch with himself than the common man who has never faced the challenges he has had to face in the past, he has truly triumphed, but do you want him to go on and on about it for the rest of your life?

You know them — "Hi I am Captain Serenity and I am an addict, I used heroin then got put on the methadone program and then I found NA and got in touch with my higher power and never looked back. I go to 75 meetings a week and I have sponsored 700 people, today it's my 16<sup>th</sup> Birthday and I have been clean a total of 16 years".

Honestly it's the same with the bible bashers, those who found GOD or something else, or the new age wankers and their cleansing and nurturing and mother earth crap. I don't know what you guys think, but it sounds like a sick codependency to me (aren't new age buzz words fun?).

These guys have replaced what they had — that is an addiction — with an addiction of another type; being in the club, the firm, and feeling in some way superior, because they can do it and the rest of us haven't ever been challenged and won, or have failed in some way because we're still using or trying to come to terms with it all.

They can be quite funny, their functions are full of people offering you advice and making token gestures, and there seems to be this unspoken hierarchy of who is cleaner than anyone else. Even if your poison is heroin, it's totally unacceptable for you

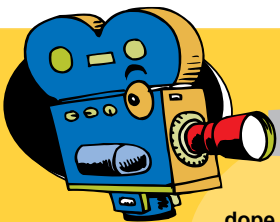
to have a beer with your dad on Xmas day, because you have an addictive personality, and you might develop an addiction to alcohol instead.

Yes it has happened before, but do you live your life denying yourself any freedom because you are afraid to live? Personally I think it's a lot easier to get in touch with yourself and find out why and how you became an addict and change those behaviours — it isn't necessary to have 50 people holding your hand, it is only necessary to earnestly want to achieve a goal and to work steadily at it, and to not kick yourself when you fail, but to get back up and try again.

It reminds me of that great movie *Fight Club*, where one of the characters became addicted to 12 step groups. Lets face it, there is Sex Addicts Anonymous, Narcotics Anonymous, Alcoholics Anonymous, Gamblers Anonymous, Overeaters Anonymous and every other conceivable type of 12-stepping tea totalitarian group out there, ready to save you from yourselves. But is that really life?

I'm not knocking it — yes it is very vital to some people quitting, but it just isn't for me. I've been clean for three years now, I don't see the same people, and I

have a full-time job and a family to support. That part of my life is well and truly over. I have mates, who are in the "firm" for various reasons, some for drugs and some for alcohol, and it works for them — maybe it will for you too.



## movie review

### UP IN SMOKE (1978)

You know you're an old codger if you saw this when it first came out! A cult classic for dope smokers, Cheech and Chong made their screen debut in *Up in Smoke*, seeking dope wherever they could find it. Chong is a jobless hippy who is kicked out of home and manages to coerce Cheech into picking him up off the side of a highway by posing as a woman with large breasts.

They both share a large spliff (which Chong's character says is made with "labrador", marijuana and dog faeces, due to his dog having eaten his stash) and are arrested when a police officer discovers them to be stoned. After their subsequent trial, they are released, and in an attempt to procure some marijuana they visit Strawberry, Pedro's cousin.

They narrowly escape a police raid on Strawberry's house, but are soon deported to Tijuana by the Immigration and Naturalization Service, together with Pedro's illegal immigrant relatives (who just want a free ride to a wedding). The film carries on in a similar vein and the word "man" feature 275 times during the film.





# junk

I have no arm, no legs, no girl, no wife and no children — in fact I have nothing to live for, except for the junk. It keeps me warm, and it makes me feel and think and breathe every day. I exist for it, and it exists to feed my need.

It fills me with immediate gratification. As long as I pay it homage every day, she — the brave lady — never lets me down. I thrive on it, so what's this bullshit about drugs being bad???

It's a bad thing if you don't have any idea what the fuck you are doing. It's bad if you don't have any. It's bad when you get hurt, or you hurt other people. Other than that, it's damn great.

I love it. I love the rush I get. I love it, especially when it hurts all over your skin. We sat in the car the other day — discussing gear of course, what else matters? We chatted for a while, then of course we went back to score again. It was a good day for us all.

We only waited 15 minutes as we needed to make sure it bonded to our last dose — we didn't want to drop, I have years of using left to do. Then it's back to see the man and instant happiness all over again. Can we get any higher? I don't think it's possible.

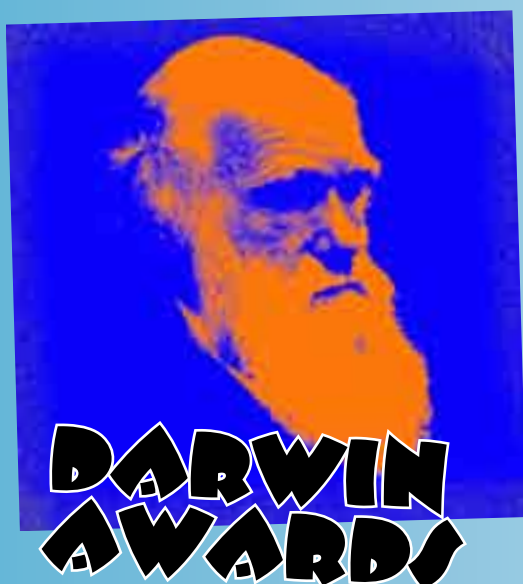
I remember the old days when I used five weights a day,



the good old days when I could afford everything I desired. I could revel in the stuff, spend my days in happy bliss, of course the hanging out was kinda a drag, but you get that.

Is it worth it? Today I'm going to score, and yes — I know its worth it. I will be a happy camper for just another day, so things are rosy. Tomorrow? Well, tomorrow we will find another way, or I will sell something, or a middle man will find something of mine that someone sees value in. What anyone sees in anything that isn't junk, I just can't understand that logic anymore!

Anyway, I could sit here and expound on the virtues of drugs, but I have far better things to do today — I have to see a man about junk.



In homage to that great evolutionist, Charles Darwin, the Darwin Awards celebrate true stories of less-than-intelligent people who improve human evolution by killing themselves off, or as the website puts it, “the tree of life is self-pruning”.

## RUTTING CONTEST

(October 2004, Chiayi, Taiwan) Most rutting contests involve two male mammals, like the Rocky Mountain bighorn sheep (*Ovis dallis*), which ram into each other at high speed in order to impress a female sheep and win the right to procreate. These mammals tend to have unusually thick skulls and extra fluid surrounding the brain to prevent damage from the competition. Humans tend not to have such thick skulls and other natural adaptations, and therefore do not generally rut. Of course man, the tool user, can find artificial means to overcome natural limitations. One well-known example of this behavior is the medieval jousting contest in which participants wear armour and ride horses toward each other at high speed.

The most recent observation of human rutting behavior occurred when two Taiwanese university students donned protective helmets and revved their motor scooters in an effort to impress a comely female of their species. The two were in the same class, but not friends. Other classmates reported that both men fancied the same female student.

After indulging in a few drinks during the Mid-Autumn Festival, the two encountered each other, and words were spoken. The gauntlet was thrown down. In lieu of horses, the two would ride their motor scooters at each other at high speed, and the one who didn't turn away would win the exclusive right to pursue the female. Obviously both were very keen on her, because neither of them turned away. Their scooters collided head-on at 80 km/h. Both died instantly. The girl at the center of the rut refused to comment, other than to say that she “wasn't interested in either of them.”

Reprinted with the kind permission of Darwin Awards. Visit [www.darwinawards.com](http://www.darwinawards.com) for more real life stories, cartoons, awards and runner-ups.

# Veins, veins, veins!

What do you do when the that old favourite spot you've used for years finally gives up the ghost?

