

# 猴族



A QUARTERLY NEWSLETTER FOR HARD CORE DRUG USERS, EX USERS AND CARERS  
FREE TO USERS, EX USERS AND CARERS [£1] TO THE REST



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**AMONG OUR TARGETS ARE THE WAYS IN WHICH THIS GOVERNMENT SEEKS TO TACKLE HEAVY-END DRUG USE AND DRUG USERS. BUT USERS AND EX-USERS HAVE TO SET THEIR OWN HOUSES IN ORDER. A PRIORITY IS TO DEVELOP A SET OF IDEAS FROM WHICH WE CAN DERIVE ALTERNATIVE POLICIES THAT WILL WORK WITH (AND NOT AGAINST) THE GRAIN OF HARD-CORE DRUG USE. POLICIES DESIGNED TO LIMIT THE HARMS THAT CERTAIN KINDS OF DRUG USE CAUSE BOTH USERS AND THE WIDER COMMUNITY AND THAT SEEK TO NORMALISE DRUG USE AND BRING USERS AND EX-USERS BACK INTO THE MAINSTREAM. NOW THIS SHOULD BE THE JOB OF ACTIVISTS IN THE NATIONAL DRUG USERS NETWORK (IF AND WHEN IT HAPPENS). BUT WE THINK MONKEY HAS A ROLE HERE AS WELL, NAMELY TO VOICE SUCH POLICIES.**

Easier said than done. A key question about voices is what they sound like. You may have some important arguments but, if you sound as though there's a rubber band round your balls then you've had it. Your audience will be too busy listening to the comic effect of your strangled tones to pay attention to the message. If you want to persuade someone of something, then shouting at them won't impress either. What's important in a voice is tone.

If we are to develop a voice then we've got to look at this question. The truth is that the most commonly heard user tone is a whining one. 'Ain't it awful?' is the cry of too many user magazines, user activists and users themselves. Years ago, on my frequent trips to the Bethlem Royal Hospital for detoxes, I used to while away my time by going to the museum there. One item used to grab my attention, a wooden statue, with a collection box in its hand with the words, 'Pity the Poor Lunatic' carved on it.

When I think back to that image and its message, I think of recent headlines like 'Raw Deal for Druggies' and the sound of voices complaining that there's no one to help them or that everything would be wonderful if they could only get the right kind of help. Bollocks! The only people who are going to help junkies are themselves,

ex-junkies and the people who know users best, their partners, relatives and friends. The only way such help is going to be effective is if we organise to help ourselves. The reason why junkies have become scapegoats for crime and other social ills is that they are powerless and disorganised.

Junkies don't need pity, they need organisation. They don't need other people's solutions, they need their own. So let's stop whining about 'raw deals' and asking for 'help'. Let's remember why we got high. Because we liked it. It was our choice. So let's reject 'victim culture'. We're not 'sick' (though many may be unhealthy), we did it to ourselves. We are responsible for our own destinies. The sooner we admit this and reject 'victim culture' (and the organisations that support and benefit from it) the better.

Sure, life's shit and life's unfair. Whoever said it wasn't? Why should we think whining will make any difference? Get off your knees and onto your feet. Let's develop a voice that's clear, self-confident, passionate but reasoned.

***'Ain't it awful?'. It sure is and, guess what, we're going to change it by organising, educating and campaigning.***

**MONKEY IS AN UNINCORPORATED ASSOCIATION BOUND BY CONSTITUTION. IT HAS A MANAGEMENT COMMITTEE OF USERS/EX-USERS AND PROFESSIONALS. THIS ARRANGEMENT WILL RUN FOR THE NEXT FOUR ISSUES. IT IS INTENDED TO HAVE AN ANNUAL GENERAL MEETING IN 12 MONTHS TIME AND USERS AND EX-USERS FROM ALL OVER GREATER MANCHESTER WILL BE ABLE TO ATTEND AND PARTICIPATE FULLY IN THE PROCESS OF ELECTING A NEW MANAGEMENT COMMITTEE AND BUILDING MORE DEMOCRATIC STRUCTURES. NEWS OF MONKEY'S DEVELOPMENTS WILL BE CARRIED IN FUTURE ISSUES. THE VIEWS EXPRESSED IN THIS ISSUE DO NOT NECESSARILY REFLECT THE VIEWS OF ITS INDIVIDUAL MEMBERS OR ORGANISATIONS THEY MAY WORK FOR.**

# METHADONE: HOW LONG SHOULD YOU BE ON IT?

**How long should you be on methadone? As long as it takes. In our last issue (No 1), Jim Leigh of ADAPT described the 'treatment cycles' policy operating in some London drug services. We said then that we would explore the evidence on methadone treatment because we believe there's no good research based reason for adopting short-term methadone treatment.**

Now this article could be as long as the magazine itself. Methadone is the most researched aspect of drug treatment. So when we quote the stuff that says short term prescribing is of little use, rest assured that this reflects research findings across the world. But rather than list all the studies that demonstrate this, we've chosen to quote from two sources that carry especial weight.

The first comes from the US Institute of Medicine's study (1990) *Treating Drug Problems Vol 1*. This was commissioned by the US Congress, approved by the Governing body of the National Research Council and supported by the National Institute on Drug Abuse and the US Department of Health and Human Services. You can't get more kosher than this. Here is what the IoM told the US Government about methadone treatment:

*"There is strong evidence from clinical trials and other similar study designs that, on average, heroin-*

*dependent (or other opiate-dependent) individuals have much better outcomes in terms of illicit drug consumption and other criminal behaviour when they are maintained on methadone than when they are not treated at all, when they are simply detoxified or when methadone is tapered down and terminated arbitrarily."*

We then turned to Ward et al's *Methadone Maintenance Treatment* (1998), generally accepted as the most authoritative recent review of the world-wide methadone literature. Here's what they say about short-term treatment:

*"The original program devised by Dole and Nyswander (1967) for methadone maintenance was a maintenance regimen. A return to this basic philosophy is suggested by the evidence...The optimum duration for methadone maintenance is, therefore, for as long as the patient benefits from taking a daily dose of methadone, and given the chronic relapsing nature of opioid dependence,*

*there is no reason to believe that this would be for a short period of time while heroin remains relatively freely available in our society. (p.331)"*

Even the new UK Clinical Guidelines (DoH 1999) endorse maintenance. Given that practice in the drug treatment field should be governed by evidence of what works, why are treatment agencies ignoring the international research literature and going in for what we all know doesn't work? If you're receiving short-term treatment and you haven't asked for it, why not cut this article out and send it with a covering letter to the Commissioner for Drug Services at your Health Authority? Make sure you send a copy to the Chair of your local Drug Action Team as well.

Contact Monkey if you need details of where and how to complain.

## [GIVE HIM ENOUGH ROPE AND THIS JUDGE WILL HANG THEM]

You might have come across some senile judges with views that make Heinrick Himmler sound like a liberal in your time, but Judge Haworth of Cambridge takes the piss, and the Cambridge Police should be provided with black shirts immediately for this one:

Two charity workers, Ruth Wyner and John Brock from a drop in and advice centre for drug users in Cambridge have been sentenced to five and four years for allowing the supply of heroin on the premises. Although Judge Haworth accepted that the workers who have dedicated their lives to helping the homeless, did not benefit from the activities of a few user dealers on or near their premises, he still saw fit to bang them up and so play his part in the war on drugs (on drug users - SIC).

