THE Users VOICE

ISSUE 9 — A forum for ex-/current drug users — Produced by the John Mordant T rust — DEC 1999 JAN 2000

Don't get carried away

There must be a new approach that is grounded not in ignorance or fear but in common sense, *says Ethan A Nadelmann.*

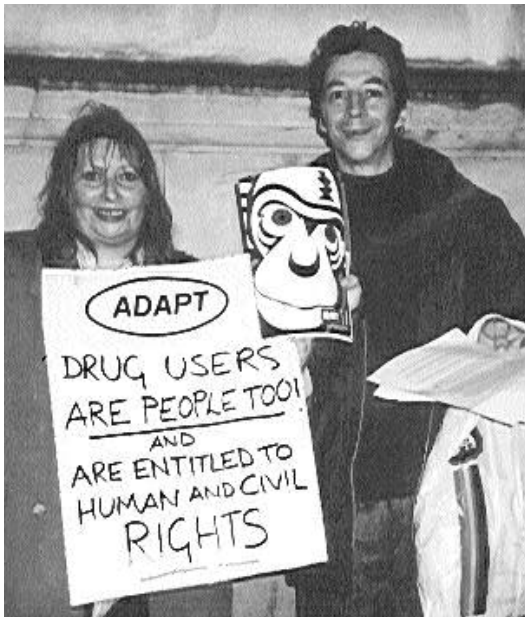
"So you want to legalize drugs, right?" That's the first question I'm typically asked when I start talking about drug policy reform. My short answer is, marijuana, maybe. But I'm not suggesting we make heroin, cocaine or methamphetamine available the way we do alcohol and cigarettes. What am I recommending? Here's the long answer: Drop the 'zero tolerance' rhetoric and policies and the illusory goal of a drug-free society. Accept that drug use is here to stay, and that we have no choice but to learn to live with drugs so they cause the least possible harm and the greatest possible benefit.

contd on page 2

Unconditional love - the only *truly* sustaining energy

I wanted to write an editorial called 'Prayer For the Millennium' for this issue, *says andria efthimiou-mordaunt,* but Cliff Richard got there first with his super soaraway number one hit! I've been thinking a lot about what keeps the millions of us, globally, suffering addicts, alive. Yes, methadone, clean needles, condoms, food, homes (for the lucky ones) oxygen etc, but I know I would *never* have survived without *spiritual food* - unconditional love.

Please don't accuse me of spouting serotonin-driven drivel - I'm talking fact here. I have spent 5,000 words and seven hours trying to write an editorial, but there is so much happening in my untangible heart, and within political-drug-user activism, I just can't seem to articulate myself. So I asked Ethan Nadelmann, director of New York's Lindesmith Centre - who doesn't appear to have this problem - if he would let us use his brilliant recent *LA Times* article as our guest editorial (above). Characteristically, he said: "Sure." Thanx Ethan!



All Saints Day Jo of Addicts Are People Too (ADAPT),and Grant, HCV expert of Mainliners, telling the truth for us outside Prime Minister Blair's house on the first International Drug Users Day, November 1st 1999

CONTENTS

Special thanks to...

Tom Hood, Benedict Shuttleworth, David Wilson, Trevor Parsons, Matthew Dolan and 'The Baroness', SCODA, BKCW Mental Health Trust, Bristol Myers Squibb and Phil Baker of Pronexus.

...for all your help in 1999

THE *Users* VOICE is a forum for ex-/current drug users. Our goal is to include the voices of our peers into the drug policy debate, and to encourage everyone to advocate for themselves. Please send us your letters, articles, questions or illustrations.

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←Continued from page one

More specifically, I'm recommending:

- that responsible doctors be allowed and encouraged to prescribe whatever drugs work best, notwithstanding the feared and demonized status of some drugs in the eyes of the ignorant and the law;

- that people not be incarcerated for possessing small amounts of any drug for personal use. But also that people who put their fellow citizens at risk by driving while impaired be treated strictly and punished accordingly;

- that employers reject drug-testing programs that reveal little about whether people are impaired in the workplace but much about what they may have consumed over the weekend;

- that those who sell drugs to other adults not be treated by our criminal laws as the moral equivalents of violent and other predatory criminals;

- that marijuana be decriminalized, taxed and regulated, even as we step up our efforts to provide honest and effective drug education rather than feel-good programs like DARE;

- that top priority be given to public health policies proved to reduce the death, disease, crime and suffering associated with injection drug use and heroin addiction--in other words, expanded methadone maintenance treatment, heroin maintenance trials, ready access to sterile syringes and other harm-reduction policies that have proved effective abroad and that can work just as well here.

These beliefs, these statements of principles and objectives, represent a call for a fundamentally different drug policy. It's not legalization, but it's also not simply a matter of spending more on treatment and prevention and less on interdiction and enforcement. Some call it 'harm reduction' - an approach that aims to reduce the negative consequences of both drug use and drug prohibition, acknowledging that both will likely persist for the foreseeable future.

Ethan A Nadelmann in Paris at the 1997 International Conference on the Reduction of Drug-Related Harm

Most 'drug legalizers' aren't really drug legalizers at all. A legalizer, as most Americans apparently understand the term, is someone who believes that heroin, cocaine and most or all other drugs should be available over the counter, like alcohol or cigarettes.

That's not what I'm fighting for, nor is it the ultimate aim of philanthropist and financier George Soros, who has played a leading role in funding drug policy reform efforts. Nor is it the aim of the great majority of people who devote their time, money and energies to ending the drug war.

This is not to say there is no such thing as a 'legalizer'. Milton Friedman, the Nobel Prize-winning economist, and Thomas Szasz, the famed libertarian psychiatrist, have argued that total drug legalization is the only rational and ethical way to deal with drugs in our society. Most libertarians and many others agree with them. Szasz and others have even opposed the medical marijuana ballot initiatives, arguing that they retard the repeal of drug prohibition.

Friedman, Szasz and I agree on many points, among them that U.S. drug prohibition, like alcohol Prohibition decades ago, generates extraordinary harms. It, not drugs *per se*, is responsible for creating vast underground markets, criminalizing millions of otherwise law-abiding citizens, corrupting both governments and societies at large, empowering organized criminals, increasing predatory crime, spreading disease, curtailing personal freedom, disparaging science and honest inquiry and legitimizing public policies that are both extraordinary and insidious in their racially disproportionate consequences.

But I'm not ready to advocate for over-the-counter sale of heroin and cocaine, and not just because that's not a politically palatable argument in 1999. I'm not convinced that outright legalization is the optimal alternative.

The fact is, there is no drug legalization movement in America. What there is is a nascent political and social movement for drug policy reform. It consists of the growing number of citizens who have been victimized, in one way or another, by the drug war, and who now believe that our current drug policies are doing more harm than good.

Most members of this 'movement' barely perceive themselves as such, in part because their horizons only extend to one or two domains in which the harms of the drug war are readily apparent to them.

It might be the judge who is required by inflexible, mandatory minimum sentencing laws to send a drug addict, or small-time dealer, or dealer's girlfriend, or Third World drug courier, to prison for longer than many rapists and murderers serve.

Most drug policy reformers I know don't want crack or methamphetamine sold in 7-Elevens

Or it might be the corrections officer who recalls the days when prisons housed 'real' criminals, not the petty, nonviolent offenders who fill jails and prisons these days.

Or the addict in recovery - employed, law-abiding, a worthy citizen in every respect - who must travel 50 or 100 miles each day to pick up her methadone, i.e., her medicine, because current laws do not allow methadone prescriptions to be filled at a local pharmacy.

Or the nurse in the oncology or AIDS unit obliged to look the other way while a patient wracked with pain or nausea smokes her forbidden medicine. Both know, from their own experience, that smoked marijuana works better than anything else for many sick people.