You might be surprised to know that you might have another option or two. Many people who think they have wrecked all their veins go to a phlebotomist (a person who takes blood samples) and are surprised when the phlebotomist manages to take blood after all. Ever been at a methadone clinic where they blood test everyone a couple of times a year? And dudes are saying, 'you won't find a vein on me,' but some of those nurses can sometimes pull a vein out of their hat (mind you, some of the other nurses couldn't hit the side of a barn!).

In Brisbane, both Biala in the city and QulHN's head office in Fortitude Valley can provide medical help for vein care. But there are a few basic things worth knowing.

## What is vein collapse?

When you stick a needle into your vein, it tears and scratches the wall of the vein, and the blood can't flow as easily through the vein back to the heart. When the blood flows slower, it starts to form into small clots which attach to the tears and scratches on the wall of the vein. As the clots build up, the blood slows down even more, which means more clots form and build up until the whole vein is clotted up.

The clots turn into scar tissue, which shrinks tightly, pulling the

two vein walls together and causing a *collapsed vein*. Blood can't get through any more and it re-routes itself further back in the system. Collapsed veins don't fix themselves — they collapse for good.

Often the blood is re-routed to a smaller vein, which swells up because it isn't used to handling a larger amount of blood. The problem is that these veins are a lot weaker and tend to either blow as soon as you use them, or collapse after a few uses. So a new vein that 'magically' appears is probably best left alone — you need to leave some veins to do the job they were intended for!

If you start seeing new veins appearing, this means that a lot of vein damage has been done, and it's time to seriously think about stopping injecting. Collapsed veins can make the hands, feet, or legs swell up or go puffy.

## Injecting — Oh, what fun!

Yes, it can be fun. But it can also be painful, time-consuming, frustrating, and ultimately, disappointing. If you have recently started injecting, you might want to think about how far you are prepared to go with your injecting. That is, would you inject into your feet? Your neck? Your groin? Many injectors set limits for themselves, and when the time comes, they stick with those limits and stop injecting.

When people start injecting, it is usually in the inside elbow, which is the safest place to inject. People usually find that the arm attached to the hand they write with has bigger veins (and men tend to have bigger veins than women — not fair, hey?)

Always inject with the blood flow. Blood in the veins flows away from the extremities towards the heart. For example, if you inject in the forearm (outside lower arm), point the needle away from the hand. Veins have one-way valves to make sure the blood travels in one direction and doesn't flow back. If you inject in the wrong direction you will damage these valves.

After using the inside elbow, the lower inside arm and forearm tend to be favourites. The lower inside arm tends to have deeper veins, so these ones will bruise more heavily. After the arms, injectors usually move onto using their hands and feet or ankles. The hands have very small veins which are painful to use and are easily damaged. There are also a lot of nerves and tendons in your hands which can easily be damaged. Because the blood flows slowly in the hands, inject as slowly as possible, and you will be less likely to blow the vein. And don't forget to take any rings off first!

The veins in the feet and ankles are even more fragile than the hands, and they can blow out easily and hurt like hell . . . So inject very slowly. Always wash your feet first — feet often live in socks, get warm and sweaty, and the bacteria on the skin might result in a dirty hit or an abscess.

The blood in your legs moves very slowly, so if you inject here, make sure you do it slowly as you don't want the shot to leak out into the tissue around the vein. Injecting in the legs is very dangerous as you are more likely to get infections and abscesses that take a long time to heal. Make sure to inject with the needle pointing upwards to the top of the leg.

The most dangerous places to use are the breasts, neck, and penis. If you are injecting in these places, you really are getting yourself in the s h i t .



The groin is also a very dangerous place to inject in. The femoral vein can be found in the groin, but it is right next to the femoral artery and nerve. Hitting an artery is bad news.

The artery wall might split and there is even a possibility of bleeding to death. Because the blood from an artery can't clot, it flows out of your body much faster than blood from a vein.

If you are already injecting in any of these places, Needle & Syringe Programs and QulHN have information about how to use these places as safely as you can, so it might be worth talking to someone about it.

#### What can you do about collapsed veins?

Go and see a doctor if:

- The injection site is painful or tender
- There is hot, red skin around the site
- You get serious bleeding
- The skin becomes pale, sore, weeps, turns black, or is discoloured in any way
- You get swelling lasting more than a few days.

There has been some suggestion that veins might be fixed with microsurgery, but this probably isn't covered by Medicare, so you might need to save up for it (for a long time).

The best thing is to take care of your veins and maybe give up injecting before it gets too bad.

#### Some final tips

'Favourite' spots are fine. You know you're going to get it — that's why it's a favourite! But you need to rotate sites — that is, inject in different spots as much as you can. Even moving a centimetre or two further along the vein is better than nothing. Try to use a different vein each time you inject.

Use as fine a needle as possible. And always use new needles.

Always clean the injection site before injecting.

Some substances are a lot more damaging when injected than others. Some drugs irritate the lining of the vein wall and contributes to the vein collapsing sooner. For example, methadone syrup can be a bit nasty, because people tend to inject so much liquid at once.

Cocaine can also be very irritating to the veins, but because it acts as a local painkiller, injectors can't feel when they are missing the vein or stuffing up.

Pills aren't so great either, because they contain chalk. Filter the mix to get rid of as much chalk as you can.

Benzodiazepines (i.e. valium, temazepam) are drugs that irritate veins and can cause inflammations which may lead to vein collapse.

Thanks to our New South Welshmen cousins at NUAA for permission to reprint this story from their excellent mag, *User's News*. Check out their website at [www.nuaa.org.au](http://www.nuaa.org.au)

# QUOTABLE quotes

I don't take drugs as an escape trick, like some cheap magician on a cruise ship. I take drugs to find gold, like a greedy prospector in the back country. There are those who take drugs to be cool, and those who take drugs to expand. I am not James Dean. I'm a balloon. And God has a mouth on my hole. And is blowing. And filling me up. And filling me up. One day I will explode. And then I will be free. - Robert Sedlack

**In the course of history many more people have died for their drink and their dope than have died for their religion or their country.** - Aldous Huxley

"I've got this friend who's been a junkie for 25 years. He said to me when *Trainspotting* came out, 'Why have you written this book? You've only been a junkie for five minutes.' Welsh's eyes dim for a moment. "Well actually, it was 18 months." He seems keen to go on. "It was a stupidity and a weakness. I've not touched it for years, but it's in your vocabulary. If something bad happens in your life, it's always there in the background, waiting for you to trip up." Welsh kept a diary when he was on heroin; sometimes the odd note, sometimes whole therapeutic pages about addiction. *Trainspotting* in embryo.

- Andy Beckett, Interview with Irvine Welsh

**Seven beers followed by two Scotches and a thimble of marijuana and it's funny how sleep comes all on it's own.** - David Sedaris

My peers, lately, have found companionship through means of intoxication — it makes them sociable. I, however, cannot force myself to use drugs to cheat on my loneliness — it is all that I have — and when the drugs and alcohol dissipate, will be all that my peers have as well. - Franz Kafka

**We cannot expect people to have respect for law and order until we teach respect to those we have entrusted to enforce those laws.**

- Hunter S. Thompson

The junkie in Trocchi and Burroughs's fiction was by and large a culturally middle-class figure — a member of the intelligentsia, a rebel who saw society as not having done anything for them, so they're into this drug that's their own, a symbol of their rebellion. There's always been that sort of bohemian type drug sub-culture. But in Edinburgh, in the eighties you're talking about people who wouldn't normally be involved in the heroin scene, people who didn't have that Trocchi-esque attitude of setting themselves up in opposition to society. It was just people who really didn't have a fucking clue as to what was going on... I'm not writing a text-book on drugs or drug legislation . . . I wouldn't be comfortable becoming a spokesperson for anything; drugs spokesperson, underclass spokesperson. I don't think you can write anything definitive if you do. It's only your truth as you see it - Irvine Welsh

**Words are, of course, the most powerful drug used by mankind.**

- Rudyard Kipling

The basic thing nobody asks is why do people take drugs of any sort? Why do we have these accessories to normal living to live? I mean, is there something wrong with society that's making us so pressurised that we cannot live without guarding ourselves against it? - John Lennon

**You can turn your back on a person, but never turn your back on a drug, especially when its waving a razor sharp hunting knife in your eye.**

- Hunter S. Thompson

This is the main advantage of ether: it makes you behave like the village drunkard in some early Irish novel... total loss of all basic motor skills: blurred vision, no balance, numb tongue — severance of all connection between the body and the brain. Which is interesting because you can actually watch yourself behaving in this terrible way, but you can't control it.

