

# SUBSTANCE

Edition 7, Winter 2005

An initiative of The City of Port Phillip's Local Drug Strategy

## Bail & COCKTAIL

By Luke Wolokh

*I woke at about 9.30 am with a bone dry mouth, my tongue feeling like sandpaper - which I put down to the bottle of Bourbon I'd drunk the night before with six Rohypnol tablets and my methadone.*

Last night Teresa had done her third and final shift at the brothel to get us 'back on our feet'. She'd never 'worked' before, as far as I knew and did it for us so that we could pick up a quarter of an ounce of hammer.

Four nights before, we had been raided and busted by six detectives for trafficking, possession and a few other bullshit charges. They took \$3,000 in cash, two grams of smack, my scales, a bit of speed, our phones and left us with a gram of skunk, \$50 for food and me with two black eyes. I said 'Teresa had nothing to do with it', and took the rap.

I got bail after spending the night in remand and was given a date to appear at the oh-so-familiar Magistrates Court. It could have been a lot worse; at least I got bail. I hated Teresa working but she said she wanted to support me for a few days so I could lie low, or more like feel low knowing she was having sex with middle aged hairy desperados.

I drank heavily to pass out so my mind wouldn't conjure up all the sexual images it did on her first night. Even with the opiates, Bourbon and pills in my system, I still cried for hours until she walked through the door. We looked at each other without saying a word and I knew she could see I'd been crying. So had she. We then had the longest shower I'd ever had in my life - neither of us saying a word, which leads me back to where I began.

I rose from our double bed gently trying not to wake her - I made my way to the kitchen fridge and skulled a long neck of beer downing three Xanax with it. I walked back into our bedroom to find Teresa already mixing up our morning taste, a sickly sweet cocktail of speed and heroin. It was a good cocktail,



Artwork by Peter Renshaw

to get us out there on the street. Her with \$50 and \$100, deals in her bra and a few \$40's in my mouth wrapped in foil and water balloons. It was my job to do the transactions.

Sometimes if I'd fucked up I had to resort back to where all this dealing shit started, the street. We still needed money to buy new scales and phones let alone our overdue rent. I really couldn't handle the whole brothel thing and I knew she couldn't either so we would have to spend a few days selling on the street if we wanted to get things back to normal. I hated the mundane, boring and not to mention risk of being out in the open, and the shit you had to deal with. It's the lowest of the low.

I felt like I was 16 again, but at least then I dealt in a group and was protected by the older guys, the heroin hierarchy. Now I was 20 and most of my 'brothers' were either locked up or dead. Some were still doing the same old thing. The novelty having long worn off.

*As we waited for the tram we held each other tightly. Things would be better soon ... I just knew it. At least I thought I did. Only time would tell.*

# "HIT THE ROAD - A St Kilda Drug odyssey"

Joseph O'Reilly



Artwork by Natalie E. Verrocchi

Port Phillip's play "Hit the Road" was written and directed by Robyn Szechtman as part of their strategy to educate and inform the community. Before expressing my personal opinions about the play and drug addiction, I will give you a brief history of myself.

I am the youngest of the family, with seven older siblings. I was born in Belfast, Northern Ireland and migrated to Australia in 1981 just before my eleventh birthday. I didn't enjoy school, but retrospectively I think I had a thirst for knowledge and was a naturally investigative child. Melbourne was like a different world. My family felt such relief, no longer worrying about bomb blasts or the oppression of the occupying forces. Australia was safe.

I left school when I was sixteen, completed a hairdressing apprenticeship then I started my own business. This gave me the means to finance my expensive habits, mainly heroin and marijuana.

This brings us to my involvement in the production of "Hit the Road" a play that was performed outdoors in St Kilda's parks and infamous streets. The play addresses the life of a person (Matt) losing his ability to cope with his wife, children and the world in general. Matt's loss of control is due to a car accident which results in an extremely painful back injury and he becomes addicted to opiates. Drugs become the coping mechanism for all Matt's problems. I have also

been through this dreadful addiction and consider myself to be in remission. Addiction to me is like a kind of physiological cancer, which is as individual as each of us.

Robyn approached me about a new play she was writing and asked if I would sit in on some focus groups to collect information on using drug services. I think because of her own professional background in the drug and alcohol field, Robyn did not want to do a glossy cover-up like so many media organisations. She aspired to express the truth and importance of addiction.

As an ex-user I found the whole process of the groups very cathartic and others involved agreed with me. Robyn selected an excellent cross section of the drug or ex-drug using community. She would have barely finished asking a question and we would all be jumping in with our responses. Another reason the groups were so successful and beneficial for all involved was because they weren't self-help. It was purely an exchange of information and factual experiences allowing Robyn to mix these, darkly funny and often very sad facts with her imagination to create a twenty-four hour vista of the desperate reality of a person with a substance problem.

