

# SUBSTANCE

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

## Transient Encounters

by Russel Cooper

Most street prostitutes have drug problems long before entering the sex industry. My brief conversations with street sex workers revealed that some have worked on and off for over twenty years, starting as young as fourteen.

One woman aged twenty-two explained that she was working because her boyfriend had walked out on her, leaving her with a \$1000 per day heroin habit. That was only her second night working as a street sex worker. This demonstrated to me that the two issues of the street sex worker and drug addiction are inextricably linked.

Street sex workers use a variety of drugs, some addictively, others just for fun. Other drugs mentioned by the girls included amphetamines, cannabis and alcohol. However heroin appeared as the staple diet, with methadone often being used simultaneously.

Jonie\* had a methadone addiction from the age of twenty-one without having a legal prescription. She was twenty-six when that habit stopped.

Jonie described withdrawal from methadone as "the hardest fucken thing I have ever done for myself." Alcohol was her first addiction at sixteen followed by drugs prescribed for back pain at seventeen. Jonie has been addicted to heroin for the past three years and has been a street prostitute for the last eighteen months. Although Jonie sometimes has to be on the street working for up to twenty-four hours and usually seven days, she said working was "easier than stealing." All she cares about at the end of the day, is the alleviation of her pain, be it emotional or physical.

Drugs can appear as a solution. The problem begins when the cost of illegally fulfilling the need for cashflow escalates. Some addicts find participating in street sex work is their best choice. Women that do this can end up in the court system and possibly prison. Drug withdrawal in a prison cell is a living hell (karmaloka).

Lisa was released from prison three months ago. She served eight days on remand for possession of drugs and soliciting. "I was as sick as a dog for the first four days in the cells. I didn't even get to see a doctor." Although Lisa broke her physical addiction to heroin during her brief stay, once back on the street she resumed her use. My brief interlude with these transient women changed my perceptions markedly. Instead of seeming two-dimensional they now became flesh and blood people. However real insight and understanding was difficult for me. Some women seemed content and strong in their position, having dignity, daily routine and pride in doing their job. They take ownership of what they are doing whilst others are tragically lost. The transience and sadness of some of these women demonstrated the trap they were in. Working the streets and using drugs is a cycle. Withdrawal is an inevitable part of this cycle, which can also include overdose, psychosis, malnutrition and poor health. Hearing these womens' words made me reflect on a comment by Rudolf Steiner "Provide the drugs at cost and address the other issues associated with individual drug addicts." The solution to many problems associated with these issues may be as simple as providing the addict with what they crave or as complex as finding an HIV cure. Whatever approach or ingredients it will take time, effort and grace. \*All names in this article have been changed.

ADDICTION

ISSUES

FUTURE

# This is where I belong

This is where I belong

God, just to be able to sit there with a coffee for a short few minutes to feel like all the other normal people would be a relief from feeling like a constant eyesore and social outcast.

I keep feeling and searching through my empty pockets, all with holes in them, in the hope that by some magical intervention some money will suddenly appear. Alas though, it never does, not until dole day anyway. Even just a few bucks would do so I could sit down at one of those sidewalk cafes where normal people sit and drink tea and coffee.

Those normal people have homes to hide in when they're not feeling so good. I have to hide away in some vacant shop-front doorway, park or public toilet just to get some space and privacy so I can be alone with my confused thoughts about what is and what could have been. It's funny though, because I look around at the affluence in many parts of Port Phillip, I still feel a sense of solace in my own community made up of others that are homeless.

It's because I belong that's why.

I recall the other day walking down Bank Street I think it is, you know, that road with the big Town Hall on it and the police station opposite. I was thinking, well hey, surely there is enough room in that big fancy building to allow me and my mates a bit of floor space to sleep on, especially on these freezing cold nights. Not likely though, especially when I experience the people who obviously work there, step over me on their way home from work without even a second glance. But I suppose they think it's not their problem. It's my fault and only my motivation which will see me climb out of this endless rut.