- Hunter S. Thompson

Danny was recently released from jail after serving a six month sentence. Before jail, he was dependent on a number of drugs, including alcohol, cannabis and heroin. After the initial shock of being deprived of his liberty, Danny came to see jail as a place where these difficulties could be addressed – jail being a place where there is shelter, food and plenty of time for self-evaluation, and reflection.

Jail is certainly not a recommended detox program; however Danny has some tips for making your jail stay as productive and positive as possible. Although Danny chooses not to live entirely drug-free, he admits that jail gave him the opportunity to understand the magnitude of the destructive habitual behavior which he had become entangled in, and make changes to improve his life and happiness.

### **BEFORE YOU GO INSIDE**

If you are aware that you are going to be incarcerated (i.e. you are awaiting pre-sentence reports etc.) it is essential that you prepare for the physical safety of your goods and chattels. Furthermore, you need to make arrangements for the maintenance of any living beings which may be dependent upon you (pets, plants, family, etc.), otherwise the loss of your stuff and pets while you are inside only adds to the misery of the whole experience.

If you can not leave your belongings with someone you can trust, prepay a storage unit to store all your stuff. This will save disappointment and anger upon your release.

Be aware that you are not allowed to take ANYTHING at all with you into the prison itself for your use. Any property which you have with you when you are apprehended, or that you choose to take with you to your court appearance prior to imprisonment, will be taken from you when you go through the process of reception into the jail, and will be returned to you upon your release. You may be able to have access to items such as socks, underwear and possibly t-shirts, depending on their colour and logos — prison authorities encourage private attire to be compatible with jail wear. The availability of any personal clothing items including shoes is entirely at the disclosure of the prison officials.

You will not be allowed access to credit



cards, personal papers (other than legal documentation) or anything else you may have taken along with you, so don't expect to pack a holiday bag for your stay. However, it's a great idea to pack a bag for when you are released with a set of clothes and some ID.

### **WHEN YOU GET INSIDE**

You will find the environment very challenging, particularly if you have never been there before. Try to remember that all the people there are trying to survive also, and the majority will want to do so as quietly and peacefully as possible. Violence and conflict are generally the result of people not minding their own business, and failing to respect the boundaries of others.

Never forget that you are unlikely to

know any of these people, and that no one (there are rare exceptions) really expects to form meaningful friendships on anything other than a survival basis.

You hear stories within the jail of drugs and dealing. It is best not to get involved, and particularly not to get into debt; don't forget you can't run away from things inside, and the tiniest things can turn into a nightmare. Obviously needles are not available inside, and if drugs are available to be injected, the chances are any needle will be used and dirty. Some jails have cleaning agents which are used to try and clean needles. These are generally bleach-based — however, as per any bleach cleaning, it is not 100% safe. Although better than nothing at all, bleach does NOT guarantee protection



against HIV, hep C and other blood-borne viruses. The only way to be safe is to either not use on the inside, or to choose another mode of administration —smoking, snorting, swallowing, or shafting (up the arse).

Drugs such as heroin, speed and cocaine can all be administered by swallowing, snorting, smoking or shafting. Using in prison is a great way to extend your stay at Her Majesty's Pleasure as well as seeing the most pleasant side of your fellow inmates (NOT).

Sex in jail does happen, even between men who do not identify as gay or bisexual. Sex in jail is dangerous if condoms are not used. If condoms are not available, it is not a very good idea to indulge in any sort of sex involving another person. Masturbation is the only truly safe sexual activity. Sex in jail can also lead to unwanted social/emotional consequences, particularly with people who have been inside for a long time and can get overly attached to new partners.

A good way to spend your time in jail is to make use of the opportunity for self-improvement. Most jails have libraries, TAFE courses and facilities to finish secondary schooling. There are also music, art work and associated crafts to take up the time. Getting fit is another way to pass the time; if the jail you go to does not have a gym, push-ups and sit-ups are a perfectly good substitute. You will be amazed at the results, even after a short time, and the resulting boost in confidence and wellbeing can only be a welcome thing.

## GETTING OUT

If you have your bag of clothes and ID as previously mentioned, the institution will provide a bus or train ticket to your place of apprehension, so all you have to do is change out of your prison clothes and start your life again. If you did not bring a bag, then you will be released and transported to the place you were apprehended, in the clothes in which you were admitted.

A few weeks before you are released, it is a very good idea to start making any arrangements necessary for accommodation and support. If you organised your affairs when you first went in, there should not be too much of a mess to sort out when you are released. Concentrate on rebuilding relationships with friends and family (whom you have hopefully been in contact with while you are inside) and applying the lessons you've learned about focussing on what you really want.

Don't expect everything to be the same as it was before you left – people change, life moves on, but hopefully you have used your time productively, and can now break the old habits which you wish to discard in favour of something more positive.

# IN MEMORY OF Macca

MACCA (Greg McNamara) passed away 10th January 2008. The following was read out at the memorial service held for Macca at the Mission Café on 17th January 2008...

My name's Keryn and I've been asked to say a few words on behalf of the staff and members of QuIVAA and QuIHN. I've worked for QuIVAA and later QuIHN for about ten years now, and Macca's been around for most of that time. He spent a lot of time with us, one way and another, and took part in a lot of our activities. We got to know him pretty well. When I heard of his death, it came as a body blow, like someone had kicked me in the stomach.

Those of us here know that just because a person is a drug user, this does not mean that they don't have standards, ethics and morals. Macca was a wonderful man in that respect. He looked out for people, he always cared.

He had a big heart. He was cheeky, mischievous, generous, witty, and he never let the establishment get him down. He liked to cause a bit of a stir, he made sure that none of us (staff) ever took ourselves too seriously. He bucked the system, and freely and openly enjoyed his chosen way of life.

Yesterday I rang around and asked other staff members for their memories of Macca, anything they'd like to say for him. So now I'd just like to read you a few of those comments. These thoughts come from Eva, Kathy, Stephen, Julze, Lana and others.

"Macca always wanted to help others. He did CPR training at QuIHN, learning how to resuscitate anyone who had stopped breathing. He was so proud of how often he was able to do that. In fact, we'd like to take this opportunity to thank Macca for taking that training seriously, and putting it into practice, time and time again. He actually saved many lives, perhaps even some of you here today."

"Macca would always come into the NSP and sweet-talk me. He told me that I was the best lookin' girl here. Of course he always said that to every other girl too. I'm gonna miss him coming in just as we're closing at 5pm, trying to wrangle a cup of coffee. He was cheeky bugger, but a good cheeky bugger. He'll be sadly missed."

"He was a person with a good sense of balance. He'd be standing there, coffee in one hand, cigarette in another, his eyes closed, knees bent, mumbling incoherently. And somehow standing at an angle of 45 degrees! But he never ever spilt his coffee."