The old bill took it on themselves to pose as homeless people and try to buy drugs off other users in the Wintercomfort Centre - a tactic known as 'buy and bust' that a lot of you will be familiar with. Instead of warning Ruth and John about what they saw, and secretly filmed, they went straight down there and nicked them. Now the Centre was being used by up to 150 people a day, and the workers had been doing their best to stop dealing going on (banning people they suspected was one) but this

wasn't enough for the judge. He said they should have handed over the names to the police despite the risk of violent reprisals and the compromising of confidentiality. If all such drop in centres did this with every user they even suspected of dealing, then no one would go near them.

Also if some dealing goes on in such centres, it doesn't compare with the amount of gear changing hands in Her Majesty's Prisons. So Judge Howarth, are we going to see Prison Governors on trial as well.

Judge Howarth and the Cambridge Police need to get real. People like Ruth and John need support not persecution. They're trying to help people get out of homelessness and drugs, not make the situation worse.

**THE CITIZEN**

**LETTERS OF SUPPORT TO THE CAMBRIDGE TWO ACTION COMMITTEE, 146 SCOTLAND ROAD, CAMBRIDGE, CB41QQ.**

# REPORT ON DRUG LAWS **LEAKED**

A Police Foundation (an independent research body) report, the outcome of two and a half years work, is about to recommend some major changes to the UK's drug laws. Whether this government will do anything about these recommendations is, of course, another matter. Remember last year's report from the House of Lords Select Committee on Science and Technology, which recommended that cannabis should be available for medical purposes and it's outright rejection by the Home Secretary, Jack Straw. There is little reason to think that New Labour will be any more liberal on drugs issues than the Tories, certainly not with an election looming.



Still, we can dream, so let's look at what the Police Foundation is saying. Remember the committee that produced the report included two Chief Constables, and the secretariat included two former Home Office officials. Its Chair was Lady Runciman, a former member of the ACMD (the Government's Advisory Council on the Misuse of Drugs). One overall conclusion in the report is that the Misuse of Drugs Act (1971) is 'arbitrary and inconsistent' and imposes a heavy burden on the criminal justice system without producing any substantial benefits for the public. A central recommendation is that possession of cannabis should never attract a prison sentence, but should instead be regulated through fines or other means. Latest Home Office figures show that about 500 people were imprisoned in 1997 for use of cannabis. When you think that the average annual cost of imprisoning an adult male in the UK is £24, 604 (cost of a stay in a local like Strangeways) and then set that against the estimated 5 million cannabis smokers in the UK, you begin to see what the committee is driving at.

The report will also recommend significant changes in the classes and schedules of controlled drugs as a move towards distinguishing between 'hard' and 'soft' drugs. At present Ecstasy is a Class A drug alongside heroin and cocaine, subject to the heaviest penalties for possession and sale. But an estimated 500,000 young people use 'E' every weekend in the UK. The report recommends that it should be downgraded and treated like cannabis as a 'soft', relatively harmless drug.

The committee is also expected to call for a relaxation in the law in relation to the use of cannabis for medical purposes. It argues for a clarification of the rather blurred and confusing distinction between possession and supply. Possession of under two grammes, the report suggests, should be treated as a minor civil offence. Two grammes and above could be regarded as supply. Although the committee is expected to suggest that the law should distinguish between social and commercial supply to deal with the kind of cases where some young people have been given long custodial sentences for supplying a small group of friends with an 'E' each.

The kind of thinking the leaked bits of the report reveal is probably more in line with public opinion than the Government's own thinking on drug issues. For example, a recent MORI Poll found that 80% of respondents wanted the laws against cannabis relaxed, with only 17% believing that possession should be illegal as at present. But, as we said at the beginning, there's not much chance of Jack Straw or Tony ('just piss in this bottle son') Blair moving from their present illiberal attitudes.

All the more strange when you remember that this country has a worse record (or better, depending where you stand on this) for illicit drug use than any of its European partners. The European Monitoring Centre for Drugs (an EU funded research organisation) in a recent study of drug use in all 15 EU countries found that three times as many young people in Britain had tried Ecstasy as German or French youth. Young people in this country were also much more likely to have used hallucinogens, amphetamines and solvents. Whatever the government might think, there's no evidence that UK drug laws actually deter many people from using drugs so the Police Foundation contribution to the drugs debate is a welcome one.

Although it's not much help to those of us who like brown and the odd stone, it's good to see a debate starting about the drug laws. One response from those in power will be to say that, if we adopt the Dutch approach and distinguish between 'hard' and 'soft' drugs, so that we can be more permissive with youthful experimental and recreational users, then we run the risk of many more young people experimenting with the 'proper' Class A's. A quick glance across the channel at the situation in the Netherlands gives the lie to this one. Despite it's so-called 'soft' drug policies, the Dutch have a lower prevalence of junkies per head of population (1.6 per 1,000) than France (2.4), Britain (2.6), Italy (3.0) and Switzerland (5.0). And, from the standpoint of a hard-core drug user, Dutch treatment services would be a great improvement on what we've got here.

**BRIAN B.**

# NEVER MIND THE HEROIN, IT'S METH AMPS THAT SCREW YOU UP

The UK may have been the pioneers of heroin maintenance but, to our shame, there are now only about three hundred people on prescribed diamorphine (heroin) in this country now. Very few of them new patients. At a time when other countries are expanding heroin treatment or setting up trials, we in Britain are busy dismantling the remnants of the 'British System'. The majority of addicts in treatment who are on prescribed injectable opiates get Methadone ampoules, not heroin. The irony is this drug is far less safer than injectable heroin.

## INJECTABLE METH - NOT EXACTLY WHAT THE DOCTOR ORDERED

It is now becoming accepted, by some members of the medical profession at least, that injectable Methadone damages the vascular system. That it was never meant for intravenous use is something that medics and drug workers have conveniently ignored for years (or do they never open their British National Formulary, the prescriber's bible?). Methadone produces a much longer withdrawal syndrome than heroin and, in injectable form, has other unpleasant side effects - excessive sweating, headaches, water retention, blisters and burns. Methadone is a synthetic drug. Diamorphine is a semi-synthetic, derived from naturally occurring alkaloids in the opium poppy and, probably because it's closer to the plant form, has none of these side effects. Moreover, withdrawals are less severe and are shorter-lived.

The real problem with diamorphine treatment is the irrational stigma that surrounds the name 'heroin' and the puritanical objection of the medics to the fact that it produces euphoria. Methadone is the drug the treatment industry here (and world wide) promotes, and the fact that it is less euphoric means that we end up taking

more of it in pursuit of the elusive high. And the circle goes on. Because of its harmfulness, the more we take the more damage we do to ourselves. Thus proving both that drug use is harmful and manufacturing opioids for use in drug treatment is very profitable.

## IS INJECTABLE METHADONE BECOMING MORE HARMFUL?

In spite of all the problems linked with methadone amps, when it was produced by Wellcome under the name Physeptone, users had the consolation of knowing that the quality of the drug was good. This seems to have changed dramatically now that generic methadone has become available. Users have noticed the difference in the various manufacturers products. Something that should not occur if products are uniform.