Or the teacher or counselor warned by school authorities not to speak so frankly about drug use with his students lest he violate federal regulations prohibiting anything other than 'just say no' bromides.

Or the doctor who fears to prescribe medically appropriate doses of opiate analgesics to a patient in pain because any variations from the norm bring unfriendly scrutiny from government agents and state medical boards.

Or the employee with an outstanding record who fails a drug test on Monday morning because she shared a joint with her husband over the weekend - and is fired.

Or the struggling farmer in North Dakota who wonders why farmers in

continued on page 3

Chinese herbal HCV trials stalled

A clinical trial of Chinese herbal medicine's efficacy in the treatment of hepatitis C has been shelved in the advanced stages of planning by one of the doctors responsible for its inception, Dr Foster of St Mary's Hospital, London.

Chinese therapy, which has been found to be of great benefit by many people, costs just £450 a year (including consultations and acupuncture), compared to £8000 for interferon-based therapy, which has a success rate of less than 30% in the long term.

Widely seen as a spokesperson for the interferon lobby, Dr Foster has also been touring hep C support groups around the country suggesting that practitioners of Chinese herbal medicine were resistent to being studied. Foster specifically pointed the finger at The Gateway Clinic of Clapham for refusing a trial of its therapies.

Matthew Dolan, author of *The Hep C Handbook*, has asked Dr Foster to produce correspondence to back up his claims, but he was unable to do so. The Gateway is unaware of any offer of a trial.

Dolan comments: "Western medics are constantly demanding more double blind placebo-controlled Chinese herbal studies, and yet behind the scenes they seem to be sabotaging them. Perhaps the competition is too hot for them."

THE *Users* VOICE finds this development worrying. People with hep C are as keen as any to see evaluation of the efficacy of Chinese herbal medicine in the treatment of hepatitis C, and may suspect Dr Foster's claims about Chinese therapy's resistence to trials as a smokescreen to deflect attention from his decision to stop this study.

Colin for President!

Ex-mayor of Carlisle and dope fiend, Colin Paisley stood in the recent Kensington and Chelsea by-election on a 'legalise cannabis' ticket. Introduced as the Northern Co-ordinator for Transform in issue 4 of **THE *Users* VOICE**, Colin received 141 votes, which is 141 more than none!

A courageous ex-injector from the days of legal opiate-plus supplies (known as 'the British System'), Colin is a true trend-setter.

Incidentally the man that did get elected, Tory queen Michael Portillo, refused to speak to the editor of **THE *Users* VOICE** about drug policy at 1am, saying very abruptly, that it was too late to talk politics. Mmh...

AIDS: a very mixed bag

The *good news* is that the number of deaths from AIDS in developed countries continues to decline, though the tolls is still savage. The bad news is that this decline has begun to slow down rapidly, and the syndrome is still spreading.

Researchers reckon that the success of the new anti-AIDS drugs has reduced the public fear of AIDS, lulling some back into dangerously risky sexual or injection-drug-use behaviour. As the search for a vaccine continues, ultimately HIV prevention must be supported, maintained and encouraged by those at greatest risk, and their allied service providers.

What a day for a daydream

November 1st 1999 saw the first International Drug Users' Day celebrated far and wide.

In The Netherlands - epicentre of the Day's organisation - they partied on down at the Zandaam, while in Denmark representatives of user initiatives from around Europe marked the day with food, flowers and friendship at the Danish Drug Users' Union (baby of the lovely Joergen Kraer and others).

Among the trans-European party-goers were Astrid Forschner, Bill Nelles and Simon Hawes. Astrid reports that their union was so clean that you could literally eat straight off the floor! The party food was prepared with the most profound care (and served on plates!), while the flowers and speeches made the whole day an overwhelming joy. Sorry we couldn't be there - see you next year!

UK users confront US drug czar

Barry McCaffrey, senior officer in the United States war on drug users, visited Europe in November. Students from Goldsmiths College and members of the Green Party were among a group which lobbied the 'drug czar' passionately at a press conference he gave with his UK counterpart Keith Hellawell.

Shane Collins, London Assembly candidate and Green Party's drugs spokeperson, said: "McCaffrey heads the world's most repressive, least effective and most expensive drugs policy. We think he's trying to foist it on Britain, and we want nothing to do with it. Drug use is here to stay, and criminalising users simply makes the situation worse. We need to treat addictive drug use as a health issue, and not a crime problem."

McCaffrey: harder line

The editor of **THE *Users* VOICE** handed McCaffrey a letter, signed by leading authors and activists, condemning the federal government's inaction on needle exchange.

The tests don't work...

Drug testing has been ineffective in reducing drug use, according to a recent American Civil Liberties Union report. Based on studies by the National Science Foundation and the American Medical Association (AMA), the report also confirmed that testing has no noticeable impact on reducing absenteeism or productivity.

The AMA's Eric Greenberg said that drug education and awareness have proven much more effective.

Source: San Francisco Examiner

Canada and dozens of other countries can plant hemp, but he cannot.

Or the political conservative who abhors the extraordinary powers of police and prosecutors to seize private property from citizens who have not been convicted of violating any laws and who worries about the corruption inherent in letting law enforcement agencies keep what they seize.

Or the African American citizen repeatedly stopped by police for 'driving while black' or even 'walking while black', never mind 'running while black'.

Some are victims of the drug war, and some are drug policy reformers, but most of them don't know it yet. The ones who know they're drug policy reformers are the ones who connect the dots - the ones who see and understand the panoply of ways in which our prohibitionist policies are doing more harm than good.

We may not agree on which aspect of prohibition is most pernicious - the generation of crime, the corruption, the underground market, the spread of disease, the loss of freedom, the burgeoning prisons or the lies and hypocrisies - and we certainly don't agree on the optimal solutions, but we all regard our current policy of punitive drug prohibition as a fundamental evil both within our borders and beyond.

Most drug policy reformers I know don't want crack or methamphetamine sold in 7-Elevens - to quote one of the more pernicious accusations hurled by federal 'drug czar' Barry McCaffrey. What we're talking about is a new approach grounded not in the fear, ignorance, prejudice and vested pecuniary and institutional interests that drive current policies, but rather one grounded in common sense, science, public health and human rights.

That's true drug policy reform.

Ethan A. Nadelmann is director of the Lindesmith Center, a drug policy institute with offices in New York and San Francisco. Visit their website at www.lindesmith.org

This article was originally published in The Los Angeles Times on Sunday, September 19, 1999.

Me and Mr Nice

Thrown together with Wales's most popular living smuggler at an event billed as 'the ultimate drugs weekend', would *you* be in a fit state to ask him serious questions? Actually, we *were*!

Adrenaline is a chemical with wildly different effects. The sudden rush of a chance encounter with someone as celebrated as Howard Marks would make some people clam up and turn pink.

Not so your *Users* **Voice** correspondent. Faced with Mr Nice himself at the ICA's recent 'Ultimate Drugs Weekend', I found it even more difficult than usual to stop talking! True, some of the 'medicines' I had consumed as I ran from Lavazza to the underground might have contributed to this loquaciousness, but I think it was mostly a product of the sheer intrigue and joy of spending half an hour in St. James's Park chatting with a fellow drug policy reformer and exposer of drug-related corruption in the *status quo*. Hope you agree...

UV: Sorry if some of these questions sound inane to you, Howard, but to an addict, they are important. Were you ever afraid as a young pot smoker that you would become an addict?
HM: No, never.
UV: Never?! How come?
HM: I could see what was happening to people using heroin and cocaine, and it scared me. I didn't want that, so I stayed away from it.
UV: Amazing! Always fascinates me meeting a so-called 'normal' person! I mean someone who can use a substance and not get in a mess with it.