It's not that easy. everything begins to feel too hard, too confusing to make much sense of, to the point where it seems easier to allow the thoughts to become fleeting fancies without any problem solving capacity to sort them out. I keep thinking maybe one day I will be one of those lucky people who stumble across a wad of \$100 bills just sitting there on the pavement. this I why I constantly look down. Well, it is also easier to look down at the pavement rather than having to look passers by in the eye and feel the shame their glares of disdain and disgust inflict upon me. It must be my fault, but I just cannot seem to see a way forward. Maybe this is just how it is meant to be for me.

It's starting to get cold and dark, so I'm beginning to feel a sense of urgency to find my mates. maybe they will have a hit of Hammer for me to ease the pain and anguish. It's great too, cos it helps shield me from this bloody cold. Same again tomorrow unless I find that bundle of \$100 bills I've been searching for forever. You never know your luck in a big city.

Compiled by John Bamborough through a conversation with a resident of Hanover Southbank Welfare Service.

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This newsletter is an initiative of Port Phillip's Local Drug Strategy

## FAMILY AND FRIENDS DRUG SUPPORT GROUP

Do you have someone in the family or a friend who uses drugs?

Do you need some support and to talk to people in a similar position?

Do you need to learn more about drugs and their effects?

The Families & Friends Drug Support Group offers practical assistance and information for drug specific issues and support within a friendly and informal atmosphere.

*Some topics covered in previous meetings include:*

- Being dependent on heroin - what does this really mean?
- Drug treatment options in Port Phillip: What's available and who are they for?
- Dealing with detox at home: What will happen? Who can help?
- The facts about Hepatitis C.

The Families and Friends Drug Support Group meets on the last Wednesday of the month at 7.00 pm at the Elwood/St Kilda Neighbourhood Learning Centre, 87 Tennyson Street, Elwood. You are warmly invited to attend the next meeting of our group - all welcome.

For further information, please contact Tracey Brooke on 9573 1777 or Cathy Madigan on 0414 787 906.

Supported by the State Government through Port Phillip's Local Drug Strategy and Family Drug Help.

# MY MIDDLE SON (1955-1999)

My middle son had amazing spirit and presence. We were very close, two people on the same wavelength. Of all my children he was the most like me. In the beginning he managed his drug use, he kept it a secret from all of us. They call heroin the 'lying drug'. I guess he was just sensitive to protecting his mum. The whole time he used drugs he managed to keep his job.

But as his personal life and circumstances went downhill, his use went up.

My middle son had enormous charm. He had lots of friends, loved adventure and travel. His many journeys led him to see South America, the Falkland Islands and a year in Antarctica. Small things made him happy too; working on the house, backyard barbies, long walks. He did not need much in life. One of my favourite memories was the everyday ritual of greeting me after work with a hug and "let's have a cuppa Mum." He paid so much attention to little things, every time before he or I went away... he'd make time for one last coffee and a chat before saying 'goodbye'. My last memory of him was at the city bus terminal.

My middle son loved life. He was very fit before heroin took its hold. He liked to push things to the limit...live life to the fullest. He spent a lot of time in the country, the Centre, with his dog... and James Joyce's Ulysses. Towards the end there was so much frustration and pain, he kept getting blocked at every attempt. Although we were there to support him, we could not catch him when he fell... he died alone.

My middle son is on another journey now.

(As told to Sue Anne Ware by Joan for the Melbourne Festival Overdose Memorial)



## Silvertail Junkies

There is considerable evidence that alcohol and other drug problems are, at least in part, related to unemployment, poor housing, limited education, family breakdown; indeed poverty is frequently linked to drug abuse. But what about the other end of the socio-economic spectrum? Does affluence, a "good" upbringing, a closely-knit family life, a prestigious profession insulate a person from the ravages of addiction? Can doctors, lawyers, airline pilots or company directors become drug addicts?