In April of 1998, users of ampoules made by one particular manufacturer noticed a very strong taste at the back of the throat when injecting intravenously. This sickening taste was so pronounced that some people were actually sick when injecting. Others complained of head aches. Many thought the taste was due to the manufacturers using preservatives in the ampoules, as used to be the case with some diamorphine ampoules. When ADAPT phoned the manufacturers concerned, they were very helpful and explained that it wasn't preservatives but a solvent. Apparently there had been problems with the production process which meant that not all the solvent had been removed as it should have been.

Other side effects of these tainted ampoules were thickening and curling of the



## ULTRA-CONCENTRATED METH AMPS

Jim and Jo's article on meth amps revives an old controversy about ultra-concentrated methadone ampoules. Concern about the amps which pack 50mgs of methadone into every millilitre of fluid (5X more than normal), has been around for quite a long time (see Juice magazine Spring 1996). Some users of the amps have been reporting serious skin and tissue damage going back years and characterised by dead tissue, blisters and scabs. Damage can be severe and last for months, causing discomfort and cosmetic disfigurement. Scarring can be permanent. But the drug companies cannot be held liable. The amps are not licensed for the treatment of drug dependence and are known as 'specials'. The pharmaceutical company supplies such drugs on the basis that the doctor carries the can.

toenails and finger nails. It appears that no attempt was made to recall ampoules from this batch which were in supply for some time. The long term effects of these ampoules for users are unknown. As far as we know, no research has been undertaken on intravenous injection of these particular solvents over a period of time. But, after all, we're only junkies and therefore disposable and without value.

### METHADONE WAS NOT DESIGNED FOR INTRAVENOUS USE

Even where methadone is produced properly, it causes health problems, especially venous damage, for IV users. A manufacturer's own patient information leaflet states:

***'Methadone injection can either be administered into a muscle or under the surface of the skin. If repeated doses are necessary, injection into a muscle should be used.'***

One of the writers has used methadone since their heroin script was removed in 1981. No doctor has ever given us this information and, so far as we can ascertain, other users have not been made aware of the fact that it is not intended for IV use.

Another pearl from the same source says:

***'In the treatment of drug addiction your dose will be adjusted to meet your individual and possibly changing requirements.'***

As far as we (and many other users) are concerned, we never get treated as

individuals and the only dose adjustment medics favour for us is ever downwards.

Many people have complained to their DDU (Drug Dependency Units) doctors about feeling ill whilst using IV meth. For some users it seems to amount to an allergic reaction. Little wonder when the manufacturer's documentation states:

***'Side effects which may occur include dizziness, nausea, vomiting or an increase in pressure within the skull which may cause severe headaches. You may also experience pain at the site of injecting. In the case of injecting under the skin irritation and tissue damage may be caused...'***

Pain and 'some' tissue damage? What is it doing to our veins? Some users have burns that go through the skin and fat layers to the muscle. Wounds that never heal properly. Has your Doctor or drug worker ever warned you of this? We bet they haven't.

### BRING BACK HEROIN - IT'S WHAT DOCTORS ORDER (FOR THEMSELVES)

The NHS had a bad press last year. There were stories about organs being removed from recently dead children largely without parents consent; the avoidable deaths of babies through open-heart surgery at Bristol Infirmary; an inquiry into wrongful mastectomies and hysterectomies at Kent and Canterbury; a patient in South Wales who had the wrong kidney removed (and don't forget Harold Shipman). Just the latest additions to the long catalogue of NHS incidents where only public pressure at some suspected wrong has brought matters into the open. The NHS is largely unaccountable. Some of the medical professions are self-regulatory and their decisions cannot be challenged. Nowhere are these aspects of our health service clearer than in the addictions treatment field. Let's make injectable meth an issue in our struggle for users rights. Let's focus public attention on this.

Bring heroin back onto the treatment menu. Especially for maintenance for long term injectors. Protest about the use of injectable methadone as an IV medication. Ask why it is that a profession that has as one of its guiding principles 'Do no harm', is willing to prescribe a drug that is not intended for IV use, but is unwilling to prescribe another drug (diamorphine) that does not have the same complications. The issue is not just about the proper use of injectable methadone, it's about restoring drug of choice prescribing. When Doctors 'go native', they don't write methadone scripts for themselves, they choose heroin or morphine. We want what Dr Clive Froggat (Mrs Thatcher's one time medical adviser) used to get - smack!

### JAMES AND JOSEPHINE LEIGH ADAPT

# .....DON'T TAKE THE PISS TONY!

It will be fascinating to see what happens to Tony Blair's and Jack Straw's latest proposal for racking up New Labour's 'War on Drugs'. Namely, the idea that in future all arrestees should receive mandatory drug testing, and those found positive for cocaine or heroin refused bail. This idea, which was dreamed up on the eve of the Labour conference as a vote getter, has never appeared in the National Drug Strategy, runs counter to the attempt to provide arrest referral workers (what do you need drug workers in police stations for now?) and doesn't even have the support of the police.

Indeed, the police have come out against the proposal, condemning it as unworkable and expensive. Roger Howard, Chief Executive of the Standing Conference on Drug Abuse (an umbrella group of around 600 drugs agencies) calls the plan "bizarre and pointless". If the information from such tests was planned to be put

to some use, the European Court would throw the whole project out. There's no chance it would comply with European law, which, since the government incorporated the European Convention it would have to.

Civil liberties groups are also up in arms about the proposal. John Wadham of Liberty said "Eroding rights won't crack crime and this approach misses the whole point - which is to stop people becoming problematic drug users in the first place." Still, when was the last time this government bothered to listen to anything other than a Focus Group of Ford Galaxy owners in Surbiton? But just for the sake of it, why not write to your MP, the Drug Tsar or Tony Blair himself?

For help in where to write to in making complaints contact Monkey on 0161-912-3213.



## *“Miracle of the war on drugs turn human piss into liquid gold”*

The growth of workplace drug testing in the USA has created a market for devices and ruses to beat the piss testers. The prize for creative thinking in this area, however, has to go to Kenneth Curtis, founder of the Privacy Protection Service in Greenville, South Carolina.

Curtis began his business a year ago after tiring of random testing at his workplace. "I was being tested a dozen times a year at the place I used to work. I live a very clean life, but it irked me, so I started a 'Urine Test Substitution Kit,' and was overwhelmed with customers. For \$69 plus postage you get five ounces of my urine, 30" of plastic tubing, and a tiny heat pack to keep the fluid at body temperature. With the pack taped to the body, anyone can pass the urine off as his own, and know that he'll pass any drug test, no matter what he does in his private life."

Curtis is adamant that it's not just piss he's selling but "privacy, freedom and the American Way of Life. My urine is pure, natural and organic and I swear on the American flag that I've never had a customer fail a test."

Not all his fellow Americans approve of Curtis's business skills. His success has led to the South Carolina Senate putting a law on the statute book banning the sale of piss. During Committee hearings on the bill, one State Senator lost his temper with Curtis and raged: "Scum like you typify what's worst about this country. Everybody else is trying to clean up drugs, and you're trying to put more into society."