HM: Less of the normal, please! Sounds like it could be an insult! But Andria, there are many reasons why people get in a mess with drugs and they are *not* all internal, or to do with their psychological make-up.
UV: What d'you mean?
HM: Take the very sad case of Leah Bett's death. As far as I can see it was prohibition that killed her because she didn't have all the information she needed about the substance and how to do it safely. The poor child flooded her system out by drinking too much water. If she had been in a situation where keeping her drug use didn't have to be a secret, she probably would have lived that night. It's reported that over a million people in the UK do 'E' each weekend, and the number of deaths each year is around 11. Incidentally there are between 500 and 600 deaths due to paracetamol poisoning annually. We really need to get the risk factors around illegal drugs into perspective. Ecstasy-related deaths are a minute percentage of the actual numbers using the substance.
UV: But to the parents of the dead ecstasy users...
HM: Of course, and as a parent myself I can only imagine how painful it must be to lose a child for any reason. But the way the press used Leah's parents after her death was dangerous. All drug education should come as a package which tells the whole truth. Drugs have a function whether they be legal or not. And telling young people that drugs are bad they shouldn't use them is pointless. They listen to each other far more; all it takes is for one to take an 'E' and have a great time. Then they know we've lied to them. What's to say we won't do the same about heroin or anything else for that matter?
UV: Do you have children?
HM: I have four children aged 27, 22, 19, and 13, and one grandson aged one - I'm old! *[Howard goes all coy at this point - it was endearing to behold.]*
UV: How have you - *do* you - address the drugs issue as a parent?

"There are many reasons why people get in a mess with drugs and they are *not* all internal, or to do with their psychological make-up"

"Expecting most prohibitionists to be rational will only lead to disappointment. Their policies are fear-led, and we have to be rational to implement effective drug policy."

HM: I just talk very openly to them about drugs. Like any parent I want my kids to be as healthy as possible, and it's my responsibility to tell them what they need to know for their happiness and for their safety.
UV: D'you think it's possible to be too liberal about how you speak with kids about drugs?
HM: No.
UV: Do you think there is a basis for people living in pain from AIDS (or whatever) who campaign for the use of medical marijuana, to get together with other pot campaigners?
HM: I think you're talking about the therapeutic use of cannabis. While I think it is appalling that sufferers are not allowed to alleviate their symptoms by availing themselves of a natural herb, my campaigning focuses, almost exclusively, on allowing people to take drugs for recreational use without the threat of punishment. I may be pessimistic, but I doubt if suffering addicts with AIDS etc, could look for too much help from pot smokers.
UV: How would you feel as a father if heroin were sold in a supermarket? A concept of free marketeers and libertarians as far as I can see.
HM: Better than if it was sold by a bunch of dickheads at a street corner, but not as good as if it were sold through properly informed druggists.
UV: Forgive my ignorance but what's a druggist?
HM: A person who works at your neighbourhood drug store and, before the US 1914 Harrison Act, could sell laudanum (opium tincture) amongst other things over the counter.
UV: Sounds like an idea Dr. John Marks talked about.
HM: Yeh, it was him that I got the idea from! The thing is they are responsible for selling you a clean drug, and you know the quantity you are buying, which is not the case at the moment, and has led to many of the OD cases we read about. The whole addiction debate, I think, needs to be opened up much more. In short, I'm for treatment and against criminalisation but I also think we need to discuss it more openly in society so it's not just the remit of a chosen few doctors etc.

Howard proposing the season's greetings to one and all from his cheery website - www.mrnice.co.uk

UV: Do you think they should legalise all drugs all at once, or in developmental stages, starting with the least physically and economically harmful and then moving on?
HM: Since we are nowhere near that stage at this point in time, I really don't think that matters right now. I'm not here to promote drugs - I simply care that those who choose to do so are kept safe and out of harm's way. Under prohibition that's impossible. If you don't get arrested, you can get ripped off, or beaten by gangsters over a drug transaction. The whole thing is riddled with risk.

I really think it's important that we look at how the US developed its very rigid prohibitionist position on drugs, as it affects other governments potentially the world over. Most, if not all, of their policies were racially based: they targeted Chinese migrants at the turn of the century who used opium, they did the same with Latin Americans who used cocaine, and of course the same nonsense with the African American musicians in the blues music scene. The music was of the devil and therefore the drugs were too, because they were black not because they wanted to protect black people from killing themselves with dope. They just wanted to be able to point the finger somewhere and - hey surprise! - ethnic minorities got targeted. It's so important that people learn the history of the development of prohibition if they want to challenge it sensibly.

"Like any parent, I want my kids to be as healthy as possible, and it's my responsibility to tell them what they need to know for their happiness and for their safety."

UV: D'you not think there was any good intentions behind the illegalisation of some chemicals then?
HM: Intentions are different from results, Andria. What we are witnessing is the incarceration of otherwise completely innocent people, you know the score I don't have to tell you I'm sure. The thing is, expecting most prohibitionists to be rational, as far as far as I can see, will only lead to disappointment. Their policies are fear-led and we have to be rational to implement effective drug policy. Time and time again, we hear from them: "Until the research shows that Pot [for example] is not harmful, we will not legalise." But the evidence for heroin, cannabis and other substances on prescription has been positive and there for ages. The real issues are to do with their lack of political will and cowardice. It's a very recent that drug policy reform has even become slightly popular as a notion. It is way past time that governments got honest about their actual agendas as opposed to the ones they want us, the public, to think they care about.
UV: Howard, thanx for talking to us at **THE *Users* VOICE**.
HM: Thank *you*, and take care.

The **AIDS/user** movement **-** a ***her*story**

Ask a dozen user advocates to recall how our movement developed, and you'll get a dozen quite different histories (or *her*stories). Here, *Users* **VOICE** editor Andria Efthimiou-Mordaunt surveys the last ten years of struggle - a challenging and necessarily subjective view.

In the late 1980s it became blatantly obvious to the powers-that-be that they would have to work in partnership with injection drug users (IDUs) and their advocates. It is a terrible irony, noted by many addict drug-user commentators, that this would never have happened if it wasn't for the advent of HIV.

Some of you will recall a time when IDUs were being called the 'bridging group' through which HIV was transmitted into the non-injecting community. Because of this imagined - and occasionally real - threat it was decided that:

a) needle exchange ought to be put into operation quickly in the UK, and

b) they would work with us to accelerate the establishing of AIDS prevention programmes in different parts of the world.

(There were even(!) drug workers who believed we had the right to clean works for the prevention of blood-borne diseases. Whatever next?!)

In 1989, Deutsche AIDS Hilfe (DAH), through the hard work of Werner Herman (of JES - Junkies, Ex-Users and Substitutees), Ingo Michels (a psychologist at DAH), and Petra Naramani, (international work co-ordinator,)

For the record, globally AIDS is still more likely to kill an injection drug user than drugs

organised a meeting of European user groups on World AIDS Day.

Many of these were organisations led by and for HIV-affected IDUs, but some were user groups whose primary focus was the human rights and needs of IDUs - more like the models many of us are involved in these days, especially in the UK, where HIV is (unfortunately as far as I can see) no longer perceived as our most urgent issue.

For the record, I would like to point out that globally, AIDS is still more likely to kill an IDU than drugs, and that less than 50% of those who get onto combination therapy to treat their HIV disease respond positively to the treatment. Not to mention the enormous monster Hep C epidemic amongst us.

We believe we have a moral imperative as AIDS activists and drug policy reformers to work together, especially at the common overlapping points, e.g. medical marijuana and needle exchange programmes, which still don't receive federal funding in the US, or significant funds in other countries either.

The European Interest Group meets

The inauguration meeting in Berlin on World AIDS day included the following people: Peter (now of the Methadone Alliance), a Liverpool researcher, Nico, a Dutch researcher, and a founder member of the Rotterdam Junkybond, Franz Trautman, a Dutch drugs worker who has been on the board of the Amsterdam Junkybond for aeons, Klaus of JES, John Mordaunt (founder member of Mainliners and the UK Coalition of people living with HIV/AIDS) and myself.