"He was always, but always, friendly and polite. He had a way of wrapping you round his little finger. Or having a really good try to."

"He was warm, lovable, cheeky, friendly and funny."

"He was a funny bugger."

"He was so damn funny, that cheeky smile he had. He was such a fun person to have around, he made everyone feel good. He was very loyal. If you got hassled in the Valley, he'd be the one who'd come to your aid. He made the Valley a friendly place, and did it so well, with a spring in his step, and with such good humour."

"Thanks for all your good humour and your good heart ... from the old poof (Macca would know who he is)."

So I just want to finish by saying:

Greg was a sweet and charming man. A gentleman. And a gentle man. He was outrageous and flirtatious. But he was a caring man. If we can follow his example by looking out for each other, I think that would have made Macca really happy. Please let that be his legacy to our world here in the Valley. Let's take care for each other, look out for each other. That idea gives me hope.

And finally I just want to say – nothing that has been loved as much as Macca was, is ever truly lost.

While illicit drug users often face discrimination and stigma in life, it is sad that this usually continues with their death as well. QuIHN creates this space to remember those who may be mates, lovers, parents, children and drug users – but above all, human beings worthy of our memories...

If there is someone important to you who has passed away, you can place a message in Tracks to remember their life. Our contact details are on the first page.

It's a scary feeling – that large plate of spaghetti bolognese from five days ago is swimming around in your bowels, fighting for space alongside seven bowls of cornflakes, a packet of custard creams, 60 vinegar-soaked chips, two cheeseburgers, various chocolate bars and a massive Indian curry.

Your stomach is swelling by the hour and you feel like you are just about to give birth, but you've swallowed five laxatives and plugged in a suppository, and still nothing. What do you do?

Those of us who have taken a bite out of the 'drug misuse' apple know that it doesn't always come out at the other end in a quiet or comfortable fashion. Some heavy users can go two, three, even four weeks without a trip to the loo, and having sex with a chock-a-block bowel can be most unpleasant.

We've all heard of the advice, *fresh air, plenty of exercise and lots of fresh fruit n' veg*. Well you might get the exercise running around chasing your gear (it's still exercise), but the fresh air and fruit n' veg stuff isn't always so easy. And besides, a big enough smack or methadone habit can constipate the healthiest person.

Prevention really is the best cure, particularly for those who are susceptible to bowel troubles. Using the odd laxative or suppository is okay, just don't go mad doing it. Using them over a long period of time is seriously bad news — eventually your sewage system will pack up altogether. It helps to know a bit about your body functions in order for it to receive the right attention (there are no particularly palatable words for faeces, shit, excreta, pooh, stools, waste pony etc so we will mix and match, okay?).

#### The journey travelled...

When your food reaches its final stage of digestion in the small intestine, it has become a thick, watery liquid. It is moved along its way by the continuous contraction and relaxation of the intestinal muscles (peristalsis). The surrounding

large intestine — or colon — absorbs this liquid into its walls, feeding blood vessels and maintaining peristalsis. Whatever waste remains will then become your shit. For various reasons (the drugs we take, stress, vitamin and mineral deficiencies), the intestinal muscles slow down and bacteria from the waste gets absorbed into the bloodstream, leaving your system toxic.

The degree of firmness of your faeces depends on its length of time passing through the gut — the longer the journey, the more water is absorbed back into the bloodstream, leaving your stools dried out. You end up with a pooh that takes longer to move along its passage, becoming constipated (charming!)

The more sluggish the gut, the firmer the stools. The result is headaches, oily skin and hair, bloating and congestion of the nose, throat and lungs, as well as dried out stools. Methadone users will know all about dried up, sheep-style pooh! Although constipation may be considered trivial, each year around one tenth of the population takes laxatives regularly, with over seven million people visiting their GPs.

#### Emergency tips (if you find yourself really constipated)

First, massage your stomach in a clockwise direction for five to 10 minutes, and if you can, go for a brisk walk.

Second, drink as much liquid (water seems to work the best — warm if you can bear it) as you can handle.

Third, try squatting on the floor or on the toilet seat. This is the natural position for passing waste, and it encourages



the movement of the bowels. Straining too hard is ill advised as this can cause broken blood vessels and haemorrhoids (piles). Instead, try pushing out gently for a few seconds and then squeeze the muscles in for a similar length of time (works better if you're squatting, either on loo seat or normally). Repeat slowly till things start moving, but don't push hard. This really helps a lot; actually, this tip has been handed down through a couple of generations of opiate users as it has stood the test of time.

Don't panic if you don't go every day.

## ramblings & thoughts on drugz

In a post modern world, maybe reality is for people who can't handle drugs...

No drug, not even alcohol, causes the fundamental ills of society. If we're looking for the sources of our troubles, we shouldn't test people for drugs, we should test them for stupidity, ignorance, greed and love of power. - J. O'Rourke

The Nazis said they had a Jewish problem. We say we have a drug abuse problem. Actually, 'Jewish problem' was the name the Germans gave to their persecution of the Jews; 'drug abuse problem' is the name we give to our persecution of people who use certain drugs. -Thomas Szasz, M.D.





## AND WHAT CAN YOU DO ABOUT IT

Every two to three days is okay. It is possible to train your bowels to produce a motion at certain times of the day, so if you tend to score around lunch time, try to get that time for a pony in the mornings when you can relax a bit, before you go out.

Don't put it off — we appreciate this is easier said than done (many users hold masters degrees in 'hanging on till you score' — by then, of course, it's too late!) but constant constipation can lead to some bad shit happening (excuse the pun).

Methadone users may find they have what is regarded in the trade as 'sheep shit' — small hard golf ball-type stools. Increasing your fluid intake is very important, as is more fibre in your diet. Morphine (amps and MST's) can be even more constipating than gear or methadone. Have a word with your chemist or GP if you think you need laxatives, as there are different kinds for different problems (e.g. you don't want a laxative that speeds up the process and dries it out ending up with a huge, hard, dried out stool on its way, do you? No, you want something that will soften your stool to make it easier to pass).

### Danger signs

What is important here is to note any changes in bowel habit or faecal appearance:

- Bleeding from the stomach (or a burst ulcer), oesophagus or duodenum produces black, sticky or 'tarry' stools. If there is less blood, the stools may still be black or very dark. Not all black stools are the result of internal bleeding, but it would certainly mean seeing a doctor at once.
- Bleeding from the colon (as happens with bowel cancer), shows as obvious blood. The blood may be clearly mixed with the stools and leach out into the water in the loo, or it may only colour the stools so that they have a magenta colour (dark red). If a tumour is lodged high in the rectum, the bleeding may be a very dark blood; its quantity is very variable. BUT, all too often, bleeding is mistaken as that from piles or an anal split (ouch!) so make sure the doctor doesn't fob you off when you are still worried, and don't always assume that bleeding is just haemorrhoids. Be sure to visit a sympathetic GP.
- A tumour constricting the colon may produce thinner stools than normal. Some patients may notice an increase in wind or the presence of mucous.
- Bulky, pale faeces the colour of porridge or clay with a fatty consistency and a gross smell are associated with gall bladder, liver, or pancreatic disease. An urgent call to a GP is a must.

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## TRIED AND TESTED TIPS FOR MOVING THAT TURD

Okay, so here's what you can do. Many of these methods have been tried and tested by fellow users, so give them a go.