But Curtis is unrepentant. "I'm selling urine not drugs and urine has been around a long time. I only sell my own produce, which means that I always void my bladder into a refrigerated receptacle. I freeze it all. Don't waste a drop. It's literally liquid gold."

**SAN JOSE MERCURY NEWS 4.9.99**

## **SETTING UP LOCAL USER GROUPS IN GREATER MANCHESTER**

If you want to set up a user/ex-user group in your area, then Monkey will be only too happy to help. We can provide speakers, advice and direct you to where to go in your locality for advice on funding etc. You can put articles about your local scene and group activities in the newsletter itself or, alternatively, insert flyers. Distributing Monkey is a way of making contacts, as well as a way of publicising your local group. Write to us at Monkey, PO Box 124, Sale M33 7FD.

## **DO YOU LIVE IN OR NEAR BOLTON? NEED HELP COMING OR STAYING OFF DRUGS? WHY NOT CONTACT: BOLTON EX-USERS GROUP**

**(RUN BY EX-USERS FOR EX-USERS)**

c/o The Gap, 327 - 329 Halliwell Road, Bolton

Telephone

**01204 492858 / 492402**

Wednesday afternoons

Contact: John or Nigel

Meetings held every Wednesday at 6.00 p.m.

## **MANY APOLOGIES FROM THE TEAM**

### **PO BOX COCK UP**

When we set up the P.O.Box number for any correspondence we might receive from readers we had to give our official name. Therefore the official name went on our PO box not the 'Monkey' name. So when they received mail with 'Monkey' on, regardless that the PO Box address was right, they would not put any mail into our box. Hence any letters you may have sent to us would have been returned to sender or gone astray. Can we please ask - if you sent something and haven't had a reply from us or you had it returned to you, please can you forward it again.

This error has now been rectified and will not happen again.

## **[ PRISONERS ]**

**IF YOU ARE SERVING A SENTENCE AND WOULD LIKE TO RECEIVE THE NEXT THREE ISSUES OF MONKEY ON A FREE SUBSCRIPTION, DROP US A LINE WITH YOUR DETAILS AND WE'LL SEE THAT YOU GET IT. IF YOU WISH TO MAKE A CONTRIBUTION (SEE WRITING FOR MONKEY) THEN WE'D ALSO BE PLEASED TO HEAR FROM YOU. FEEDBACK, POSITIVE AND NEGATIVE, IS WELCOME TOO. SEE OUR LETTERS APPEAL.**

# LETTERS...LETTERS...LETTERS...LETTERS...

Dear Monkey Mag

*I thought I would write a few lines about your mag. Going by the first issue I think it is an excellent publication. There was not a single sentence I read that I thought was a load of crap. Every word was bang on.*

*I also thought I would tell you about the college I attend. It is called Transit. All students have had (or have still got) drug problems or alcohol problems. Most people here have had a long-term drug problem and it is all most of us have ever known in our adult lives (I'm 31 and been an addict since 16).*

*I used to sit at home and be bored, it was untrue, and yes you've guessed it, more often than not end up tooting. So when I ended up coming to Transit (my probation made me) I was pleasantly surprised to find a relaxed atmosphere, (nothing like the "school atmosphere" I expected). If you do want to give gear the elbow Transit is ideal cos' the day is structured and it gets you into a routine which was previously missing.*

*There are loads of subjects we can do, art, music, computers, horticulture, confidence building, acupuncture, pathways and sport.*

*More power to your excellent mag.*

Yours,

**IAN EVANS**

STUDENT - TRANSIT: LIVERPOOL

Dear Monkey Mag,

*I am a forty seven year old amphet user who has had a previous opiate habit. I found the first issue very interesting and supportive.*

*Could you add me to your mailing list? (N.B. EDITOR - SURE WILL DO)*

*I look forward to the unfolding debates.*

**STEVE OLDFIELD**

Dear Monkey,

*First off, I'd like to say that I was very impressed with the quality of Issue #1 which was both interesting and informative as well as being visually eyecatching.*

Thanks,

**RUSSELL HENDERSON**

## [WRITING FOR MONKEY]

We welcome contributions from readers. At the moment we are not accepting poems or stories of personal recovery (unless these have especial relevance). But, rest assured, we will, after the first year. For now we want to concentrate on the practical issues facing users and ex-users. Some of these are:

- Experiences and views of services (health, criminal justice and social care)
- The drug laws
- Prescribing
- Drugs and parenting
- Services for ethnic minorities
- Stimulant users
- Tips on safer drug use
- Health problems
- Organising local user groups and campaigning

Generally speaking, contributions should be below the 1000 word mark. Otherwise the magazine gets too text heavy, and articles don't get read all the way through. We can help you put together what you want to say. Currently, help is available at the Waterloo Project, Cheetham Hill; PIPER Project in Stretford; Trafford CDT (see Contacts list). Alternatively, write to us here at:

**MONKEY USERS MAG**

PO Box 124, Sale M33 7SB

## LETTERS, WE GET LETTERS.....

We like letters. Whether it's to tell us what a good job we're doing or to tell us to shut up, we welcome feedback. We welcome your letters on just about anything in fact, so get writing. The address is:



**MONKEY USERS MAG**

PO Box 124, Sale M33 7SB



# NURSE RATCHET'S CARING QUOTE COLUMN



Below are some quotes readers have sent us from professionals who they have had dealings with in recent months. If a doctor, nurse, drug worker, police officer, probation officer, prison officer, magistrate or just about any other professional you talk to or who talks at you says anything you'd like us to print, please let us have the details:

**Client talking to Consultant who has just given him an oral dexamphetamine script:**

*Client 'You can't inject these can you?'*

*Consultant 'Of course you can'*

So he did.

**GP to patient:**

*'The only reason I'm giving you methadone is because you've been on my books for 25 years. I've got patients who are really ill!'*

**Drug Worker to client who was picking up her script and complaining of depression.**

*'Stop taking drugs and you won't get fed up and depressed'*

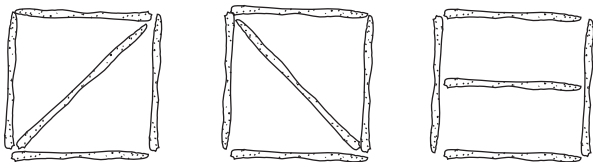
**IF YOU HAVE ANY GEMS LIKE THE ABOVE WHICH YOU'D LIKE TO SHARE WITH NURSE RATCHET, SEND THEM TO: NURSE RATCHET, MONKEY PO BOX 124, SALE M33 7SB.**



## SOCIALLY ACCEPTABLE DRUGS PROBLEMS

BY MIKE BARFIELD

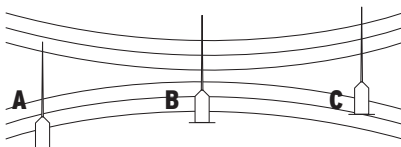
**FIFTEEN LINES OF COCAINE. CAN YOU REMOVE FOUR TO JUST LEAVE ONE...?**



**WORDSEARCH: HOW MANY CLASS A DRUGS CAN YOU FIND?**

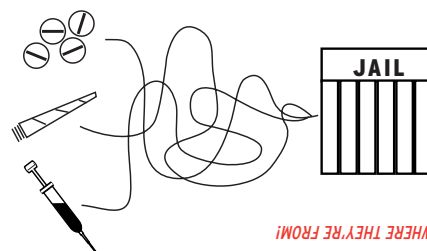
A	F	J	O	R	W	S	Y	Q
Z	G	H	Y	B	C	P	I	F
S	R	P	N	E	D	M	R	L
U	T	L	V	K	O	N	D	X

**WHICH NEEDLE IS THE LONGEST?**



THEY ARE ALL THE SAME!