Werner had called us all over to this meeting to begin the establishment of the European Interest Group of Drug Users (EIGDU). He proposed that we make an inventory of 'the situation for drug users in Europe', which became the name of a book which we all produced, funded by the European Community and the World Health Organisation, and of course DAH.

This was a time in Germany when IDUs were beginning to die from AIDS-related symptoms and the medical *status quo* refused to treat them with opiate pain control for AIDS-related pain. (This deprivation of pain control was happening in other parts of Europe, and the world over) and still does to this day.

Perhaps this goes some way to explaining why the initial impetus for EIGDU came from an HIV+ methadone addict. Werner was a great leader in as much as he was educated, politically aware and certainly committed to ending the war on drug users. He also drove us potty occasionally when he'd lose his temper and someone would get caught in the crossfire, but the important thing to note here is that ex-/current addict drug users (affected by AIDS) and a couple of their allies came together and formed a network which spanned most European countries - Denmark, Holland, France, Germany, England, Scotland, Wales, Northern Ireland, Spain, Italy and more. There was also a sense of urgency which I think is lacking sometimes these days. Then, people were dying from AIDS here, there and everywhere, and we simply had to work effectively together.

There were a few hiccups in that some

We believe we have a moral imperative as AIDS activists and drug policy reformers to work together

folk felt excluded (sound familiar?) and this in the long term was a shame, as far as I'm aware, these were inadvertent rather than deliberate exclusions. We met in ten different European cities during EIGDU's five-year life, and each time we would hold press conferences highlighting the public health inadequacies, and human rights abuses of those living with AIDS and/or addiction. Our focus was very clear.

Why write about EIGDU now?

Several different reasons. Firstly, another World AIDS Day approaches, and I cannot stop thinking about our dead compatriots. Secondly, there may be lessons we can learn from the way EIGDU was coerced into non-existence. Thirdly, a leading light of our National Drug Users Network has an unfortunate habit of talking publicly of "the failure of EIGDU", which is a misnomer to say the least. And last but not least, I feel that our history must be told by as many of us as possible.

(Last month, *Black Poppy* published a similar article by Jude Byrne, a long-term activist who now works at the Australian IV League. Recommend you read it if you haven't yet.)

To be honest I guess I have a partially

This article is dedicated to the memory of Nico Adriaans, Werner Herman, Arne Husdal, John Mordaunt and Jeannine Van Woerkem, all of whom were killed by AIDS, and all of whom played crucial roles in the development of the user movement and the development of harm reduction work in Europe.

selfish agenda here too: I am one of the only surviving members of EIGDU's board of directors, widowed by AIDS, and in profound need to ensure that we do not forget that this movement has been born of the blood of many, not least of which are those mentioned above.

There are various versions of the demise of EIGDU. This is what I know about it. DAH produced some controversial posters that said truthful things like 'heroin doesn't give you AIDS' and their government withdrew, reduced their international monies. (Y'know politicians, they're too often the last to get the information necessary to save lives...) Since EIGDU was largely being funded by this money, it had to go. There was an effort to find other funding by Lammert Van Der Woude (now internationally involved with similar work) but this didn't come through, and there were several deaths of key people in the network. These factors together are what made EIGDU cease.

There are currently moves afoot to organise another similar-to-EIGDU network - those involved include activists from France, Denmark, Germany, Holland and UK to name but a few. I would like to suggest that we learn the following lessons from the EIGDU (and other) experience:

We should find our funding from a few places, not just one or two (but not too many either). Funding should be managed through a bonefide AIDS and/or drugs agency in Europe with strong reputation, e.g. The Danish Drug Users Union or ASUD in France. This ensures that we will have at least some autonomy.

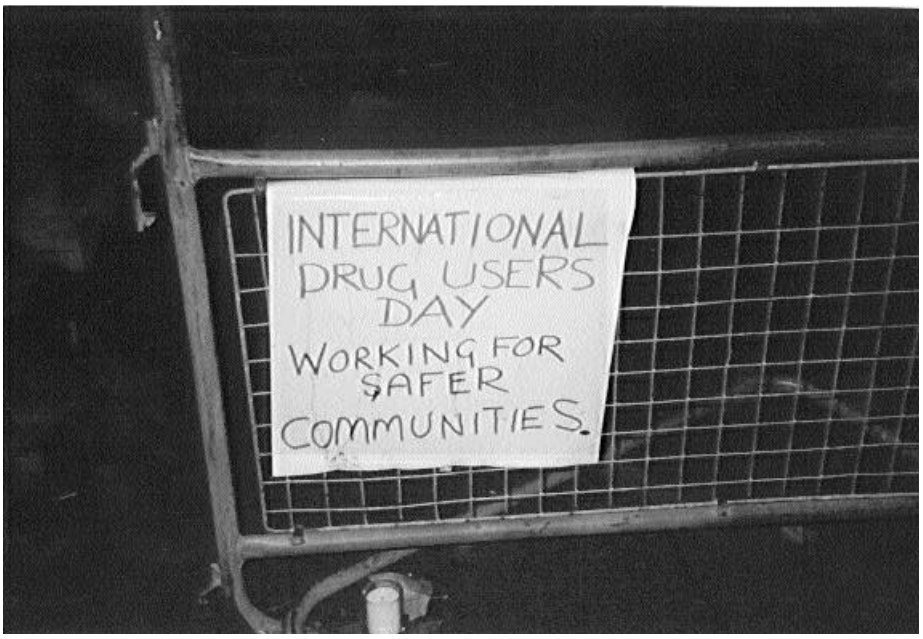
Don't let's ever forget the slogan of the AIDS Coalition to Unleash Power (ACT.UP): 'Ignorance=Fear'. Those in power sadly are some of the most ignorant when it comes to the needs of (especially) addict drug users.

Anger has an important place in our work, but I believe that some of the most inane drug policies have been borne of ignorance, as well as evil and apathy. (This includes our own apathy at times.) It is not just about racism, addictaphobia, capitalism and prioritisation of everyone else's health needs above drug users'.

ACT.UP London had a few years of history also. The struggles of ACT.UP also provide important lessons for any wider social movements. In my opinion there were two main issues which adversely affected the organisation.

Firstly, people involved refused to keep ACT.UP as a single issue organisation, working for the improvement of the social, economic and political conditions that People With AIDS. People who had great intentions but no humility - from the Revolutionary Communist Group amongst others - would not accept that if we muddy the agenda with wanting to overthrow the bourgeoisie (especially when we are small and penniless, and thus probably easy to destroy), we are not even going to succeed at reaching our immediate goals. This was a warning that ended up coming from some of the largest ACT.UP chapters in the world. Wanting, needing equity within our society, our world is obviously a worthy goal, but not helpful to try and achieve if it removes us from the more urgent and immediate needs of the very group we are trying to assist.

Don't let's ever forget the slogan of ACT.UP - the AIDS Coalition to Unleash Power: 'Ignorance=Fear'.



Downing Street in 1999 We've come a long way. This year we have been celebrating our first International Drug Users Day and commemorating our brothers and sisters lost to AIDS, and other fall-out of prohibition.

Therefore I strongly suggest, if we are building a national user movement in the UK, let it be focused and not diffused by other problems which can only be dealt with once this part of the national movement has been made solid, strong and adequately financed.

The other main problem with ACT.UP was exclusivity. As gay men in the western world suffered so much as a result of AIDS, there was sometimes a tendency in the early days of AIDS activism to overlook the needs of other folk affected by HIV. (This was certainly true for some in ACT.UP London, back then.) These included IDUs, black people, haemophiliacs and so on. When this issue was addressed all, hell broke loose temporarily. It wasn't till the then People With AIDS Coalition - FRONTLINERS - sent along their vice-chair, one JJ Mordaunt, that any consensus at all was reached, which was basically that ACT.UP should include *all* people affected by HIV, and that it be kept as a single issue organisation. John Campbell, Jackie Dutton and others also assisted in this process.