- 1 Drink a glass of warm water every morning before eating any food — this is great for your bowels and really helps things along.
- 2 Live yogurt is full of live bacteria. If eaten often, it destroys the gas-, disease- and odour-producing bacteria in your shit.
- 3 Potassium is found in almonds, fruit (especially bananas), and green leafy vegetables such as spinach. Papaya is particularly good. These keep the intestinal muscles moving. Note: if you suffer from DVT, check with your doctor before consuming extra potassium.
- 4 Bran, wholemeal bread, brown rice, and wheat germ are all high fibre foods that will speed up the transit time of waste through the colon. Sprinkling bran or wheat germ on your cereal is really beneficial. Remember though, to drink extra water when eating bran, as it expands it absorbs intestinal liquids.
- 5 Weetbix, shredded wheat, sultana bran, wholemeal bread with marmalade, and fruit salads are all helpful when eaten regularly, or even a banana with or without a bit of bran on your cereal.
- 6 B complex vitamins that are yeast-free are good for healthy intestinal muscles. Don't get into multi-vitamin and mineral supplements if you have problems with hepatitis C. It just gives your liver more work to do.
- 7 Another really good tip is to buy a bag of fresh carrots, chop them up into little bite-sized sticks, and munch away a couple of carrots worth. By the next day, the wheels will be in motion and you should be able to go to the loo. Be sure to try and drink a lot of water with it so things aren't too dry or painful.
- 8 When you are actually trying to pooh, and it's starting to feel like something to big to manage is on its way, lean back on the toilet, with your back against the cistern. You will find leaning back at this slight angle will help a lot as your stool makes its way out, no kidding!

The Greek philosophers believed happiness lay in balancing everything - drugs, family, friends, work, sex, money, power, status. Focus too much on anything and you'll wind up out of kilter...



I used to have a drug problem but now I make enough money.  
- David Lee Roth



We, as a group, do not recommend, verily, we repudiate any animal, mineral, vegetable, synthetic substance, vehicle and/or procedure which might tend to reduce the body, mind or spirit of any individual (any true individual) to a state of sub-awareness or insensitivity... that is to say, we are here to turn you loose, not turn you on. - Frank Zappa



# tourniquet

## WHEN TOO TIGHT JUST AIN'T RIGHT

Around 80% of injuries that injecting drug users face can be traced back to poor injecting techniques. Injecting is a delicate procedure, and a lot can and does go wrong. Tourniquets are a subject rarely discussed, but are essential to better injecting practices **if** you can't find a vein.

On the whole, most people don't realise that sharing tournies can be a source of transmitting hepatitis C, and still others don't know that keeping your tournie pulled too tight actually makes it harder to get a hit.

When you first start injecting, you may not have used a tourniquet; indeed sometimes just a twist of the old shirt sleeve was enough if you couldn't find a vein. But as time goes on and veins get harder to find, tourniquets become a necessity for most of us. However, a brief glance around at your injecting mates will tell you not everyone is using them right. Not only that, but incorrect tourniquet use will make finding veins even harder, leaving you poking, prodding and bleeding more than you need to be, and this can have many health implications.

*Please note: we recommend that you only use a tourniquet if you are having trouble finding a vein.*

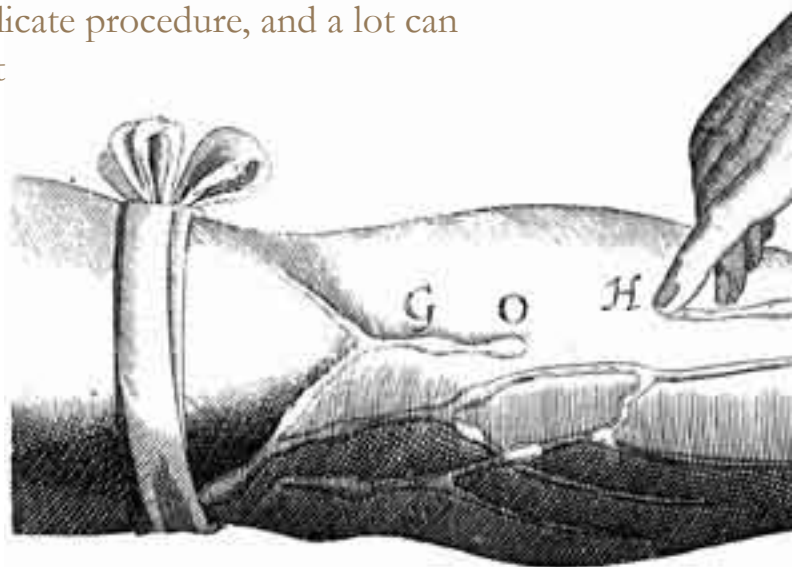
### How tourniquets help

There are two ways tourniquets help. First, tournies are used to dilate veins, making them bigger so they are easier to find and inject into. Second, dilating the veins helps to 'anchor' them so they don't roll around as much when you're trying to insert the needle.

Even if you are able to ditch using tourniquets because your veins stand out enough on their own, it is still worth developing a good tournie technique, as using one will still help stop the vein rolling. Of course the difficulty sometimes involved in releasing a tourniquet can still put people off using them. However, there are ways to use tourniquets so they can be easily removed without having to take your hands off your injecting. This is important as quite a bit of tearing to the vein can occur if you leave your needle dangling in your arm while you fiddle with releasing your tournie.

### Shirtsleeves as tourniquets

Of course, if you can manage by twisting your shirt sleeve above the elbow and holding the twist between your arm and your rib cage, it must be said that this works well, and allows you — with slight movement of the arm — to release the twist, without ever



having to take your hands off what you are doing. Holding the end of an easily released belt with your teeth (or your foot if you're sitting down), can also let you loosen the tournie without removing your fingers from the task at hand. All this is good in keeping a steady hand and eye on what you're doing. Loose tourniquets are not much help at all, but by far the overriding problem for injectors is when tourniquets are just too tight.

### Not too tight!

While one may think that the tighter you pull your tournie the bigger your veins will bulge, it is actually not true at all. In fact, having your tournie too tight actually stops the blood supply to the veins, cutting off circulation and making finding a vein even harder. You only need apply enough pressure to block the veins, but not the arteries, so blood can still flow to the limb, but is stopped returning back up the limb towards the heart by the tourniquet. Tourniquets should be equal to 'a light squeeze' — not a choke, not a strangle, just a light squeeze!

Once you've found a suitable vein and inserted your needle (bevel upwards), draw back the plunger slightly. If blood enters the chamber, you know you are in a vein, and in that case, release the tourniquet. **DO NOT** leave the tournie pulled tight while you depress the plunger. You could split the walls of the vein, leaking gear into the skin tissue. If you are worried you may lose your vein if you let go of the tourniquet, make sure you have such a technique that you

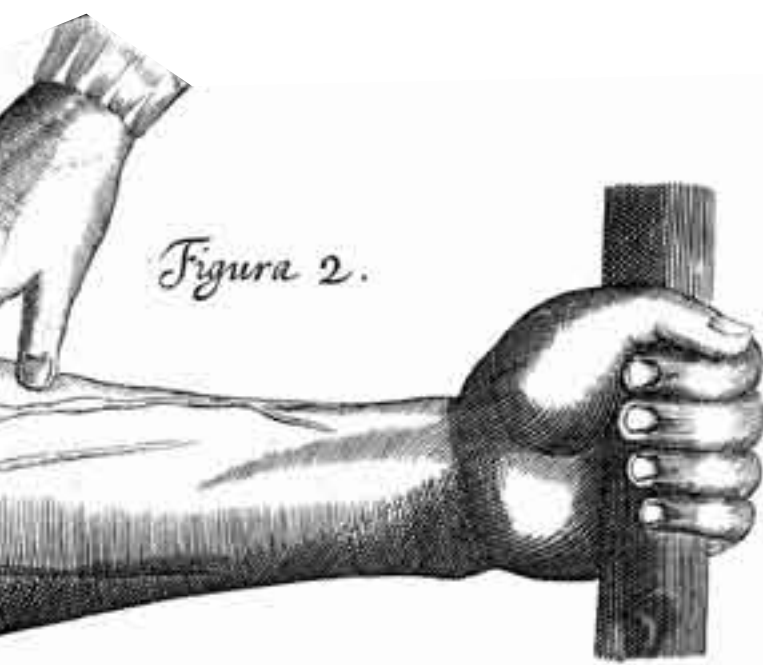
## When a tourniquet is too tight

A tourniquet is too tight when you notice your veins aren't dilating like they should. You may feel tingling or pins and needles in your hand because the blood supply to your nerves and tissues has been cut off. Your hand may ache or feel heavy, become painful and then numb. It will also look pale or bluish. Take it off!