**WHICH DRUG LEADS TO JAIL?**



IT'S WHERE THEY'RE FROM!

# CIA, THE AMERICAN POOR AND GHETTO DRUGS

WE'RE ALL FAMILIAR WITH THE STORIES ABOUT AMERICA'S CENTRAL INTELLIGENCE AGENCY AND ITS CONNECTION WITH THE INTERNATIONAL DRUG TRADE. FROM THE DALLIANCE WITH LUCKY LUCIANO AND THE MAFIA IN THE POST WAR YEARS, THEIR SUPPORT FOR OPIUM GROWING HMONG TRIBESMAN IN LAOS DURING THE VIETNAM WAR, THE LINKS WITH THE AFGHANI MUJAHADEEN AND THE HEROIN TRADE OF THE GOLDEN CRESCENT, THROUGH TO THE MOST RECENT ALLEGATIONS OF CIA BACKED NICARAGUAN TRAFFICKERS SUPPLYING COCAINE TO MAJOR DEALERS IN LA AND STARTING AMERICA'S CRACK EPIDEMIC BACK IN THE EIGHTIES. WE THOUGHT IT WOULD BE INTERESTING TO IMAGINE WHAT WOULD HAPPEN IF THE CIA CAME OUT IN THE OPEN AND, AS THEIR CONTRIBUTION TO AMERICA'S WAR ON ITS POOREST CITIZENS (A.K.A. THE 'WAR ON DRUGS') AND AS A WAY OF RAISING FUNDS, WERE GIVEN THE JOB OF PROMOTING NEW DRUGS TO THE US UNDERCLASS.

LANGLEY, VIRGINIA. After months of eager anticipation in America's inner city communities, the Central Intelligence Agency revealed its new line of addictive drugs at a Press conference today.

'You don't have to wait no more', said CIA Director Arnold Escobar, 'The residents of America's ghettos now have 4 new ways to oblivion. Remember, we're the ones who gave you South East Asian heroin first, stimulated production of South West Asian heroin and helped develop crack. You can be certain that these new products have the same high quality you've come to expect of America's intelligence community.'

Reaction to the drugs (see illustration) was overwhelmingly positive. 'It was never going to be easy to follow crack', said Giovanni Bombini of the American Association of Crime Families, 'but they've pulled it off again. This new shit's addictive as crack and just as cheap. Providing their distribution system works as well as it did with their other stuff, there should be a lot of spaced out people in the ghettos tonight.'

President Clinton offered his congratulations on the new product line up. 'My fellow Americans,' he said, 'our intelligence agency has given us a win-win situation. Poor ghetto dwellers will receive the kind of powerful drugs they love and that help them forget their misery and the CIA will get extra funds to support their research programme into producing a mind control agent.'

The new drugs are supported by months of testing in CIA labs to ensure high

addictive liability, extra potency and maximum impact on the human nervous system. Special focus groups of street kids, the homeless, the mentally ill, single parent families and the long term unemployed were put together from devastated inner city communities all over America and housed in special facilities beneath CIA headquarters in Langley, Virginia. Only after 12 months of rigorous and exhaustive tests were carried out on these groups, who sampled literally hundreds of potential new substances, were the final choices made.

CIA scientists and officials stressed that testing was necessary to avoid the risk of releasing potentially harmful substances into America's inner cities. One initially promising drug had to be abandoned when it was discovered that it had such undesirable side effects as increased feelings of warmth and empathy for other people, increased intelligence and an overwhelming urge to love everyone.

Initial product roll-out began this week in inner city areas of New York, Los Angeles and Baltimore with all residents receiving a special drug sampler pack, including an instructional video in ten languages. If the drugs receive the response the CIA is hoping for, they should be available on every street corner in every ghetto in America by April 1st.

'I never though I'd ever say this,' said Director Escobar, 'but, put down that syringe and pack away your crack pipe. You're going to luurrve this shit.'

## 1. PANSHIR GRASS

**TYPE:** EUPHORICANT  
**METHOD:** SMOKED  
**EFFECTS:** FEELINGS OF EXTREME HAPPINESS AND OPTIMISM; ENHANCED SENSORY AND SEXUAL PLEASURE; FOLLOWED SWIFTLY BY NEAR-SUICIDAL CATATONIA. WITHDRAWAL SYNDROME CAN LAST FOR 14 DAYS AND CAN ONLY BE RELIEVED BY FURTHER DOSES.  
**DURATION:** 5 MINUTES  
**COST:** \$1 PER JOINT



## 2. ZOM-B

**TYPE:** SYNTHETIC OPIATE  
**METHOD:** INJECTED/SMOKED  
**EFFECTS:** COMPLETE MENTAL COMA WITH PARADOXICAL STIMULATION OF MOTOR FUNCTION  
POSSIBLE SIDE EFFECTS INCLUDE WALKING OFF SUBWAY PLATFORMS, BRIDGES, OUT OF WINDOWS AND ONTO MOTORWAYS. DEPENDENCE FOLLOWS IMMEDIATELY AFTER FIRST DOSE.  
**DURATION:** 1 HOUR AND FIFTY-NINE MINUTES  
**COST:** \$2 A BAG



## 3. BRAINDRAIN

**TYPE:** HALLUCINOGENIC AMPHETAMINE  
**METHOD:** DROPPED INTO EYE  
**EFFECTS:** PENETRATES TO VISUAL CORTEX IN MICROSECONDS PRODUCING HORRIFIC HALLUCINATIONS. CAN PRODUCE FEELINGS OF LOSS OF IDENTITY, UTTER ALIENATION AND SEPARATION FROM HUMANITY.  
**DURATION:** 1 HOUR TO SEVERAL YEARS  
**COST:** \$2 PER DOSE



## 4. CRANKIE

**TYPE:** STIMULANT  
**METHOD:** SYRETTES DESIGNED FOR CARTOID ARTERY  
**EFFECTS:** ABNORMAL PHYSICAL STRENGTH COUPLED WITH SUPPRESSION OF CONSCIENCE AND MORALITY, CONCURRENT STRENGTHENING AND HEIGHTENING OF PSYCHOPATHIC IMPULSES; COMPLETE INVULNERABILITY TO PAIN.  
**DURATION:** 12 HOURS 13 MINUTES  
**COST:** \$3 A SYRETTE



# WHAT DO YOU RECKON TO THIS? HEROIN IS 'NO EXCUSE' FOR BAD BEHAVIOUR

Anne Marlow is a writer who has worked on Wall Street as a financial analyst and a management consultant. She could have spent her money on a Ferrari or Chanel suits. Instead, she chose to spend it on heroin. In the following extract from her book *How to Stop Time: heroin from A to Z* Virago Press 1999, she examines the relationship between addiction and crime and deviance. Read it over and write in to let us know your thoughts on this:

## NEED

Not for a minute can I subscribe to the popular view, encouraged by writers like William Burroughs, of addiction as uncontrollable need. Still less can I take it as an excuse for bad behaviour. No one would condone stealing or child abuse on the grounds of feeling the effects of the flu, and all but the severest dopesickness is no more rigorous than a nasty flu. Unpleasant? Yes. Sufficient explanation for amoral selfishness? Scarcely. Heroin eventually made me bad-tempered and remote, but it didn't make me beg, cheat or steal. Had I done these things, heroin would have been no excuse.