The answer, of course, is yes. Anyone can become a drug addict. Over twenty years of experience in the United States and Canada of doctors in "Physician Health Programs" has produced a wealth of data outlining the prevalence of the problem in that profession. That data broadly corresponds to our experience here in Australia. We know, for instance, that both in North America and Australia, the prevalence of drug problems among doctors tends to mirror that of the community in which they live. The actual drug used may differ (e.g. morphine for the doctors, heroin for the street addict) but the effects are similar. Many end up in detoxification centres, require rehabilitation and subsequent re-entry to the profession when in "recovery" can be a long and tedious process. Others may lose everything, including their lives.

The problems amongst other professionals are probably similar, although not as well researched or documented. In the US there are professional organisations of airline pilots, clergy, lawyers and other groups who are in recovery from drug and alcohol problems. In many cases early recognition, intense and enduring treatment and aftercare, together with appropriate monitoring have enabled these people to return to their professions and have satisfying and productive lives.

These groups of addicts might be seen to have advantages in terms of contacts, financial resources and access to treatment. However, the stigmatisation and professional isolation experienced by them tends to heighten the feelings of shame and guilt. The consequences of this can be disastrous.

Addiction is an across-the-board problem. Syringe exchange programs deliver to penthouses in Torak as well as the back alleys of less affluent districts. It is a community responsibility to be as informative as possible on all aspects of these problems - from prevention and education to early intervention, and the availability of treatment and aftercare when required. It is a government responsibility to provide adequate funding so that all affected individuals receive appropriate care.

Naham Warhaft, M.B., B.S., F.A.N.Z.C.A.

Medical Director

Victorian Doctors Health Program

*If a doctor or medical student you care about is at risk, please call our confidential phone number on 9495 6011.*

## NOD NOD

Ilana Cook

whole universes  
have passed me by  
in the blink of an eye  
just a little daydream, it was  
just a little  
cloud in the sky  
monumental tragedies  
are no more now  
just memories  
purple wings fly over  
catastrophes  
rash cash goodies  
and the compulsory sleaze  
are all imaginings  
no more the nightmare  
of awakening  
to this hellish reality  
escape to illusion  
a tangible dream

# The Goss on MhOS

by Robyn Szechtman



Community Health Service



Avoiding physical confrontations, preventing people wandering on to roads in a stoned daze, offering a sympathetic ear. This is all par for the course when working on the **Mobile Outreach Health Service team (MhOS)**. Emma Wight and Paulo Reid who co-ordinate the service, reveal that this is not a job for the faint hearted.

The team target intravenous drug users on the street by driving around in cars and a bus seven days a week, 365 days a year. It might just be a quick 'how you going tonight' chat, syringes provided if requested, or more intensive counselling and referral provided if requested.

The MhOS program was formed from the need for more 'on the ground' outreach workers and is staffed through a partnership between the Inner South CHS and the Salvation Army. The program is funded by the State Government via Port Phillip's Local Drug Strategy.

"There are many drug and alcohol workers in this city but this is about assertive outreach, getting out on the streets, being with people and meeting them in the place that they feel comfortable", said Paulo. The MhOS team come across people facing a myriad of social problems. Poor health, homelessness and mental illness can compound their drug use.

Responding to a person that has overdosed is another important aspect of their job. It is the ambulance workers that administer Narcan, the drug which revives the drug user through immediate and rapid withdrawal.

For some, the process is so painful that their first response is to take off again for another hit of heroin. The chance of them overdosing again is very high and it is the MhOS team that provides the aftercare to avoid this occurring.

The rate of heroin overdose has dropped in the past year due to a decline in the heroin supply. However, this has led to an increase in amphetamine, alcohol and benzodiazepine use, creating another set of problems.

Paulo explained, "this is having a worse impact on people's behaviour. People who are speeding are generally agitated, whereas heroin tends to just mellow people out. It's difficult to trust someone who's been speeding for some time, their behaviour can be quite frightening".

The expected drop in numbers of syringes as a result of the heroin drought has not occurred. "A lot of people are using steroids as well. People are injecting anything, that's part of the problem. If it's in tablet form, they just try and crush it. This can cause their veins to collapse or they can get septicemia", said Emma.