When you release a tourniquet that is too tight you will feel a surge of warmth as the blood rushes back into the arm through the arteries. Not good signs.



# uets



don't have to remove your hands from your needle to release the belt. Release the tournie slowly — not quick — and you should stay in the vein. Make sure it is fully loosened before depressing the plunger.

## What to use as a tourniquet

Lastly, choose the material you use for your tourniquet very carefully. It needs to be easily release-able, made out of something softish and preferably cleanable. Sometimes, the fabric chosen dictates how you'll use it as a tournie. For instance, stockings or tights may seem a good idea, but getting them to release without fiddling can be a problem. Silky ties can be good, forming a gentle squeeze around the arm while gripping the other end with your teeth can mean an easy release when the time is right. Just say aaarhh! Hospital ones are good, but they often tend to release via a button mechanism, rather quickly too. Check the newer ones.

You don't have to use the typical tourniquet tie-up either. Depending on the release-ability of the fabric, sometimes just a gentle wind round the arm a few times, held against your side, without any tie-up will do. An easy movement of the arm releases the pressure without you having to take your hands off what you're doing.

Some people wind belts round the arm and hold the end in their teeth so they can just let go when they need to. Not a bad idea — just don't pull to tight! The Americans use rubber tubes a lot, tied in a traditional tournie way (slip knot), and everyone has used a belt at some stage. However, while there are numerous variations in how people tie their tournies, the most important thing is that it releases easily when you need it to, and it doesn't get stuck — preferably, also without you having to remove your fingers from the task at hand. Experiment. It is worth getting it right. Your veins will depend on it.

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## Best tourniquet technique

The aim of applying a tourniquet is to block the flow of blood in the veins going back to the heart, *if* you are having trouble finding a vein. Say you put your tourniquet around your upper arm. (Note: three fingers width from the crook of your elbow is supposed to be the right place to tie your tourniquet or a small 1/3 up the limb).

You tighten it gently so the arterial blood can still flow to the tips of your fingers. Then, as the blood returns up the arm on its way back to the heart (now via the venous system), it gets held up by the tourniquet. Thus, you will see your veins dilate and become more visible.

The tourniquet should not be tighter than 'a light squeeze' because greater pressure will just block the arterial blood flow entering into the limb. Then there won't be enough blood continuing to flow into the arm to be able to build up in the veins behind the tourniquet, which is necessary to dilate them. This makes it impossible for your veins to dilate, and in fact they may even seem to sink or disappear. Hardly surprising considering there is no blood build up in them. This of course defeats the entire purpose of the exercise.

Place the tourniquet above where you're trying to inject and tighten it gently. **TIGHTER IS NOT BETTER.** Make sure you can still feel your pulse at all times.

Squeeze your hand a few times. Sometimes gently tapping or rubbing the skin over the vein a few times also helps but apparently there is not much value in spinning your arm around like a windmill - if you must spin your arm, don't do it with a tournie on.

Be patient. Yes, we know it's hard but give your veins a minute to fill up with blood and dilate. It will save you grief later on.

If you're having trouble finding a vein in one arm, try the other and stay calm. It's hard when your hanging out but it'll only be worse if you're still trying 20 minutes later.

Take breaks between unsuccessful attempts. Stopping the bleeding from each puncture wound before moving on to the next injecting site is important. Use tissue to stem the flow not alcohol swabs as swabs just slow the clotting process and you'll bleed more/heal slower. Sitting there with blood all over your arms is also upsetting and can cause distress which prevents you from concentrating. From a blood borne virus perspective it is also important to ensure you don't end up covered in blood - this reiterates just why it is so important never to share or borrow a tourniquet as they do get blood on them. Try to give yours a clean as often as you can too.

Make sure the vein 'bounces' when you press it. If it's more like a solid cord then its probably collapsed or clotted, which is no good for injection.

# AMSTERDAM OR BUST

## USER'S STORY

After six months of living the high life in England and Europe, I was now working in a London pub. When your cash runs out, ya gotta do what ya gotta do, so I pulled pints for a living. They threw in free lodging that was only two hours, two tube line changes and 36 stations away from work. How cool was that? And I actually managed to save some moolah for the weekends. And the weekend I was most looking forward to was fast approaching.

Five weeks of lager serving and glass washing and I had enough to finally go to The Drug Capitol of the World - Amsterdam. My travelling companion (who can memorise timetables and foreign phrases) and I hopped aboard the super sonic bullet train and started practising our mantra "Mmmm... wicked man, Mmmm wicked man".

Underneath the English Channel we sped, lost in a blur of scenery and duty free booze. And then only four hours out of London, we were there — the legendary coffee shops, the street dealers, the seed shops, sex shops as big as supermarkets, and coffee shops that were brimming with specials.

My first coffee shop experience went something like this – walk in, smell the air, get stoned, sit down. The next day I was determined to actually buy something in a coffee shop. We went to this brightly coloured, psychedelic one that was run

by the coolest Rastafarians that you're ever likely to meet.

I perused the menu – Special Coffee, Special Tea, Special Cake. I thought I'd go for the specials. Of course I knew "special" was a euphemism for heavily laced with ganja. As they say, *when in Rome...* I was roaming all right; I was flying about an hour after I polished off the last crumb of my special rainbow cake. I didn't need Scotty to beam me up. And if you wanted takeaways, there was a dispensing machine like the old-fashioned round glass candy vending machines where you drop a coin in the slot and twist the handle and your treats would flow out. Well this machine was similar, only you put two pounds in, pulled the handle and a joint of incredible quality would slide out in a clear plastic holder. Very, very civilised.

The streets of Amsterdam had dealers everywhere – it was like being at the Easter Show, although these spruikers spoke in whispers, they put on a 24-hour talkfest about the various wares they were holding, in five different languages.

On the second night we hit the clubs and decided we'd try one of the local Es. We approached a dealer we spoke to the night before, who of course said he had the best ecstasy in the universe. Well, how could we refuse? And how could we sleep for three days, and how could we eat food without having water in our

mouths to make it go down? Answer to all three questions – we couldn't.

Apart from a mild case of lovey-dovey syndrome, the ecstasy we purchased must have been supercharged speed. We danced all night Friday, walked the Red Light District all night Saturday night, and contemplated knocking ourselves out with a hammer on Sunday night. I've never missed sleep so much, I've never missed saliva before either, but that too was missing.

The thing about Holland is that it has roughly the same population as Oz and about three times the number of injecting drug users, but in 2000 it had reported only 32 fatal overdoses, compared to over 800 here in Australia. I believe one of the reasons is that a lot of the clubs have testing stations for drugs. You can rock up to one of these, produce your bounty and hey presto, they'll tell you what you've just purchased with your ten guilders. I didn't find out about these testing centres till after the eccies incident, pity.