Fortunately for gay men and lesbians, their movement has been well supported both with money and people for decades now. (I know not always, but believe me, compared to drug user-led groups...) This then led to the first and strongest AIDS activists around the world coming from the gay community. There was nothing wrong with that, but there *was* something wrong with excluding non-gays. Thankfully this happens a lot less in 1999, but it is something we ought to remember not to let happen again.

The first and strongest AIDS activists around the world came from the gay community

I'm aware that with this article I may have made myself unpopular amongst some activists. Then again, I'm not here to be popular. Not anymore anyways; it's been almost five years since my partner died from a gruesome AIDS-related death, and somehow dedicating this article to him and others has empowered me to tell it like I think it is.

Let's build a grassroots movement with a focus, and let's move on together - or even apart if necessary. Unity is a great ideal, and probably even vital at times, but not always necessary. Poverty, rape, social exclusion, and a relentless toll of deaths and other life traumas haven't stopped our movement's progress - can a little exploration and challenge of it really hurt so much?

Working together **down** under

Australia is really committed to the idea of partnership working, says **Christine Beveridge**, recently returned from the second Australasian hep C conference

Partnership is something we pay lip service to in the UK, but don't really do much about. If we are lucky, the 'drug czar' will meet with a group or individual advocating on behalf of drug users, but if he actually listens, or if the expertise of advocates is given credence, I have yet to see the evidence!

I visited the Department of Health in Canberra and spent a morning with Marcella George and Donna Burton (Hepatitis C Education and Development respectively), who took me through the process of developing Australia's first national hepatitis C strategy. This process involves lengthy and wide process of consultation which includes the medical profession, epidemiologists and, to a significant extent, the community of people affected by hepatitis C. This latter includes the various state hepatitis C councils, New South Wales Users and AIDS Association (NUAA) and the Australian Intravenous League (AIV). Challenges identified in this 1998 review were:

Reducing the number of new hepatitis C infections The high prevalence among injecting drug users, the virus's extremely infectious nature, and occasional unsafe injecting practices mean that reducing transmission levels is a formidable task.

Improving treatment and care for people living with hepatitis C Present treatments for HCV infection have limited efficacy, but improvements are anticipated with new therapies, though many people with HCV remain undiagnosed and alienated from the health system.

'Getting the research right' Adherence to a set of guiding principles and clearly determined research priorities are important aspects to this challenge.

Extending partnerships Involving affected communities in finding solutions and responses appropriate to them continues to be fundamental to the partnership approach.

Clarifying structures, roles and responsibilities As structures, roles and responsibilities are clarified, it will become easier to create the right environment for meeting the other challenges HCV presents for Australia.

In August 1999 a discussion document was made available to all interested parties through being widely advertised. To date, 700 copies of this discussion document have been requested and distributed. All submissions will be taken into account in arriving at the national strategy.

The Australian Department of Health has number of publications on hepatitis C including one for the general population which highlights the risks of blood-borne viruses in every day life - not just for high risk groups. They also produce a booklet for those who have been diagnosed "Contact 99 - post-test information for hepatitis C". This is the best information that I have ever seen for people who have been given a hepatitis C positive diagnosis and includes a very useful section on safer injection. (You can obtain a copy of this safer injecting advice by emailing *christine@equilibrium.freeserve.co.uk*). There is also a helpline for people who have been at risk of occupational exposure to the virus.

The various hepatitis C councils in Australia, including the Hepatitis C Council of New South Wales and the Hepatitis C Council of Queensland, have produced their own resources. One initiative I particularly liked is a post-card aimed at tatooists and body-piercers from the Hepatitis C Council of Queensland.

On the final day of the conference, I saw the full extent of willingness to work in partnership when Eamonn Murphy, Director of the Hepatitis C unit at the Australian Department of Health shared a speech with Jude Byrne, the Co-ordinator of the Australian Intravenous League. Jude has been involved in hepatitis C prevention education for people who inject drugs for the past seven years. She has been on a methadone maintenance programme for the past eight years and is herself hepatitis C positive.

They shared the stage, shared the speech and shared the message. They even put their arms round each other's shoulder at one point! Can you imagine a senior UK Department of Health official doing this?

They shared the stage, shared the speech and shared the message. They even put their arms round each other's shoulder at one point!!! Can you imagine a senior Department of Health official in the UK doing this? I can't.

VOICES of inspiration "Before we condemn them, let us see that we all have the drum major instinct. We all want to be important, to surpass others, to achieve distinction... do you know that a lot of the race problem grows out of the drum major instinct, a need that some people have to feel superior? Think of what has happened in history as a result of the drum major instinct... the most tragic expressions of man's inhumanity to man. Not only does this thing go into the racial struggle..." *Martin Luther King Jnr*

THUMBS UP FROM ADAPT

Dear *Users* **Voice**,

In the past, we have been critical of some aspects of **The** *Users* **Voice**. We should have made a more positive contribution.

However, we really enjoyed reading the last couple of issues of the mag. Lin Scott's letter was honest, from the heart and sincere. The *U* **V** is developing into a well-written, informative international/ national debating and investigative journal, complementing - but also a counterbalance to - *Black Poppy*'s outspoken user lifestyle format.

The *Users* **Voice**, along with *Black Poppy* and the new *Monkey* magazine from Manchester, gives a real variety of thought-provoking, or just fun material to choose from. I give my copies of the *U* **V** and *Monkey* to many 'straights' (non-drug users). They are also impressed. *Black Poppy,* an excellent users' magazine, is enjoyed by all our members.

I like to think that we, who read them will pass them on and also write articles. I was particularly impressed by the "Death Throes of Prohibition?" article in the the July/August issue of the *U* **V**. I have spoken to mums who would rather their child/adult child shoot up at home to keep them safe and who have bought their drugs for their children.

The "Clinical Trials that Don't Exist" article in October/November's *U* **V** was most enlightening and has made me consider just how expert, GPs or indeed pyschiatric drug treatment consultants are when it comes to the way in which HIV and other drugs interact with the drugs we consume for leisure.

These are certainly the types and quality of articles required. Well done. Keep it up. I love Lin Scott's work, and would like to see more articles by her, if that is possible. We need your world view, as it is not as refracted as some might opt to present it.

Best wishes for the future,

ADAPT (a thriving London user group)

ONE STEP FORWARD...

Dear *Users* **Voice**,

I've been reading your magazine and *Black Poppy* for some time now, and it's brilliant that drug users affected by so much injustice are getting organised to resist it. I wonder if you can help me with the following dilemmas.

I'm an ex-user in an abstinent programme of recovery. I share the same politics and attitudes as the vast majority of the harm reductionists I meet, whether they are ex-addicts, currently injecting or whatever their status in society. I have dipped my feet in the water of user groups in the past only to be bogged down with (a) endless unacknowledged and certainly unpaid commitments, (b) getting emotionally whacked out by all the infighting which appears to be largely to do with the fact that unmanageability seems to reign supreme, which is hardly surprising since we are *so* badly financed, (c) that non-addicts want to build their empires on our pain and suffering, and (d) that there appear to be no ground rules about drugs.

That is, I want to stay off but the attitude of a lot of our peers in these groups are like drugs are so cool, even in 1999! How fuc.. *passé* can you get! Drugs are cool when you don't feel powerless over sticking them into your jugular vein with dirty needles. In short, the majority who are the strongest in number and possibly other ways are non-addicts whose empathy is often lacking when it really comes down to the needs of drug dependents.