## ... .. DEALER KILLS SELF AND FIVE CUSTOMERS WITH OWN GRENADE ... ..

A hand grenade exploded in a crowded Yemeni market recently after a local drug dealer pulled the pin while giving change. The grenade was on the belt of one Hassan Azar, a dealer of the locally grown plant-based stimulant drug Qat. The dealer took himself and five customers out in the blast. There's a moral for dealers world wide here. Always make sure they have the right money. Never but never give change!

## ... .. FREE THE BANGLADESH TWO! ... ..

Bangladesh Police have arrested two monkeys who'd been trained to sell drugs by recognising the colours of different currency. The monkeys were found in chains when police raided a house, arresting three men and seizing 40 bottles of Phensidyl, an opiate based cough syrup very big with Bangladeshi junkies. When addicts entered the house the monkeys met them. If a visitor handed cash to the female Munki, then Hamid the male, would get the drugs from a hiding place. Munki handled only 50- or 100-taka bills and was trained to tell the difference by their colour.

## ... .. PENSIONER NICKED FOR FORGING VIAGRA SCRIPT ... ..

An 83 year old Manchester Pensioner and WWII veteran Mr Ernest Pink, was arrested for forging a Viagra script after his doctor refused to increase his dosage from one a week. Mr Pink told reporters that he wanted only to lead a "normal life" with his 39 year old girl friend. "Although my lady friend doesn't live with me, we like to spend time together.....I saw a blank prescription and I didn't really think it would really matter if I used it." For God's sake, give him the fucking drug. If he can still

manage it at 83 he deserves a crate of the stuff. And, as Dr Puffenstuff pointed out in our last issue, once a week might be okay for a New Labour Health Minister, but the rest of us might like it a bit more often.

## ... .. US HEROIN RESEARCHER ACCUSED OF USING RESEARCH GRANT TO BUY GEAR ... ..

Yet another US drugs researcher has been accused of using Government research money to buy illegal substances. This time the allegations concern a New York anthropologist, Ansley Hamid, who is accused of buying heroin to pay research subjects, using heroin himself and embezzling government cash to buy stereo equipment and CD's. When are they going to start drug testing researchers we wonder?

All the articles quoted from here were taken from an Internet site. You can read this drug news digest online at: [www.mapinc.org/drugnews](http://www.mapinc.org/drugnews)



# MAINLINE LADIES

THE FIRST IN A SERIES ON FAMOUS WOMEN DRUG USERS



## No 2. Billie Holiday (1915-1959)

Billie Holiday was born in Baltimore on April 7, 1915, the daughter of a 15 year-old musician and a 13 year-old housemaid. Her childhood was both harsh and short: she was confined to a Catholic Institution as a victim of rape at 10 and became a prostitute at the age of 13. She began performing in night clubs at 15, having discovered that singing could save her from servility and whoring.

"I had decided I was through turning tricks, but I had also decided I wasn't going to be anybody's damn maid!"

Discovered by Benny Goodman in 1933, she made records with Lester Young [who named her Lady Day] and went on tour with Count

Basie and Artie Shaw. She hated the road, however, especially the almost continual racism. Characteristically, she expressed her anger in song: 'Strange Fruit' - her own composition - was a bitter anti-lynching song which must have been the most surprising hit record of 1939.

Billie became a Heroin addict around 1944, to add to her other self-destructive habits of strong booze and weak, unreliable men. She spent much of the last 15 years of her life swinging between jails and sanatoriums - neither of which cured her of the "white junk" she found so plentiful in the clubs where she sang. Despite this she covered her needle tracks with long elegant black gloves and recorded songs - 'Don't Explain'; T'Aint Nobody's Business if I Do' etc - which speak

directly of the problems that devastated her.

Billie's strength and determination is shown most clearly in the closing lines of her own brutally honest autobiography, Lady Sings the Blues [1956]:

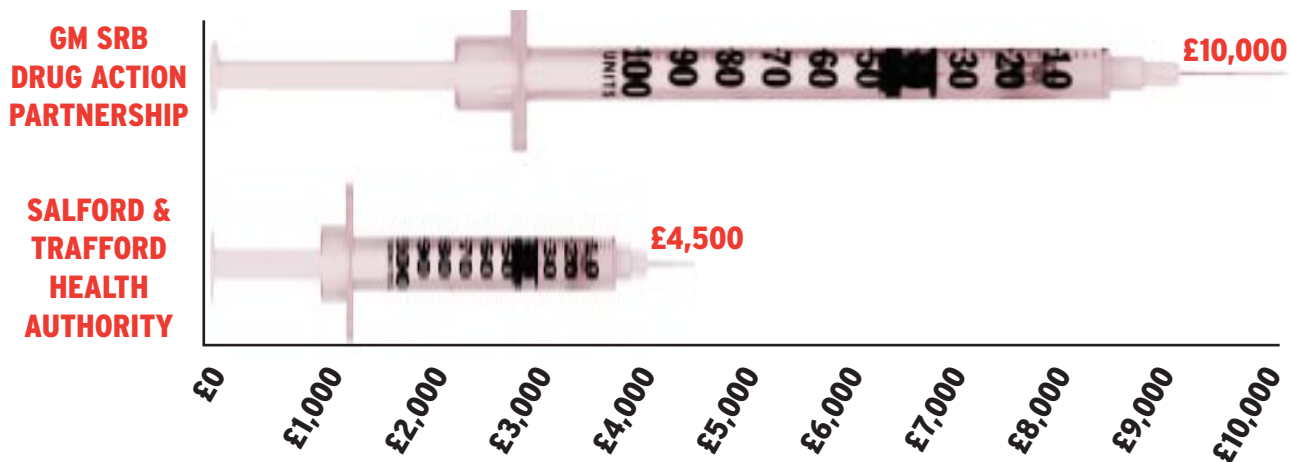
"This time the doctors have told me, with any kind of luck, I should be able to stay straight for two whole years. Who can ask for anything more? If you expect nothing but trouble, happy days will turn up. If you expect happy days, look out. But no doctor can tell you anything your own bones don't know. Who can tell what detours lie ahead? Another trial? Sure. Another jail? Maybe. But if you've beat the habit again, no jail on earth can worry you too much. Tired? You bet. But all that I'll soon forget with my man...."

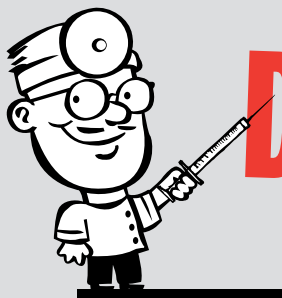
JOHN BROOKE

## HOW INTERESTED IS YOUR LOCAL HEALTH AUTHORITY IN SUPPORTING USER INVOLVEMENT?

WE WROTE TO ALL GM AUTHORITIES SOME MONTHS AGO AND THIS IS OUR PROGRESS TO DATE.