I also believe people imparted their stories truthfully because they were putting such negative life experiences into such a positive project. One of the duties I had was to assist the actor Andy Miller to develop Matt's character and understand a drug user's state of mind.

Matt is dealing with homelessness, addiction, family break down whilst still recovering from the car accident. I would remind Andy that all the negative thoughts Matt would be experiencing would become a mantra, not leaving much time for rational thinking. The actors listened to our advice and also attended the focus groups.

Robyn organised catering for the end of each night's performance. This allowed the audience to provide us with valuable feedback. I must admit I was delighted with what I heard. People commented on how professional and entertaining it was. A man, out for a walk, did not realise it was a play, and interrupted the actors in the final scene to offer Matt a bed. Embarrassed after discovering it was only a play, he explained that his daughter had struggled with a heroin addiction for 16 years and he wanted to help someone in similar circumstances.

Witnessing this and hearing the positive feedback made me feel part of a successful and informative project. The more I got involved in the process, the more I enjoyed it. Thanks Robyn and well done to you and Port Phillip Council.

# Drug Services: Do they deliver?

"Hit the Road" gave hundreds of members of the community an opportunity to be a fly on the wall as they followed a homeless drug user's search for help one night through the streets of St Kilda. The real life insights contained in "Hit The Road" were based on the experiences of six people who had used local drug services. The following is an excerpt from their discussions.

People usually are driven to seek treatment when their circumstances fall apart. A crisis. It might be family pressure.

*Parent's saying, "You have not done anything to show us that you are serious about stopping. We are not going to keep lending you money". Or you might be dealing and you have had one dealer. Maybe he gets busted or you get busted.*

There's almost always a lag time between the decision to go to treatment and actually starting. Research and the group's experiences suggest that this ranges from one month to three years. Staff attitudes were instrumental to a person sticking out the full length of a detox. The group felt that a punitive approach still exists within drug services, but is packaged better in some than others.

*They still think the drug addicts are supposed to do it hard and hurt as they go through detox and that's going to stop them from using. It is just a fucking lie.*

A lack of understanding about people using drugs as a means of self-medication was believed to underlie the judgemental attitudes of staff in drug services.

*Smoking cigarettes is just another part of self-medication and when you are freezing cold, then boiling hot, you don't really want nicotine withdrawals as well as opiate withdrawals. You don't want to go out into the freezing cold to have a smoke. When I was caught smoking inside, the worker said to me, "You are just trying to get kicked out because you don't want to face your drug taking". I was just thinking, "I want to have a cigarette, I don't want to leave".*

Group members cited many examples of when they were seen as being 'non compliant' and felt that the staff member didn't understand how difficult it is to give up the last vestige of control you have over your life.

*You are expected to tell a complete stranger who you potentially have never met before or perhaps have a minimal relationship with, stuff that you would not even tell a very good friend!*

Behaviour deemed 'unacceptable' was often perceived as a clash of cultures between drug users and service providers.



Photo by Russel Cooper featuring "Hit the Road" with Andy Miller and Annie Stanford

*A lot of people can't meet a service's restrictions, so it's another experience of failure, 'you are chaotic, you're not trying. You don't deserve our help.'*

Punitive attitudes were said to be particularly prevalent amongst doctors and pharmacists.

*With pharmacotherapy, you are tied to a chemist and doctor. There is a massive power imbalance - the doctor holds the scripts and if you don't abide by their rules - then they can withhold the drug.*

The group went on to discuss the experience of being rejected by a service and acknowledged the behaviours and rorts that lead to this.

Other group members had found some staff members inspirational. These were often ex-users who had gone through the experience themselves.

*Before I went to detox I never met someone who had successfully given up a heroin habit. But when I went to Windana, I met a worker there who had been clean for 10 years. Ex-drug addicts make the best counsellors because they have the ability to truly empathise.*

When the group was asked their final question about the type of drug services they found the most useful, counselling and pharmacotherapies came out on top.