We need to organise to ensure that addicts get treatment as opposed to punishment where - as is often the case - they have hurt nobody but themselves, to get all governments to take responsibility for implementing needle exchange with sound workers who are health promoters rather than injection teachers only. I could go on but it's patently obvious from the stuff I've recently read in here that you don't need another polemic on the rights of drug users (dependent or not!).

If anyone has any ideas about getting round or coping with the stuff I mention above, I'd be grateful.

Keep on keeping on,

Gerry

(Address withheld by request)

Write to **The** *Users* **Voice** c/o Riverside MHSMS, 184 Hammersmith Road, London W6 7DJ. **The** *User's* **Voice** reserves the right to edit letters for length and clarity.

Please help us to remember

Please help us remember
so much of our longing
to be no.1
is, for many addict activists,
just another expression of
our desperate need
to be accepted.

Accepted on this planet
which mostly judges us to be
emotionally inadequate, socially
dysfunctional, sick, criminal,
irresponsible, immoral.

Please help us remember
everyone needs
deserves a chance to be
"the one"

Just help us remember

Terry

Fame is not for fragile egos

Fame is scary
Fame is shallow
Fame is power and
money with enormous
price tag.

Watch out
if anyone comes to
you with money,
pens to sign the
bottom line
work it out.

Are you equipped?
are you equipped for
the camera invasion
the 'friends' who
suddenly appear
and disappear
just as quickly when
the drugs and money
run out.

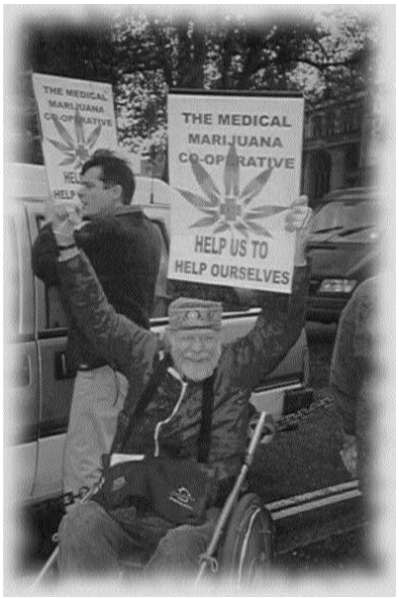
True love (not
romantic)
is the only
internal nourishment
that maintains us
humans.

Don't forget.
Everything
has it's price, and
the bigger the gift
the greater the cost.

Fame is best worked
with if you have that
unromantic
unconditional
love force
somewhere in life too.

Fame is not for fragile
egos...

by Andi (ex-muso)



Making history 1999 style
Medical marijuana activists Andrew Coldwell (right) and Colin Davis (recently vindicated by a jury of his peers) lobbying Parliament on November 5th.

the HIV page

WORLD AIDS DAY IS HERE AGAIN

"Wish we didn't need this day anymore." Anon.

Here's a proposal to *Users* Voice readers about this HIV page - (a regular from now on).

You yourself may have been affected by the deaths of drug-user friends, whether through AIDS, hepatitis, OD's or whatever.

Let's use this page every now and then to express our pain about these losses. Wherever you are reading this - Chiang Mai, New York, Edinburgh, Dublin, wherever - send us your words of healing.

The address and email is on the front cover. If you find writing this difficult, just send it to us and we'll do our best to edit well and send back to you for verification.

In order for us to heal we must let the pain out somehow. So don't be shy, get your pens, typewriters and computers out, and write to us about your children, husbands, wives, and parents - whomever it is that you have loved and lost.

AIDS treatments getting the knowledge UPDATE

Back in The *Users* Voice issue 7 we gave you the latest on Aids drugs and their interaction with psychoactive drugs. Now let's get up to date with what's new.

Ritonavir and ecstasy
Ritonavir and Ecstasy have killed one man. *Please* don't risk it.

Ritonavir and amphetamine
The speed gets potentiated by the Ritonavir and so can be a dangerous combination. Take it easy. The same is also for true for Ritonavir and methadone, Rohypnol and any sporting person out there on anabolic steroids.

Of course, we can probably take these drugs together and not have too intense a reaction but do take note of this here - we are writing for you.

Ritonavir + Valium = very dangerous
Enormous increases of Valium in the blood have been witnessed when taking Ritonavir, so please do take heed of this. Kept simply - the Ritonavir seems to make the Valium 10x stronger (in some cases) therefore, your body could think it's just ingested 1000mg instead of 100mg, and thus die. Harm reduction also means not taking such risks - tell all your HIV+ friends on Ritonavir.

Smack and eggs The opposite seems to be the case for heroin and Temazepam, 'smack' and 'eggs' to some *Users* **Voice** readers. It might be that if you are being prescribed either one of these two 'medicines' that you will need a little more than usual if you are put on Ritonavir.

If you have friends who are too zonked to read **The *Users* Voice**, *please* tell them this stuff. Too many dope-fiends die unnecessarily for crazy reasons.

Thoughts on World Aids Day

I'm sitting here typing this with eight hours to go before it's World AIDS Day again. All I can think of to say is if there's anyone out there reading this who's strong - *very* - educated to some degree and willing, perhaps you will get yourself out to Africa, Latin America or Thailand to help with the AIDS crisis in these countries amongst our peers.

Breaking down the myths

Inspired by TRANSFORM's campaign pack, **'Ritza'** sees a very real potential for change

Today's morally based and hypocritical anti-drugs legislation will only be overturned by the prolonged lobbying of government and the decline of the anti-drug consensus as more and more adults use chemicals other than alcohol for leisure. This bad law denies the right of the individual control over their own body - an argument also successfully brought against the anti-abortion lobby. As John Stuart Mill put it: "The only purpose for which power can rightly be exercised over any member of a civilised community against his [or her] will is to prevent harm to others. His [or her] own good, either physical or moral, is not a sufficient warrant."

It is strange that the anti-drug lobby hypocritically forget their morality when it comes to alcohol, nuclear fuel, BSE and many other more harmful substances and situations used and forced upon us all in society daily.

Just how seriously does the US government take its 'drugs problem'? Look at the new US-Mexico trade agreement, which makes it possible and desirable for large US companies to set up their manufacturing plants on the Mexican side of the border, thus enabling them to make full use of abundant cheap labour at the expense of the US workforce. As a consequence, the stream of finished manufactured goods moving from Mexico into the US has grown enormously, from tens of thousands of crossings to a million or more, giving many thousands more opportunities for the drug smugglers to move their cargo and fewer chances for state agencies to intercept the drugs.

Clearly the profits of shareholders in certain large companies are way ahead in priority of any desire to restrict the growth of drug usage and drug imports. In one move the US government has opened the Mexican border for the easy transportation of drugs and simultaneously assisted in the creation of new markets by depriving their own workforce of work and dignity. It will be the sons and daughters of these families and others like them who will provide the market for these drugs.

This is the type of information that we must spread so that people will at last understand that the so-called drugs war is a phony war but, like the Cold War before it, is a great provider of easy money for non-productive professionals working in the drug service industry, which is huge and growing.

The anti-drug *status quo* led by the US and followed blindly by British Prime Ministers is historically fading. Just like the Dodo, it will soon be extinct. The Western anti-drug reaction reminds me of King Canute when he believed his authority would hold back the tide. And what I find most worrying of all is that our world and its fate are in the hands of individuals with mediocre intellects.

Don't get down-hearted - there is a great deal of positive activity taking place. There are Members of Parliament who recognise that the cost of fighting drugs has worse repercussions than the drugs themselves - especially if legalised and regulated properly. Organised crime and the careers of some politicians are the only ones to continually make gains from prohibition.

The anti-drug consensus is breaking down in society and the politicians' rhetoric that drugs are at the root of all social evils is only taken seriously by those that do not think or analyse the situation rationally for themselves.

By organising to highlight this hypocrisy and the appalling treatment that drug users receive from the medical profession and the National Health Service, we are having an impact on the situation and influencing politicians and professionals where it matters.