### NIL £'S RECIEVED: BURY & ROCHDALE, MANCHESTER, STOCKPORT WEST PENNINE, WIGAN & BOLTON





# DOCTOR PUFF'N'STUFF

## WHERE D'YOU GO WHEN THINGS GET ROUGH?

Dear Doc,

Can you please tell me if methadone is diluted with normal tap water to whatever ratio (as some people do for various reasons) apart from the obvious dilution does the strength of the meth' start to deteriorate as the water starts to react? And if so at what rate does this occur as I've heard various stories over the years and I'm still not sure.


Yours,  
Confused of Sale

Dear Confused of Sale,

Adding water to methadone should have no effect, except for diluting it. In theory it could make it very slightly less stable, but this won't be significant over a two to four week period. It would be best to dilute it immediately before taking it, rather than keeping it diluted in the bottle. It is dangerous to have diluted and undiluted bottles around the place, unless they are clearly labelled. If the wrong bottle is used by mistake, it might poison somebody.

DO YOU HAVE ANY QUESTIONS FOR DR PUFF'N'STUFF? IS THERE ANYTHING ABOUT DRUGS OR PROBLEMS RELATED TO DRUGS THAT YOU HAVE ALWAYS WANTED TO KNOW? WELL HERE'S YOUR CHANCE. THE GOOD DOCTOR (WE ARE KEEPING HIS REAL IDENTITY UNDER WRAPS FOR REASONS OF CONFIDENTIALITY) IS WAITING FOR YOUR QUESTIONS. WRITE TO:

**MONKEY USERS MAG**  
PO Box 124, Sale M33 7SB



Ah, Heroin! The scourge of modern American civilisation! The enslaver and despoiler of all that is good and pure! And heroin's ambassador, the drug addict: a craven, diseased, desperate minion of Morpheus who wallows in a cesspool of decadence and habitual debasement! Yes, fearsomely addictive heroin and the deranged dope fiends who inject it have somehow been merged in the American public's mind to form a two-pronged skewer that diabolically rips away at society's most vital organs, leaving a trail of despair and death in it's obscene wake.

At least, that's the way it's portrayed today. But, as author Th. Metzger posits in **The Birth of Heroin and The Demonization of the Dope Fiend**, it wasn't always so. Like everything else, Heroin has a history, and so does the societal archetype of the heroin addict.

Metzger traces heroin back to its inceptual roots as opium, and explains the uses to which latex of papaver somniferum has been put throughout Western history. He provides an account of the discovery of heroin in 1874, and the subsequent shepherding of this astounding substance into worldwide usage.

At first, heroin was widely used and hailed as a "triumph over pain." But as the American cult of purity began to emerge, heroin was rapidly demonized. It was tied to alien immigration from Asia, or "the Yellow Peril," which was perceived by isolationists as a threat to social order, and the stereotype of the diabolic Oriental drug fiend was soon fabricated and installed firmly within the American collective psyche.

In time, heroin came to be associated with defilement, sin, and disease, and the hypodermic needle became a potent symbol of moral and physical transgressions. Today, heroin and its users have become synonymous with devolution and degeneracy. How this came to be makes for a fascinating tale, and Th. Metzger tells it well in **The Birth of Heroin and the Demonization of the Dope Fiend**.

## THE PROJECT SUPPORT UNIT (PSU)

THE PROJECT SUPPORT UNIT (PSU) , FUNDED BY THE NATIONAL LOTTERY CHARITIES BOARD, IS A SERVICE TO SUPPORT VOLUNTARY SECTOR SUBSTANCE USE AND SEXUAL HEALTH PROJECTS IN YORKSHIRE AND HUMBER. OUR OVERALL AIM IS TO HELP GROUPS/PROJECTS TO IDENTIFY, PLAN AND CARRY OUT RESEARCH AND DEVELOPMENT WORK THEMSELVES.

We have been supporting a wide range of groups. These include youth projects, parents groups, black drugs projects, a homelessness project, and a group to support women leaving prostitution, and several local drugs and sexual health services. We are particularly trying to make these support services available to small community projects which involve service users and other affected individuals.

The services we offer are all free and include:

**Information - a library of research and development resources, including Internet access and phone enquiry service.**

**Advice - advice sessions to identify problems and solutions in researching need, planning, carrying out and evaluating local action.**

**Training - a programme of training to develop research and project development skills, which includes an introduction to planning local research, planning, evaluation and monitoring, questionnaire design and running focus groups.**

If you are interested in finding out how we could help you, please contact us at the RSDC, Leeming House, Vicar Lane, Leeds, LS2 7JF. Telephone Number: 0113 2448277

**NICOLE GLEDHILL (RESEARCH & DEVELOPMENT OFFICER FOR THE PSU) JANUARY 2000**

# CONTACTS

## **ADAPT (ADDICTS ARE PEOPLE TOO)**

DRUG USERS SELF HELP GROUP RUN BY DRUG USERS WORKING FOR A REAL NATIONAL DRUG USERS ALLIANCE.  
**0181 402 7977**

EMAIL - jo@leigh777freeserve.co.uk

## **ADVISORY SERVICE FOR SQUATTERS**

**0171 359 8814**

NATIONAL LINE

## **BHAF (BLACK/HIV AIDS FORUM)**

ZION CENTRE, ROYCE ROAD,  
HULME, MANCHESTER  
M15 5FO  
**0161 226 9145**

SEXUAL HEALTH SERVICES FOR BLACK PEOPLE IN GREATER MANCHESTER. BEFRIENDING SUPPORT FOR PEOPLE LIVING WITH HIV. COMPREHENSIVE RESOURCE BASE AND PRODUCTION OF BLACK SPECIFIC RESOURCES. TRAINING & DEVELOPMENT CONSULTANCY. SEX HEALTH NEEDS ANALYSIS.

## **BODY POSITIVE**

**0161 873 8103**

INFO ADVICE & SUPPORT FOR PEOPLE WITH OR AFFECTED BY HIV. DROP IN SVS. ALTERNATIVE THERAPY/ FOOD LUNCH/ GYM/ VOLUNTEER SUPPORT SCHEME

## **BOLTON EX-USERS GROUP**

**01204 492 858/492 402**

CONTACT: JOHN OR NIGEL  
SUPPORT AND GUIDANCE FOR USERS, EX-USERS AND THEIR FAMILIES RING WED P.M. MEETS WED'S 6 P.M.

## **BRITISH LIVER TRUST 0800 8001000 (FREEPHONE)**

INFORMATION ON ALL HEPATITIS

## **C. SEFTON (HEP C SUPPORT GROUP) 0151 529 3490**

ADVICE & INFO. CLIENTS FORUM. LAST WED BI MONTHLY MEETINGS. SAME DAY HIV TESTING & RESULTS. CONFIDENTIAL PRE/POST TEST. COUNSELLING. 'HEP B' SCREENING & VACINATION. HEP 'C' PRE/POST TEST. COUNSELLING & SCREENING. ADVICE INFO & SUPPORT MON-FRI 9-5

## **CITY CENTRE PROJECT 0161 228 7654**

16 - 25 YEAR OLDS YOUNG & HOMELESS OR IN PROCESS OF LEAVING CARE. ADVICE & SUPPORT. SUPPORTED HOUSING. RESETTLEMENT. DROP IN & CAFÉ 2 DAYS/WEEK.