Not surprisingly our three days were over before we knew it. We decided to take the ferry (think big, big barge) back to London Town. As soon as we got on we knew we were in for a memorable Channel crossing. Just about every passenger was sporting black t-shirts, black jeans, long hair and were practising air guitar. Yep, you guessed it – we were surrounded by returning AC DC fans on their way back from the European leg of the tour. But that folks, is another story...

- Kevin



# RELIGIOUS USE OF CANNABIS

Cannabis has a long history of use in a religious context, especially in India, where it has been used by wandering spiritual sadhus for centuries. The most famous religious group in modern times to use cannabis in a spiritual context is the Rastafari movement, though it is by no means the only group.

Some historians and etymologists have claimed that cannabis was used by ancient Jews, early Christians and Muslims of the Sufi order.

## POSSIBLE JEWISH USE

According to some scholars, cannabis was an ingredient of holy anointing oil mentioned in various sacred Hebrew texts. The herb of interest is most commonly known as *kaneh-bos* which is mentioned several times in the Old Testament as a bartering material, incense, and an ingredient in holy anointing oil used by the high priest of the temple.

## HINDU USE

Cannabis is believed to have been used in India as early as 1000 B.C.E. In mainstream, lay religious usage, it is usually taken in liquid form as bhang and used during religious ceremonies such as marriage, as well as the Hindu celebrations of Holi.

Hashish, or charas, is widely smoked by Shaivite devotees, and cannabis itself is seen as a gift of Shiva to aid in sadhana. Wandering ascetic sadhus are often seen smoking charas with a chillum.

## MUSLIM USE

Generally in orthodox Islam, the use of cannabis is forbidden. As with most orthodox religions, early practices differ in this. Some say that, as hashish was introduced in post-Koranic times, the prohibition did not apply to it.

Although cannabis use in Islamic society has been consistently present, often but not exclusively in the lower classes, its use explicitly for spiritual purposes is most noted among the Sufi.

In addition, the warrior sect of the Hashashin were said to have eaten hashish before their assassinations and were given the name "Hashasin" accordingly. This notion, traditional in the West, can be inferred from Marco Polo's account of his travels, though it has been widely disputed.

## SIKH USE

The Sikh religion developed in the Punjab in Mughal times. The common use of bhang in religious festivals by Hindus carried over into Sikh practice as well. Sikhs were required to observe Dasehra

with bhang, in commemoration of the founder of the Sikh religion, Guru Nanak. Among the Sikhs the use of bhang as a beverage appears to be common, and to be associated with their religious practices. The witnesses who refer to this use by the Sikhs appear to regard it



as an essential part of their religious rites having the authority of the Granth or Sikh scripture.

## RASTAFARI USE

Members of the Rastafari movement use cannabis as a part of their worship of Haile Selassie I of Ethiopia, whom they see as the returned Messiah, God incarnate. The movement was founded in the 1930s, and while it is not known when Rastafarians first made cannabis into something sacred, it is clear that by the late 1940s Rastafari was associated with cannabis smoking at the Pinnacle community of Leonard Howell. Rastafarians see cannabis as a sacramental and deeply beneficial plant that is the Tree of Life mentioned in the Bible.

Bob Marley, amongst many others, said, "the herb ganja is the healing of the nations." The use of cannabis, and particularly of large pipes called chalices, is an integral part of what Rastafari call "reasoning sessions" where members

join together to discuss life according to the Rasta perspective. They claim cannabis enables the capacity to allow the user to penetrate the truth of how things are much more clearly, as if the wool had been pulled from one's eyes. Thus the Rastafari come together to smoke cannabis in order to discuss the truth with each other, reasoning it all out little by little through many sessions. They see the use of this plant as bringing them closer to nature and even rub the ash into their skin. In these ways Rastafari believe that cannabis brings the user closer to Jah, i.e. Selassie I, and pipes of cannabis are always dedicated to His Majesty before being smoked. While it is not necessary to use cannabis to be a Rastafarian, some feel that they must use it regularly as a part of their faith. "The herb is the key to new understanding of the self, the universe, and God. It is the vehicle to cosmic consciousness" according to Rastafari philosophy.

## OTHER RELIGIOUS MOVEMENTS

Elders of the modern religious movement known as the Ethiopian Zion Coptic Church consider cannabis to be the eucharist, claiming it as an oral tradition from Ethiopia dating back to the time of Christ.

Like the Rastafari, some modern Gnostic Christian sects have asserted that cannabis is the Tree of Life.

Other organised religions founded in the past century that treat cannabis as a sacrament are the Religion of Jesus Church, THC Ministry, Way of Infinite Harmony, Cantheism, Cannabis Assembly and Church of cognizance. Many individuals also consider their use of cannabis to be spiritual regardless of organised religion.

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QuiHN is always trying to do as much as possible with limited funds, so we really appreciate our volunteer workers. For more information or to apply, go to our website, or contact our Volunteer Coordinator at:

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# GETTING TO KNOW YOUR CHLAMYDIA

Chlamydia is a sexually transmissible infection. Chlamydia (or *Chlamydia trachomatis* – its full name) is a tiny bacteria that causes an infection in the genital area.

It can get into the urethra (the delicate tube that runs from your bladder), the cervix (or neck of the womb), or the uterus. These are a few places that chlamydia likes to grow. It can also infect the anus and very occasionally it can spread from the genital area and affect the liver and joints.

Chlamydia is spread by sexual contact. You can get chlamydia through vaginal, anal or oral sex. The best way to avoid getting chlamydia is to practice safe sex: that is to use a condom when you have vaginal or anal sex and to use dental dams or condoms during oral sex. If you have had unprotected sex you may be at risk of chlamydia infection.

## How common is chlamydia?

Chlamydia is the most common bacterial sexually-transmitted infection (STI) in Australia. It is most common amongst people aged between 15 and 29 years. In 1999, more than 4,500 people in Queensland were found to have chlamydia. Chlamydia is sometimes called 'the silent STI' because most of the time it does not cause any symptoms. This means that someone with a chlamydial infection in their genital area may not know they have it and can pass it on to someone else through sexual contact.

## How would you know if you had chlamydia?

As explained, often people do not know they have the infection because there are no signs or symptoms. If symptoms do occur, they usually develop about five to 14 days after the bacteria has been introduced into the genital area through having sex with someone who has chlamydia.

Women with chlamydia may notice that they have:

- Crampy pain in the lower abdomen (just above the pubic bone)
- Menstrual changes including longer, heavier periods which get more painful
- Pain when passing urine
- Bleeding or spotting between periods or after having sex
- Pain during or after sex
- A change in their vaginal discharge. There may be more discharge or it may change in colour and smell.

Men with chlamydial infection in their urethra may notice:

- A discharge from the penis
- Pain when passing urine
- If the infection goes up the urethra then the testes may become swollen and sore (The testes are where sperm are produced and are in the scrotum).

In men and women, chlamydia can be spread through oral sex, causing infection of the throat. Chlamydia can also be spread through anal sex, causing infection of the rectum (back passage). Sometimes this can cause pain in the rectum and discharge from the anus. Mostly it does not cause any symptoms.

## How can you find out whether you have chlamydia?

If you have had unprotected sex (that is, sex without a condom) you could have chlamydia. You can go to your local doctor, family planning clinic or sexual health clinic. The doctor or nurse can test for chlamydia by:

- Taking a urine sample and sending to the laboratory for testing. It usually takes a few days for the result to come back.
- Taking a swab from the cervix in women, or from the opening of the penis in men or from the anus in anyone who has had unprotected anal sex. This is done with a cotton bud or similar device and does not usually hurt.

If you think you have been at risk of getting chlamydia, it's best to have a sexual health check to be sure.