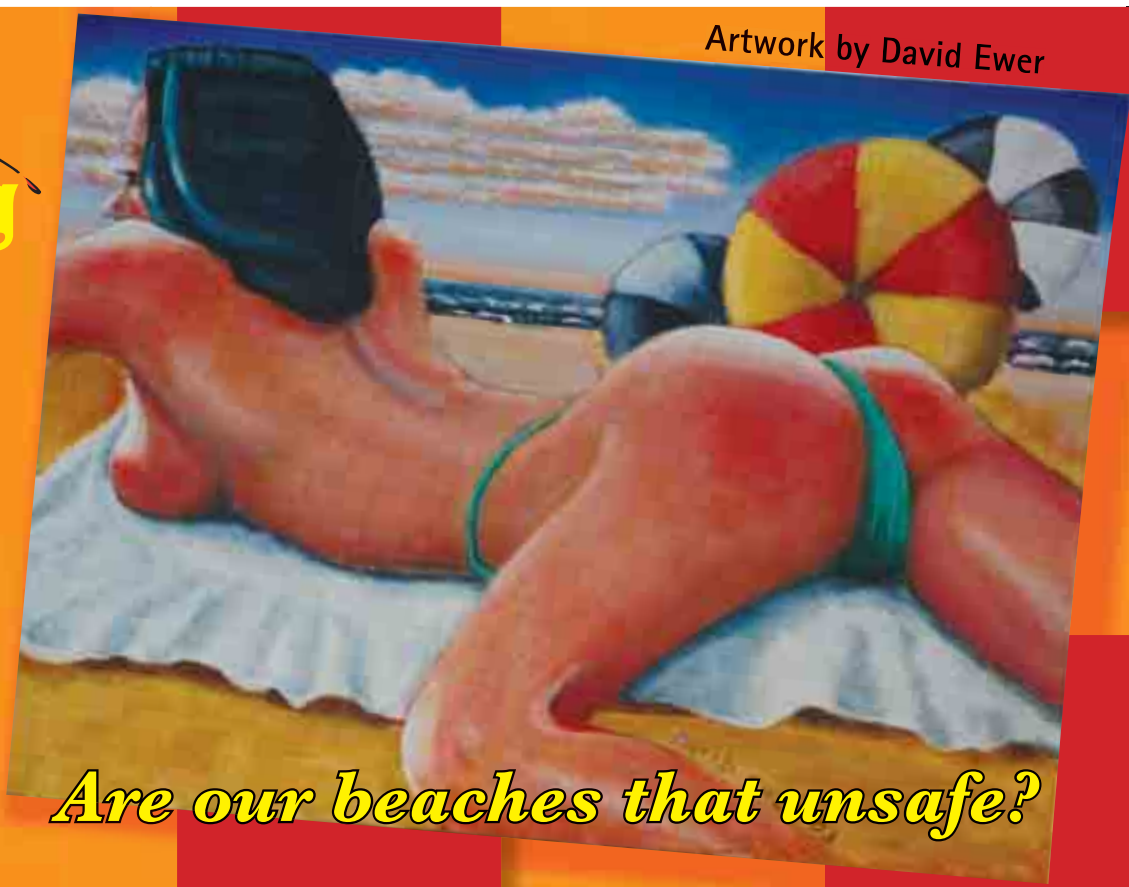
*Therapy to me it is just a way of getting some of the angst out of my body that I have not yet discovered healthy ways of getting out.*

*I think methadone can work really well for people who do want to keep using as you have a prescriber who respects that your goal is not to stop using. I need to be functional to go to work so it suits me to stay on a low dose and then use heroin whenever I want to.*

# The sticking point...



*Anyone familiar with the beaches of Melbourne would have seen the early morning tractors and workers attempting to clear away the previous night's debris. While broken glass is one of the most common examples of refuse this is not what gives rise to the greatest angst. This honour falls to syringes.*



## *Are our beaches that unsafe?*

Syringes are always featured in the news as one of the dangers that seep out from the dark underbelly of our urban metropolis to endanger the well being of our fine upstanding citizens who are out there to enjoy the good life of sun, surf and sex.

'Mother fears for her baby' is a newspaper headline that most of us have seen. The article will state that the toddler was on the beach when they accidentally stepped on a discarded syringe. The mother is reported being in a desperate state as she now awaits the results of blood tests to see if the child has contracted HIV, hep C or hep B.

'Baby cleared of virus' is a newspaper headline that most of us will never see. Good news stories are never as entertaining as scary ones. Nevertheless, people do step on syringes, and they have a right to feel worried about their health.

*So, what are the chances of contracting a blood borne virus (BBV) from stepping on a needle on a beach or park?*

Extremely low is the short answer. It depends on whether the person who used the syringe has a BBV, the biology of the virus, and the mechanics of a syringe.

All the BBV's mentioned above are viruses that need human cells to live and reproduce in. They like living in our bodies and our blood stream where the temperatures are constant, around 37C, in a dark liquid environment with a stable Ph.