Another consequence of the heroin drought has been an increase in crime. This is attributable to the increase in heroin prices and the effects of the other drugs people are substitute heroin. As brushes with the law are common for drug users, MhOS is currently developing a program targeted at first time non violent offenders.

"It's a collaborative approach with the police, that provides other options for people who have been arrested, like accommodation, finding them a lawyer or linking them to a detox centre", said Paulo. This service helps to keep people off the street and will be modelled on a successful program that is currently operating in the City of Yarra and will start next year.

Although life can certainly be harsh on the street, people who are struggling themselves can still extend a kind hand to others. Emma recalled a young 13 year old girl living on the street who was being protected by sex workers because she couldn't go home. "But there was a really positive outcome as one of the workers we had on that night works for the AIM project (intensive case management for young people aged between 8-14) now he is working with her. She has returned home and life is looking up."

Just another day on the job.

# Sticking to the facts: The lowdown on needlestick injuries

by Shaun Hawksworth

The risk of infection of a blood-borne virus following a needlestick injury from a discarded used syringe and needle is extremely low. The average rate of infection after a needlestick injury from a syringe containing fresh blood from an infected source is up to 3-5% for the Hepatitis C, 0.3% for HIV and 30% for the Hepatitis B virus. There is a strong argument for people to be immunised against Hepatitis B. You still have up to 24 hours after a needlestick injury to be safely vaccinated.



However the risk of acquiring one of these blood borne viruses through an injury by a discarded syringe in a community setting decreases even further if the syringe has been subjected to environmental conditions such as fluctuating temperatures, drying conditions and UV irradiation from the sun.

## What to do if you do receive a needlestick injury:

Prompt cleaning of the wound by a discarded needle can reduce the risk of infection. Gently encourage the injury to bleed, wash it with soap and water.

Seek medical advice. If you have not been vaccinated against Tetanus and Hepatitis C, this should be done immediately.

If you need advice or counselling, call the Syringe Helpline on 1800 552 355.

## What to do if you find a syringe:

Take a hard plastic container with a screw-cap lid (for example a fruit juice or detergent bottle) to where the syringe is located.

Pick up the syringe by the barrel and DO NOT REPLACE THE SYRINGE CAP because this may increase the risk of injury.

Place the syringe in the container and replace the container lid.

If you find a syringe on private property, call the Syringe Disposal Hotline on 0418 175 249.

For syringes found on public land call Port Phillip's ASSIST Centre on 9209 6777.

# Matters of Substance

Our Guest Counsellor answers your drug concerns:

I was tidying up my 16 year old son's bedroom the other day and on a whim, I decided to look through his bedside drawer. I found seeds in a small plastic bag and I am now convinced he has a marijuana problem. He has been moody lately and prefers to spend time with his friends rather than his family. What should I do?

*It is easy to jump to conclusions about what you have found in your son's room. However in jumping to the conclusion that he has a drug problem, you are running the risk of alienating him by making unfounded accusations. If you want to know what is happening with your son, why not try talking to him?*

*The way in which you describe your son's behaviour could be attributed to a number of factors including typical adolescent behaviour not necessarily drug use. Check out if he is worried about anything. Show him that you are concerned, but allow him room to tell you about any problems he may be experiencing.*

*By establishing communication with your son, you provide the opportunity for him to come to you in the future should he need to talk over things that may be worrying him. I understand your concern about your son being involved with drug use, but don't jump to conclusions too readily. Give him the opportunity to tell you if he is, allowing him to open up about what is happening in his life.*

Jenny Johnson (Acting CEO of The Windana Society)

If you would like to write to our guest counsellor about a problem you are experiencing please send it to Robyn Szechtman at Private Bag No.3, PO St Kilda 3182 or e-mail her on [rszechtm@portphillip.vic.gov.au](mailto:rszechtm@portphillip.vic.gov.au).