Public opinion, MPs and professionals are important, but we also need the support of our friends, neighbours, workmates, and what the media call 'public opinion' or Joe Bloggs. We need to change their views of what a junkie is.

The government has spent billions telling people that you and I are low-lives, that we are muggers, that we have diseases. But we have an ace up our sleeve that the government don't know about: we *are* Joe Public, and so are our mums, our children, our friends - we live in our community and that is a great place to start.

The myths

We wait outside schools to sell drugs
We are all dirty and pathetic
We are all spiteful and useless parents
We are all criminals

What do we have to do to break these myths down? First, we need to change that public opinion. Already most people smoke dope or drink, and we must not forget that booze is a drug, so we have already won the argument with many. We already know (from a Home Office survey in 1993) that upwards of 30% of the adult population support legalisation or decriminalisation of some or all drugs. (ADAPT believe that this figure is growing daily). This means there are already millions of people who support our ideas.

Because of the discrimination we undergo, we are forced to live a dual existence and get used to covering up our drug use - our bosses, the people we work with, our neighours have no idea that we are dependent drug users or use drugs. We need to let them know that they are living amongst users will no ill-effects, and that we are not monsters. If there is someone who is brave enough it is useful for someone in your group to come out publicly as a user to be the spokesperson, to present a good role model.

In this way you can approach your voluntary service and say that you wish to begin a self-help group for users - could they help you find a free meeting venue to hold meetings once weekly or fortnightly? You will be surprised how helpful people can be when approached in the right way. Once you have a meeting place, find where you can get free use of a computer get some pamphlets and posters printed - ask if you can leave them at your local clinic or ask your chemists or harm reduction project if they can put them in with works bags etc:

Work closely with your local voluntary organisations - get involved in your community. It pays dividends - after all you are a person too.

Scan the papers, television and radio for stories about drugs. If there is something good, write a letter praising the coverage. If the story is bad or incorrect, write with the truth.

Members of Parliament are our very well paid servants - don't let them forget it. Imperfect as our democratic system may be, politicians our are still ultimately accountable to the electorate. This is why mass movements have the power to force significant social changes. The Suffragettes, the civil rights movement and the gay rights movement all had to establish a broad-based and extensive body of support.

As the Romans liked to say: "The voice of the people is the voice of God."

The mind cell

Using drugs can be **OK** in recovery, says **Jude**

I'm talking now directly to those who know. You are the people in the middle. You know how it is to be consumed by depression. You've been bedridden by the blues, tortured by the inexplicable sadness that first appears as beauty and then tries to kill you. You've read *Prozac Nation*. But you didn't discuss the author, her nature and deeds, the dynamics of the prose and the colour of the language - you were fighting back the tears, the double-edged sword of relief that someone else knows what you know, and annoyance at your new-found lack of uniqueness.

Depression is like this. It wants to eat you, either whole, or bit by bit. It's hip to be depressed in the west in the '90s. But the real tragedy, in the long overdue recognition of these conditions, is in the trivialisation resulting from such widespread recognition. If you say you are depressed, you can get social security benefits. But you can expect to be prodded and tested by people hired to undermine your claim. Likewise, virtually anyone can get Prozac or Seroxat or tricyclics, because you only get ten minutes with a GP these days, and it's better for the doc to be safe than sorry.

The upshot of this is that there are specific groups of people who alienate themselves from the possible benefits of medical treatments for depressive conditions. Those that have a history of drug abuse, but are now practising programmes of abstinance may well be amongst the most vulnerable.

Twelve-step programmes, perhaps coupled with psychoanalysis or group therapies, can help the individual to recognise the essential, and hopefully permanent changes which can best lead to a new pattern of living, once removed from the nightmares of active addiction. But whilst depression could theoretically be a route cause of addiction, I cannot accept that addiction could be a singular cause of depression.

"Where black is the colour and none is the number" Bob Dylan

In my case, part of my active addiction was self-medicating the depression. When I got clean, it came back. I got depressed because the depressed part of me had been numbed out by the drugs along with the rest of me. Therefore, it never really went away. There were and are many issues, big and small, dramatic and dull, that I contend with through my recovery. But, in the context of the programme I have had to learn to apply to my life, the depression remained insurmountable when approached with the same mindset as the addiction issues.

Why are you sad? Why are you angry? Why are you happy? These are questions that we can answer. Perhaps we need some help to uncover the answers, but we can get there in the end. But why are we depressed? There can be no answer. If we are having emotions, there are going to be fundamental reasons for them. The common ground between depression and real, emotional issues is only that they both influence us to indulge in degrees of self-analysis. The difference is that with depression the self-analysis can become deadly dangerous.

Dealing with one's life issues takes time and patience. Serious depression will rarely allow the sufferer the luxury of time. It's as big as the difference between a scuffle and a potential holocaust. If you have bipolar symptoms, such as mania or voices in your head, no amount of written or spoken analysis will alleviate the trauma of the depressive condition. Yet as recovering addicts we are understandably terrified at the prospects of undergoing medical treatment. We are likely to have little trust in such establishments if we suffered negative experiences of them in our active addiction. Perhaps we consider that the use of antidepressant drugs could potentially undermine our hard-won opposition to using any substances. But we must consider the consequences as human beings as well as addicts.

What would you do if you were diagnosed with diabetes? If you had to take insulin to survive, would you let this interfere with your recovery? What if you became dreadfully ill, or suffered an accident? Would you consider the use of painkillers, probably opiate-based, to be a relapse?

Only the sufferer can know how bad his or her depression is. Perhaps you entertain thoughts of suicide, or perhaps you give serious thought to ending it all on a daily, even hourly basis. Wherever you stand on this issue, we are talking about a potentially life-threatening scenario here.

I have met people who insist that depression is an emotional rather than a mental health issue. These people are *wrong*, and have probably never been depressed. Consider that a controversial statement if you wish, but do consider it.

As depression deepens, so does the sufferer's resolve to fight it. Of course, diagnosing the specifics of depression is still notoriously difficult. Recognising the common symptoms is a start: insomnia, hypochondria, melancholia, fatigue, apathy. Manic depressives may hear voices, and may be obsessive in their behaviour, impatient, often experiencing "boredom", appearing frustrated and self-indulgent at times. Manic depressions - often bipolar affective disorders - can lead to paranoid psychosis and schizophrenia if untreated. Atypical depressives, by contrast, are likely to be disinterested rather than obsessive, apparently incapable of maintaining any semblance of routine in their affairs. They will often react to outside influences, and may seem cynical towards the whole world at times. Again, if untreated the sufferer may develop degrees of Dysthimia. To risk Dysthimia or Schizophrenia is akin to playing Russian roulette with your sanity or your life, or both.

If you had to take insulin to survive, would you let this interfere with your recovery?

Yet treatment need not be so daunting. Indeed, even relatively untested natural remedies can have amazing results. For instance, Saint John's Wort is believed to be effective in about one in six cases of mild manic depression, which is nearly as good as Prozac's one in four. The agitation that is a common symptom in mania is greatly influenced by the brain's natural mood juice, Serotonin. Serotonin is to depression what glucose is to diabetes. As a depressed person, it is the chemical you need that you haven't got. That the way out of the cell might be that simple is disconcerting to one practising a programme of abstinence. But to reject mental health issues because there may be some conflict therein with the programme that you practice is as dangerous as it is unneccessary. Addiction does not exclude the possibility of other problems. Understanding that has helped keep me clean, and alive.

God *talking to* me

by Benji

Maybe what I really mean by 'God'is how I try to avoid pain as a using addict, and how, so often, it causes me a thousand times more pain.