Once a syringe has been discarded in the park or a beach, the virus will be exposed to fluctuations in temperatures, sunlight and drying by the wind. The blood cells on which the viruses depend on slowly die as well. All these factors will lead to the viruses dying.

If we assume that a syringe has only been used a few minutes before being stepped on, and that any of these BBV's are still alive, there are still hurdles that make transmission difficult.

Firstly, there would be little blood left on the needle as it probably would have been knocked off in the process of being discarded. Secondly, we have to assume that there is

blood left in the barrel of the syringe, and that the person who used the syringe, did not squeeze every bit of blood out of the syringe.

If the syringe is then stepped on, it needs to be stepped on in such a way that the plunger is pushed hard to squeeze blood from the barrel into the person's skin and directly into the person's bloodstream. If it goes into a fatty or a meaty tissue, the chance of transmission is lowered.

In terms of which of the BBV's are more infectious (which is related to the amount of the virus that usually exists in the blood, and how strong it is in surviving outside of the body's environment), the virus that people are most at risk of contracting from a needle stick injury is hepatitis B, followed by hepatitis C, with HIV a distant third.

From published research (1,2,3,4), there has been one recorded case of a person in Australia acquiring hepatitis B from a needle stick injury in a community setting. No cases have been recorded for hepatitis C and HIV.

There is a vaccine for hepatitis B and all new born babies are now regularly vaccinated against hepatitis B.

The points to remember are:

- See a doctor after a needle stick injury for antibiotics and other appropriate medical care
- Most needles are discarded appropriately and only a small number find their way into our beaches
- Support your local Needle Syringe outlet. They are the best places to educate, inform and prevent syringes being discarded in beaches and parks

Piergiorgio Moro Hepatitis C Council of Victoria

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Photo by Russel Cooper

## This individual Trolley with vast street credibility....

# GOOD TO A FREE HOME

By Taylor Scott

Originally a humble shopping trolley, this one couldn't cope with life in an institution. Finally snapped the \$2 "gentrification chain" and escaped one bright day... exit New World enter Real World.

Became a friend to the poor and disorientated (who could never afford to fill Trolley with food.). Transported them and their cares to safe houses and spaces. Has intimate knowledge of St. Kilda streets and quite a few surrounding ones. Trolley assisted directly in midnight flits from local boarding house. Can courier anything, including illicit drugs in kitchen sink.

Trolley can double as the cheapest public housing available - indeed, often the only Public Housing available, well, we all know Centrelinkers can't be choosers. Trolley survives more than one "clean up St. Kilda" campaign, numerous attempts by trolley-catcher to re-incarcerate and 32 attempted hit and runs on the highway.

For the discerning adopter only. Must be cooperative with chrome and promise never to leave Trolley at the beach (for obvious reasons).

Apply in person to the alley way for this proud, very kewl friend for life.



# Day After Day

Chasing chasing  
Never enough  
Clockwork thinking  
With a silent alarm  
Dark, soft, lost  
I must remember to stay calm

Chasing thinking  
What to do next  
The other guy's shit is always the best  
Stealing, waiting, so mundane  
It's a full time job and I'm staying the same

Liquid magic work your wonders  
Then when I come undone I feel your thunder  
But while I'm under your euphoric spell  
I'll put ink to paper and recount my hell