If you find out that you do have chlamydia, anyone you have had sex with in the past few months will need to also be tested. This is to make sure that they are cleared of the infection and to prevent you being re-infected by your partner or partners. If you feel uncomfortable or embarrassed about telling your partner the doctor and nurse will assist by contacting your partner or partners – your name is not mentioned – it is a confidential process. Remember, it is very important for your partner's health and the health of other people they have sex with.

## How can chlamydia be treated?

Chlamydia can be effectively treated, often with just a single dose of antibiotics. In some cases however a longer course of treatment may be needed. To ensure the infection has been cured:

- If required to take tablets over several days it is important to take all the tablets, even if the symptoms disappear otherwise the infection may not be properly cured.



- It is best not to have sex until the tablets are finished and you have returned to the clinic for a follow up appointment. Usually people come back to the clinic about one week after treatment to make sure that everything is well and to check there were no problems with the medications.
- You will also need to have another test a few weeks later to make sure the infection is cured.

## What happens if it's not treated?

### Women

Without treatment, chlamydia can spread upwards from the cervix to the uterus (womb), Fallopian tubes, ovaries and other parts of the lower abdomen. This type of infection is called pelvic inflammatory disease (PID). It is a serious illness that often causes fever and pain in the lower abdomen. Women with Pelvic Inflammatory Disease sometimes need to go to hospital for treatment. Often however, a woman can have PID without knowing it.

PID can cause the Fallopian tubes to become blocked with scar tissue and this may make a woman sterile (infertile). The other major problem with scar tissue is that if a woman does become pregnant, the pregnancy may be in the Fallopian tube (ectopic pregnancy). Such pregnancies cannot grow as a normal pregnancy, and may endanger the life of the woman.

Very occasionally chlamydia can affect the joints, resulting in joint pain, swelling and stiffness.

Babies born to mothers with untreated chlamydia may develop eye or lung infections. This is why it is important for pregnant women to have an ante-natal check, which should include a test for chlamydia, early in their pregnancy.

### Men

Inflammation in the testicles caused by chlamydia can lead to infertility.

Chlamydia can affect the joints, resulting in joint pain, swelling and stiffness, inflammation of the eyes, rash, and chronic urethritis.

## How do you avoid getting chlamydia?

Practise safer sex. Always using condoms when you have vaginal



or anal sex is the best way to avoid getting a chlamydial infection. Using water-based lubricant with condoms is recommended. This reduces the risk of the condom breaking and increases both partners' enjoyment of sex. Oil-based lubricants (such as Vaseline) should NOT be used. They weaken the condom and may cause it to break. If you are giving a man oral sex (his penis in your mouth) then he will need to wear a condom. It does not matter whether you are male or female, if you put your mouth in contact with your partner's anus or vulva while having sex you will need to use a dental dam.

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

Remember that using condoms not only protects you from STIs, it also is an effective form of contraception. If you do use other forms of contraception (like the pill, diaphragm and IUCD etc), use condoms as well.

## Who can I talk to?

If you are worried about herpes you can talk to:

- Your local doctor
- Your local sexual health clinic (see contact details below)
- Your local family planning clinic.

## 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

# famous last words

**Don't worry... it's not loaded...** - Terry Kath, rock musician in the band Chicago Transit Authority, as he put the gun he was cleaning to his head and pulled the trigger. Though the gun had no magazine in it, Kath was unaware that a bullet was already in the chamber and he was killed instantly.

**Ah well I suppose it has come to this... Such is life.** - Ned Kelly, Australian bush ranger

**Die, my dear? Why that's the last thing I'll do!** - Groucho Marx

**Go on, get out! Last words are for fools who haven't said enough!** - Karl Marx, when asked by his housekeeper what his last words were

**I told you I was ill.** - Spike Milligan. These are not his final words, but they are the words he wanted as his epitaph.

**Don't make a mess of it - shoot straight, you bastards.** - Harry 'Breaker' Morant, court-martialled and executed by the British, charged with killing Boer prisoners. To the end he claimed to have been following orders.

**I am just going outside. I may be some time.** - Captain Lawrence Oates. On Scott's ill-fated Antarctic expedition, while suffering from frostbite and sheltering from a blizzard, Oates felt he was decreasing his companions' chances of survival. Oates voluntarily left the tent; it was his 32nd birthday. He was never seen again.

**I'd like to be in hell in time for dinner** - Edward H. Ruloff, a convicted serial killer and last person to be executed by hanging in the State of New York

**They couldn't hit an elephant at this distance.** - General John Sedgwick

**Dying is easy, comedy is hard.** - George Bernard Shaw

**My God, what's happened?** - Diana, Princess of Wales, after being mortally wounded in a car accident.

**I just had eighteen straight scotches. I think that's the record... After thirty-nine years, this is all I've done.** - Dylan Thomas

**I did not know that we had ever quarrelled.** - Henry David Thoreau, on being urged to make his peace with God.

**Why, yes, a bulletproof vest.** - Domonic Willard, a small time foot soldier during the Prohibition. Just before his death by firing squad, he was asked if he had any last requests.

**My wallpaper and I are fighting a duel to the death. One or the other of us has to go.** - Oscar Wilde

**Oh, what's the bloody point?** - Kenneth Williams, British actor and raconteur. This was the final entry in his diary.

The image shows the back of a man's head and shoulders. He has a shaved head and is wearing a dark blue t-shirt with white stripes on the sleeves. A thin black cord is visible around his neck. The background is a solid, bright orange color.

USER'S STORY

# a hole in daddy's arm

The obtaining of various substances to put into your body is a passion for many people – in fact for some it is not just a way of life, it is life itself.

I watch him and I can see him thinking, its almost like the cogs are working – *where, when, how, why?* Getting on can be a full-time business. At Narcotics Anonymous, they say it is a full-time job – if you devoted as much energy to being well as you did to scoring, you would be a wealthy and happy person, well adjusted etc. ad nauseam. Bunch of wankers, he reckons.

I live with a Junkie – not just any junkie, but my very own beloved junkie. This is a story of our combined efforts to make it happen. Why do I bother? Because I love him. Any junkie's wife, husband, girlfriend, boyfriend, mother or brother knows what it is like to see your beloved hurting.

So you make it happen. You organise the money. Tomorrow will take care of itself — it's an old junkie's thing apparently — something is bound to happen and we'll find some money, so for now we'll worry about tomorrow tomorrow.

He's thinking, but his mind is elsewhere – it is in pain, suffering and wondering how long until we see the MAN.

It's often about whoring and scoring. But we never whore – we just ad lib a little, and make promises we are never going to keep, all to get by.

Today, I earned the money from a bit of casual work, tomorrow we will ask for charity or even sell something we realised we didn't really need. We are borderline legal,

borderline honest and always keep a junkie's promise, on my word to god!!! (Did I mention we have no religious affiliation until we step through the doorways of a church, then we instantly convert to that religion, ha!).

It's all about seeing the man. Life can be unbearable until the man is seen. He will swear and curse, carry on, throw temper tantrums, and generally make a nuisance of himself. It's not personal, I know he cares about me, but its just the junk.

When he sees him he does a little leap – his face lights up and he can anticipate the return to normalcy for a while 12 hours or so, and he might be able to sleep tonight. It is no longer about getting stoned — that means nothing anymore — it's about existing, feeling anything except this burning need. Once the man is seen, all is wonderful.

He doesn't like what he does, in fact sometimes he cries when he shoves the fit in his arm, and he is always reduced to tears when he hears the song played "there's a hole in daddy's arm, where all the money goes". It's not that he chooses to do this anymore, it's more like this thing owns him and he must pay it its daily due, much like normal people pay taxes.

Today the man is coming and he won't cry, he won't hurt, and the world is indeed a wonderful place full of love and justice and truth and bliss – until tomorrow morning!