For the last ten years I have had an imbalance with my relationship with food, along the lines of obsessive/compulsive eating. I experience mouth hunger rather than stomach hunger, and it's the kind of hunger that cannot be sated by chemicals. That's because I am full but I still want to eat. Alongside this, I have also had a 30-year history of drug use, plus 20 years on and off opiates.

In 1995, I went into a drug treatment programme. I lived there for seven months; since then I've been in and out of Narcotics Anonymous (NA) like a yo-yo. I am 45 years old; I am homeless and I find it very difficult to stay 'clean' for any length of time. This last attempt got me 110 days drug-free. I then took heroin again as I was in such profound despair about my relationship with food. Every day I overeat, and then my body vomits back the excess, thus getting stoned had a very seductive appeal.

"God is a concept by which we measure our pain" *John Lennon*

However, I found getting stoned again didn't change anything. Underneath the opiate haze, I still had the despair. So I return to NA and the meetings, confessing my lapse. I remain smack-free for seven days, but the pull of all my old acquaintances and haunts still tug at me. In a word, I wanted - needed might be a more appropriate word - to use again. So then I bump into my best friend's girlfriend. He died three years ago from an overdose; she still uses, and getting stoned and talking my heart out with her seemed like sheer bliss. Staying the night in her flat with her soft music and feminine ambience, healed me temporarily.

Two days later, I return to NA. This time I stay off the gear for six days, and then back to the safety of her feminine ambience, and to embrace yet again the opiate-induced reality. Another three days off heroin, and then back to her flat for more needle therapy. The thing is we seem to get on really well together, the girl and me. Our spirits harmonise in empathy but it's not really about her. It's about me coping with my feelings by abusing chemicals, and if it doesn't stop very soon, I will be a junky again; a role I have played for many years.

But do I really want to get immersed in all that junky stuff again? Spending hours in withdrawal, scared of the police, always having to beg, steal or borrow for the next hit and always having something to hide? I have to take responsibility for my actions somehow.. The answers lie within. Chasing after outside things to 'fix' me can only bring endless misery.

I have lots of theoretical and actual knowledge, experience; I should use it to transform my life not to be stuck in old negative behaviour patterns of endless self-gratification. Hope springs eternal to the human breast then, to end on a positive note.

Towards a user-led drugs field

Recently **The** *Users* **Voice** aired concerns about employment policies in the drugs field. SCODA - an umbrella group for a wide range of drugs-related organisations - was accused of a policy that disbarred active addict users from working in the field. We asked SCODA's Chief Executive Roger Howard for the lowdown.

If I need help around addiction-related matters, I generally call on another ex-injector. Sometimes I talk to a non-user friend and I have had some good quality support from active addicts especially when I'm about to lapse into 'hard' drug use, so this is an issue close to my heart.

First, though, Roger wanted to fill in the background on the issue and on SCODA's current thinking.

RH: We believe that *all* drug users have rights as well as responsibilities. And these are set out in the Drug Service Users' Charter, which we developed and published two years ago with the help of a methadone addict and an ex -addict from the John Mordaunt Trust. As someone with a background of working with offenders, I've noted they and people with disabilities and mental health problems have well developed advocacy services. I'm constantly surprised with how slow we are to develop similar initiatives in the drugs field.

UV: Most addicts appear not to come off drugs, and yet we still make 'drug-free' our ultimate goal, thus wasting so much resources, trying to coerce people into abstinence.

RH: We don't actually know that most addicts don't get off drugs. There is plenty of evidence that suggests many come off drugs without treatment, and some need several attempts before they get there. So it is oversimplistic to say that most do not become abstinent.

UV: Some of us need user-friendly long-term counselling, and/or therapy to help us stay off drugs (and sometimes it helps with coming off), but the money is simply not there.

RH: For us treatment should be holistic. That is, we want to see the whole of that person's life improved; housing, training opportunities, education, employment, health, relationships and so on. Too often, treatment is seen to be simply a pharmacological issue, i.e. detox or methadone maintenance. It seems to me that professional bias, funding streams, resources (or the lack of them), not respecting users' contributions, e.g. their involvement in their own care planning - all these things conspire together to make less than optimal treatment services. Our goal is to improve the quality of care in the field, which is why we also constantly work hard to increase the level of resources.

UV: So Roger, let's hear what you have to say about the issue of employment policies.

RH: SCODA recommends that all agencies develop their own guidelines on the employment of ex/current users in the field. However, we do suggest that ex-user drug workers have two years clear of drugs in order that they can act as role-models to others who may want to come off.

This is not a blueprint: it's simply a steer. There's a rumour floating about that we are against employing users and ex-users in the field. That's fallacious. The litmus test is not about what drugs they do or do not use, but about whether they are skilled, competent and trained in delivering different aspects of treatment and care. That takes time.

A lot of ex-users come into the field with very little training, and assume they know what's best simply because of their life experience. I say they also need to be given proper training in order to become more effective.

Clean works in London this Xmas

Caravan
South Wharf Road, W2
Christmas Day, 29th, 30th & 31st December, New Year's Day, 11am-5pm
020-7725 1418

Westminster Drugs Project
470 Harrow Road, W9
29th & 30th December, 1am-5pm
020-7286 3339

Basement Project
4 Hogarth Road, Earls Court, SW5,
29th & 30th December, 1am-4pm,
020-7373 2335

Browns Pharmacy
195 Shirland Road, W9
Christmas Day, 11am-1pm
26th Dec, 10.30am-1pm
27th Dec, 10.30am-1pm
Jan 1st 2000, 10.30am-1pm
020-7286 0377

Bensons Pharmacy
276 Harrow Road, W2
28th & 31st December, & 3rd Jan 2000, 10am-1pm
020-7286 8738

My Pharmacy
20 North Pole Road
London W10
Jan 2nd 2000
10am-Midday
020-8969 1657

HIV AND DRUG SERVICES IN LONDON

Positively Women
Peer support to women living with HIV. 347-340 City Road, London, EC1V 1LR Tel: 020-7713 0222

Butterfly C Support Group
For all concerned about liver disease, from hep C to cancer. Thursdays at 6.30pm, The River House, Hammersmith
Info: Lala on 020-8932 8008.

North by North-West (formerly BSURF)
Meets at Kilburn Library. For info call Caravan Needle Exchange: on 020-7886 1972

Mainliners
HIV/drugs agency for injecting drug users. Complementary therapies, counselling, user group, hep C support group.
38-40 Kennington Park Road
London SE11 4RS
Tel: 020-7582 5434

(HIV) AFRICA ADVOCACY FOUNDATION
Call 020-7713 6616

Hampstead Road Centre
an HIV and drug service
122 Hampstead Road
London NW1 2LT
020-7530 3086

The Griffin Project
(HIV+ drug users residential service) 6 Pennywern Road
London SW5, Tel: 020-7373 9826

Narcotics Anonymous
020-7730 0009

AIDS Treatment Project
Helpline: 0645 470 047
Office: 020-7793 7444

Jewish AIDS Trust
Office/helpline: 020-8200 0369

Naz Project - Asian HIV project
020-7741 1879

UK Coalition of People Living with HIV & AIDS
020-7564 2180

Drugs Advisory Service in Haringey
St. Anne's Road, St. Anne's Hospital, London N15

Stockwell Drug Project (SW9)
020-7274 7013

Response Drug Project
Finchley Road, NW3
020-7431 1731

Body and Soul
A centre for HIV-affected women and their families. 020-7833 4828

Want to help promote user advocacy?

The John Mordaunt Trust is looking for ex-/current addict drug users who are willing to do presentations in public. Also, we need a fairly computer literate volunteer to help out at our Hammersmith office on Fridays. If you are into user advocacy and can help, call Andria or Ben on 020-8846 6611 (Thurs/Fri).

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Send your details (and cheque if applicable, payable to The John Mordaunt Trust) to:
The John Mordaunt Trust, c/o Riverside MHSMS
184 Hammersmith Road, London W6 7DJ