## **GEORGE HOUSE TRUST**

75 ARDWICK GREEN NORTH  
MANCHESTER, M12 6FX  
**0161 839 4340**

HIV SERVICES AND INFORMATION

## **GREATER MANCHESTER DRUG REFERENCE LIBRARY**

LIBRARY ANNEXE, SHREWSBURY STREET,  
OLD TRAFFORD  
**0161 877 1977**  
CONTACT: JOHN BROOKE RING FOR DETAILS

## **HEP 'C' SUPPORT GROUP**

TRAFFORD CDT, CHAPEL ROAD, SALE,  
MANCHESTER, M33 7FD  
**0161 912 3170**  
CONTACT: STEVE WRIGHT

## **LIBERTY (THE NATIONAL COUNCIL FOR CIVIL LIBERTIES)**

**0171 378 8659**

## **MAINLINE**

PO BOX 72  
MANCHESTER, M16 7BU  
**0161 227 9299**

GTR MANCHESTER DRUG USER GROUP,  
ADVICE & INFO FOR DRUG USERS & THEIR FAMILIES. 24HR HELPLINE

## **MANCHESTER ADVICE LINE 0161 234 5600**

BENEFITS/DEBTS/GENERAL INFORMATION  
WELFARE RIGHTS. MONEY ADVICE.  
REPRESENTATION AT APPEALS.

## **MANCHESTER ADVICE LINE 0161 234 3305**

SPECIALIST ADVICE WORKER FOR PEOPLE AFFECTED BY HIV

## **MANCHESTER NEEDLE EXCHANGE SCHEME 0161 234 4923**

CONTACT: ALAN NEILL  
NEEDLE EXCHANGE INFORMATION

## **NARCOTICS ANONYMOUS 01253 850 018**

24 HOUR TELEPHONE HELPLINE 7 DAYS PER WEEK FOR PEOPLE WHO WANT INFORMATION ON DRUG PROBLEMS

## **NATIONAL AIDS HELPLINE 0800 567 123**

HELP & INFORMATION. VARIETY OF LANGUAGES AVAILABLE. 24HRS 7 DAYS A WEEK

## **PIPER**

EDGE LANE, STRETTFORD  
**0161 865 3322**

CONTACT: TIM BOTTOMLEY/JAQUI COTTON  
SPECIALIST SERVICE FOR CRACK COCAINE AND OTHER STIMULANT DRUG USERS & EX USERS. ADVICE & GUIDANCE. TOTALLY CONFIDENTIAL NO NAMES NECESSARY. DROP IN SERVICE - MON/WED/FRI PM'S. ACUPUNCTURE

## **POPS (PARTNERS OF PRISONERS) 0161 740 8600**

ADVICE & INFORMATION. SUPPORT TO FAMILIES & PARTNERS OF PRISONERS

## **POSITIVELINE 0800 616212 (FREEPHONE)**

HIV ORGANISATION STAFFED BY MEN & WOMEN WHO ARE THEMSELVES POSITIVE. MON-FRI 10 AM - 6PM.

## **REFOCUS (WIRRAL USER GROUP) THE LODGE, ST.CATHS HOSPITAL, CHURCH ROAD, TRANMERE, BIRKENHEAD 0151 653 3871**

CONTACT: JANE EDGE/TOMMY WILSON  
MEET LAST FRIDAY IN MONTH OPENING  
TIMES 9.30-5.00 5 DAYS PER WEEK.

## **RELEASE 0171 729 9904 M-F 10-6 0171 603 8654 AFTER 6 M-F & W/ENDS**

LEGAL HELP AND ADVICE FOR DRUG USERS, THEIR FAMILIES, FRIENDS & PROFESSIONALS. SOLICITORS AVAILABLE 24 HRS. FOR NON-CRIMINAL MATTERS, EG: HOUSING, BENEFITS ETC. CALL YOUR LOCAL LAW CENTRE VIA MANCHESTER ADVICE LINE. ADVICE ON CIVIL & POLITICAL RIGHTS INCLUDING POLICE COMPLAINTS, PUBLIC ORDER, PRIVACY, STRIP SEARCH, CENSORSHIP, LESBIAN/GAY RIGHTS. ADVICE LINES TIMES MAY BE SUBJECT TO CHANGE.

## **SEXUAL ASSAULT UNIT**

ST MARYS HOSPITAL, WHITWORTH PARK,  
MANCHESTER, M13 0JH  
**0161 276 6515**

FORENSIC SERVICES/CONFIDENTIAL COUNSELLING ADVICE & INFORMATION. NO POLICE CONTACT NECESSARY, 24 HR SERVICE. PHONE CALL FIRST FOR WEEKEND/AFTER 9PM/BEFORE 8AM

## **SHELTER 0161 834 4809**

ADVICE & INFORMATION ON ANY HOUSING PROBLEMS. FREE CONFIDENTIAL SPECIALIST ADVICE. TELEPHONE 10AM -1PM  
MON/TUES/THURS/FRI

## **STASH-SALFORD & TRAFFORD NEEDLE EXCHANGE 0161 792 6922/912 3170**

CONTACT: STEVE SIMMONS  
NEEDLE EXCHANGE INFORMATION

## **TRANSFORM**

1 ROSELAKE HOUSE, HUDDS VALE ROAD, ST  
GEORGE, BRISTOL, BS5 7HY  
**0117 939 8052**

NATIONAL ORGANISATION CAMPAIGNING FOR REFORM OF DRUG POLICY & LEGISLATION. AIM TO BUILD A MASS MOVEMENT OF ACTIVISTS WHO WILL ENGAGE IN ACTIVITIES TO CAMPAIGN FOR EFFECTIVE CHANGE.

## **WATERLOO PROJECT**

CHEETHAM YOUTH ACTION BUILDING,  
BRENTFIELD AVENUE, CHEETHAM HILL,  
MANCHESTER  
**0161 792 6922**

ADVICE & INFORMATION. SUPPORT FOR IV DRUG USERS/CRACK COCAINE USERS/WOMEN WORKING IN SEX INDUSTRY. DROP IN. TEA & COFFEE. ACUPUNCTURE. REFERRALS.

**DISTRIBUTE MONKEY  
IF YOU ARE A USER OR  
EX-USER AND WOULD LIKE  
TO DISTRIBUTE OUR  
MAGAZINE ANYWHERE IN  
THE GREATER  
MANCHESTER AREA,  
PLEASE CONTACT US AT  
THE BOX NUMBER BELOW.  
SELLING/DISTRIBUTING  
MONKEY COULD HELP YOU  
WITH STARTING A USER  
GROUP IN YOUR OWN  
DISTRICT. YOU COULD  
BUILD A NETWORK  
AROUND DISTRIBUTION,  
OR EVEN SELL IT TO RAISE  
A BIT OF MONEY FOR  
YOUR GROUP. SO IF YOUR  
INTERESTED, GET IN  
TOUCH. MONKEY PO BOX  
124, SALE, M33 7FD**