If you wish to discuss a drug or alcohol concern you can ring DIRECT Line, a 24 hour confidential telephone counselling and referral service. They will provide counselling over the phone and can refer you to services including detoxification and rehabilitation programs, methadone prescribers, counselling services and support groups. Phone: 9416 1818 or 1800 136 385 (Country callers)

Family and Drug Help also provides 24 hour telephone support and referral for parents and family members concerned about a relative or friend's drug use. It is staffed by volunteers who have had personal experience dealing with a family member's drug use.

Phone: 1300 660 068



# To Plea or not to Plea

## Is there a case for drug courts in Victoria?

Drug affected offenders who plead guilty or are found guilty of serious offences, may soon have one last chance at treatment before being imprisoned.

This proposal is contained in a discussion paper<sup>1</sup> recently released as part of a review by the Government of sentencing laws in Victoria. Under the direction of a drug court, offenders could be ordered to attend treatment and be intensively supervised by a specialised treatment team for up to two years.<sup>2</sup> This would allow the drug court to monitor the effectiveness of the order on an ongoing basis rather than waiting for them to re-offend before coming back before the court. This approach recognises that treatment and rehabilitation for re-offenders can be more effective than imposing harsher penalties through the legal system.

A drug court is a court set up to deal specifically with drug affected offenders. The proposal to use drug courts in Victoria would involve them operating within the existing criminal court system, as a division of the Magistrates' Court. Therefore a separate new court would not be established. This would be in addition to the diversionary drug programs that currently exist.



However, the notion of drug courts tends to raise more questions than provide answers. Do we need drug courts to respond effectively to offenders who have committed serious offences as a result of drug use? With a high proportion of drug related criminal matters coming before the Magistrates' Court, don't we already have drug courts? Shouldn't all Magistrates be resourced and have the expertise to deal with drug affected offenders? Should offenders be stigmatised further by being required to come before a drug court?

Would drug courts be at the expense of more resources being available for early intervention drug treatment programs, when it is most effective? Would it be more effective to attempt to address the underlying social problems resulting in drug use within our communities?

If the Government adopts these proposals we could see drug courts in action by early next year. Submissions addressing issues raised in the discussion paper have been sought and are now being considered. Copies of the discussion paper can be obtained from the Department of Justice at [www.justice.vic.gov.au](http://www.justice.vic.gov.au)

### *Do you need legal advice and assistance?*

If you have been charged with a criminal offence you should seek legal advice.

For free legal advice and assistance you can contact St. Kilda Legal Service on 9534 0777 to make an appointment if living within the Cities of Port Phillip, Stonnington or Bayside. Otherwise you can contact the Federation of Community Legal Centres on 9602 4949 to find out your nearest Centre.

**Jacinta Maloney, Community Lawyer & Education Worker  
St. Kilda Legal Service**

<sup>1</sup> 'Drug Courts and Related Sentencing Options' (DCRSO) by Arie Freiberg (Professor of Criminology, Melbourne University), August 2001

<sup>2</sup> Under a proposed new order called an 'Intensive Drug Supervision and Treatment' (p10, DCRSO paper).

## Are you concerned about the impact that drugs are having on our community?

We invite you to join our Drugs and Community Partnerships Forum which meets monthly to discuss drug related issues and generate solutions to local problems.

The meetings are action focussed with people from all walks of life forming into action groups to work on issues including gaps in current services, community education, employment opportunities and prevention initiatives.

We also have a range of guest speakers each Forum speaking briefly about interesting topics, experiences and services.

The Drugs and Community Partnerships Forum occur monthly at the St Kilda Town Hall, corner of Carlisle Street and Brighton Road. For more information, please contact Robyn Szechtman on 9209 6694.

## We need your Substance!

We are looking for contributions for our newsletter from people who have been affected by drugs in some way. This may be through personal use, someone close to you or as a resident of Port Phillip. Contributions can be in the form of poetry, art, an article or creative writing. We would also love to hear your feedback about Substance or particular articles. Please contact Robyn Szechtman on 9209 9694 or post to Private Bag No.3, PO St Kilda 3182.