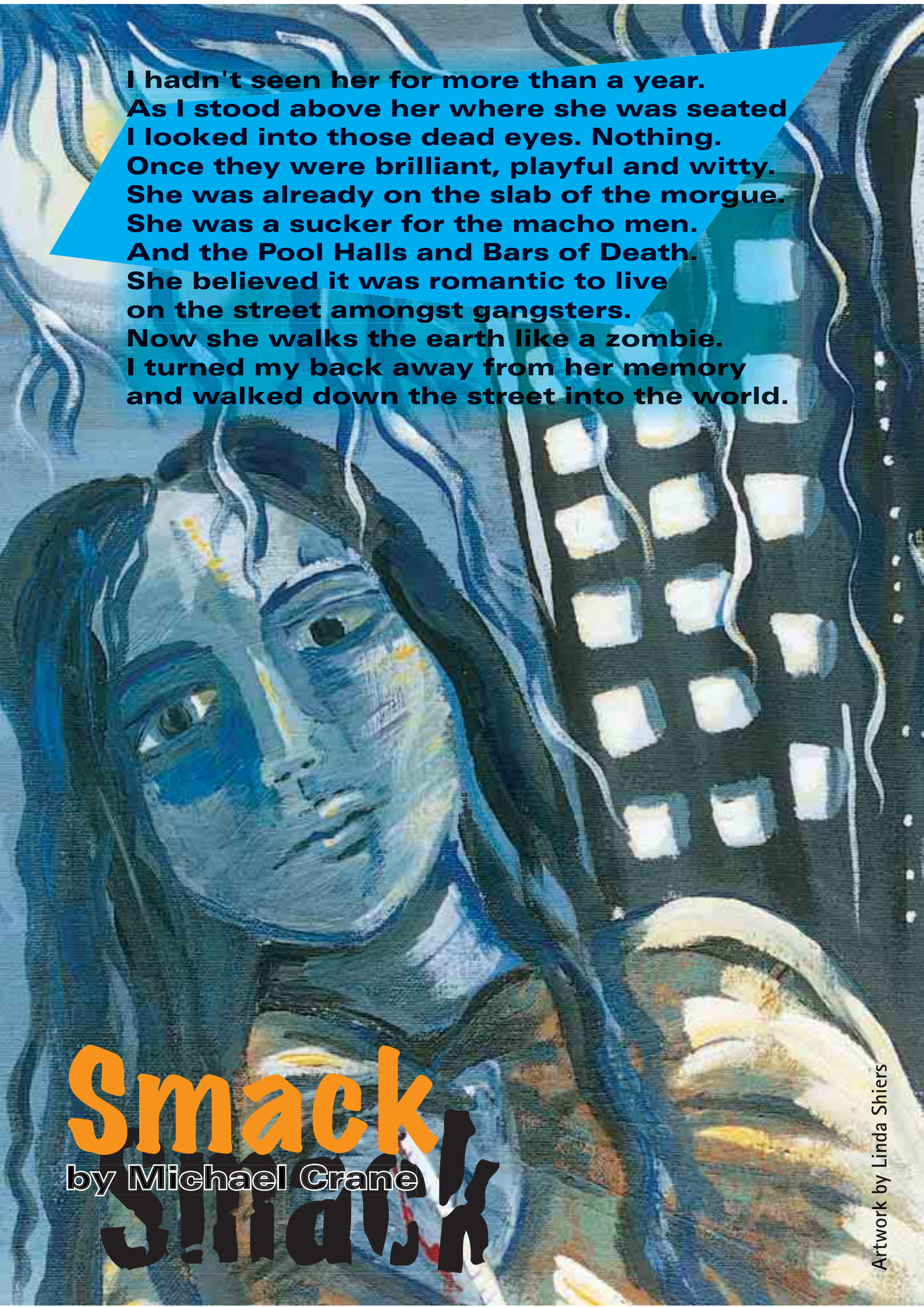
By Luke Wolokh

## TEMPORARY RELIEF

SLIDE THE STEEL

TIME STANDS STILL  
A THOUSAND THOUGHTS  
YOU'RE ABOUT TO SMOTHER  
PUSH IT IN AND THINK  
ABOUT HOW IT'S ALL GOING TO BE BETTER  
FOR A LITTLE WHILE ANYWAY  
THAT'S THE BEST YOU CAN GET  
WHEN YOU WASTE YOUR EXISTENCE  
DUE TO SELF PRESCRIBED MEDICATION  
BY LUKE WOLOKH

Artwork by Luke Wolokh



**I hadn't seen her for more than a year.  
As I stood above her where she was seated  
I looked into those dead eyes. Nothing.  
Once they were brilliant, playful and witty.  
She was already on the slab of the morgue.  
She was a sucker for the macho men.  
And the Pool Halls and Bars of Death.  
She believed it was romantic to live  
on the street amongst gangsters.  
Now she walks the earth like a zombie.  
I turned my back away from her memory  
and walked down the street into the world.**

# Smack

by Michael Crane

# Smack

# Matters of Substance

It started off with really serious pains in my chest. I thought I was going to die! I went to my friend's house who's a nurse and I said "I'm dying, what should I do?" She told me to go to the Alfred Hospital's Casualty Department. But I was afraid of doing that. And besides, I still had a couple of things to do that night.

So I went to my doctor's the next day and she suggested having an ECG and blood work done and a chest x ray. So off I went. When the results came through, I found myself back at the doctor.

"Tell me the bad news", I said. After twenty years of heroin use, I knew the writing was on the wall.

"Your heart's fine", she told me. "So is your liver and kidneys". Feeling slightly smug I said, "so twenty years of heroin addiction and I'm ok huh".

"But you are showing signs of emphysema", the doctor replied. The smile left my face.

"It's the thirty years of smoking that is going to kill you", the doctor continued.

I should of just stuck to the heroin.

Maurie S - St Kilda

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Artwork by Peter Renshaw