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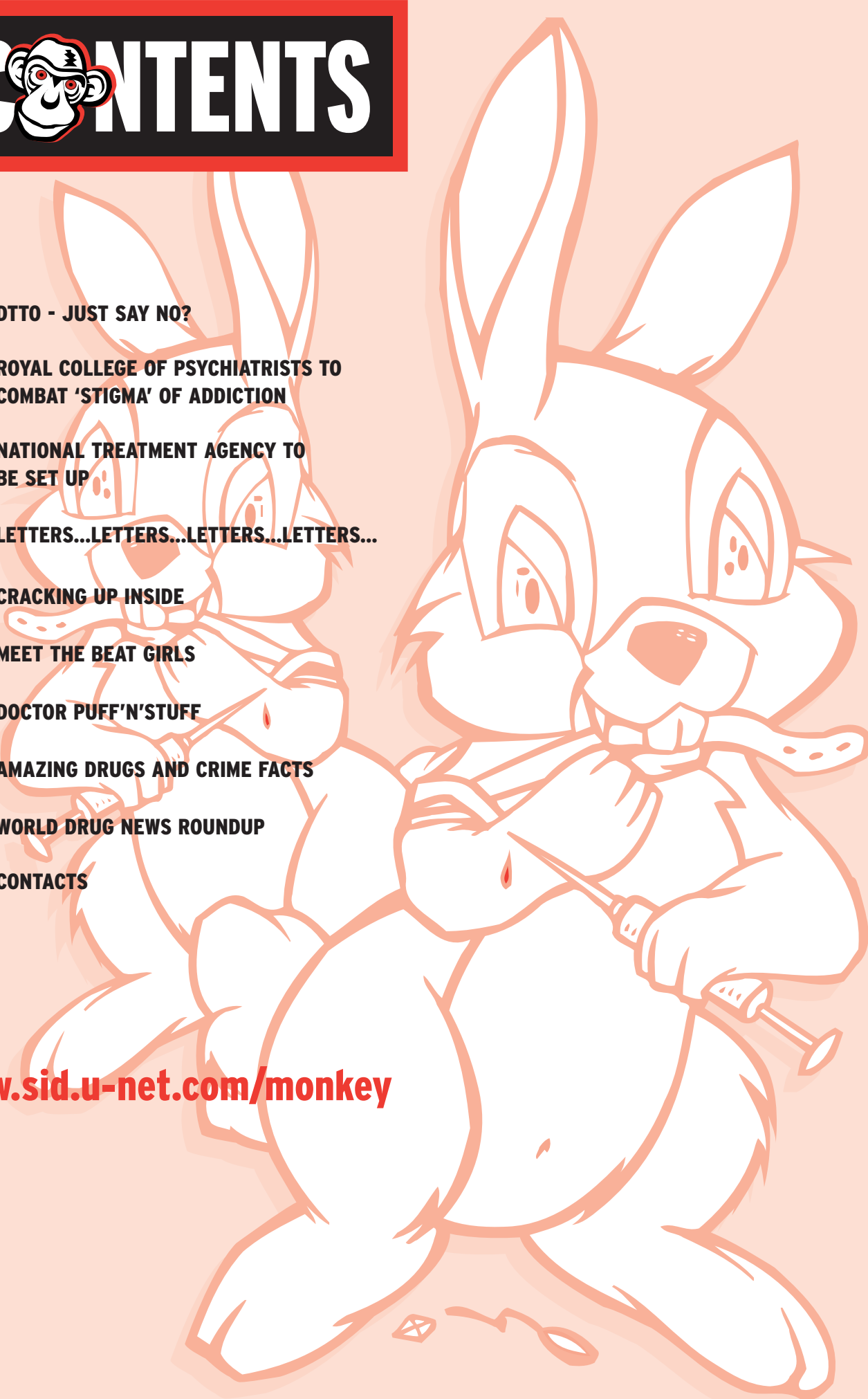


[#5]

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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ISSUE™
[#5]
APR 2001

TOUGH ON CRIME? - IT'S ELECTION TIME!

Remember Monkey's slogan "Getting Junkies Gets Votes"? Well, there's a general election on the way (foot and mouth permitting) and guess what? Tony and Jack are at it again, scapegoating (poor) Class A users. First off the mark, was Tony blathering to the New Labour faithful about "the anti-social behaviour, the crime driven.... by the menace of drugs that makes life hell for many of our most vulnerable citizens." The main target is to be dealers, "million pound drug dealer(s)". Now come on TB. How many 'million pound dealers' do the dibble get every year? You know and we know that the majority of people nicked for dealing Class A's are user dealers. But, never mind the facts, let's get on to the details of what the government proposes to do with dealers. What Tony wants is "a register of hard drug dealers. Give the courts the power to order that someone coming out of prison who they **think** (our emphasis) will end up dealing again be put on the Register. Then the police must be informed of all changes of addresses." Bank accounts can be checked and "irregular transactions" followed up.

"We want Britain to be the hardest place in the world to be a drug dealer", Tony told party hacks. Well, we've got news for you Tone. The hardest place in the world to be a heroin dealer is probably the People's Republic of China. The ultimate sanction is public execution plus the possibility of having your vital organs sold on for transplant to wealthy Asian businessmen. So, unless you and Jack have set your sights on a Public/Private Sector partnership, featuring regular army firing squads and BUPA owned 'organ banks', you've got some catching up to do.

But let's get back to Tony's register (will it have mobile numbers as well as addresses, we wonder?). You have to sign the Register if the courts **think** you might reoffend in this way? For fuck's sake, whatever happened to due process and the presumption of 'innocent until proven guilty'? Apart from the fact that this is all meaningless anyway, the real point here is the notion of a 'Register'. The only other group of offenders required to sign a register is paedophiles. The equation between dealers and nonsense cases is no accident. It's all part of the demonisation of drug users that this lot has made their very own. Not that other governments haven't scapegoated drug users, just that New Labour have turned it into an art form. And as for dealing in "deadly drugs", why aren't tobacconists going to be on the Register. Tobacco kills 120,000 people in Britain every year. "Hello Crimestoppers? I want to turn in my local newsagent Mr Patel. That's right. He runs a corner shop and his cousins do the door. He gets you the tabs and his missus takes the money. Lots of his customers are kids. Oh, and by the way there's an offie next door. They help do

about 30,000 a year in. You might like to pop in on them while you're round here."

Not satisfied with this measure, a few days later Tony was at it again. A nationwide network of drug courts is going to be set up with "specially trained magistrates". No wonder ordinary magistrates are generally such crap. Apparently they don't receive any training. Nevertheless, this new bunch, a sort of DEA in bad suits, twin sets and pearls, will be given powers to force anyone convicted of drugs related offences to go into treatment to help them "kick the habit". But what's happening to Drug Treatment and Testing Orders? They were supposed to be the English answer to US style drug courts. Could it be that DTTO's are a complete waste of time and money (see this issue), and that some Probation areas have even used the money to plug gaps in probation services rather than doing what the Government wanted? Heaven forbid! The Probation Service scamming cash? As if they, or the prison service or indeed any other public body would use drugs money for any purpose other than the one it was intended (Although it's okay for the government to nick £4 million from the new treatment moneys). No, this is simply a cheap election trick to win over floating voters who might be tempted to vote Tory because Billy Hague (the Yorkshire slaphead) promises to be even more hard-line on crime.

Then it was Jack's turn. This time the theme was high tech. "Cutting Edge Technology for Drug Testing.." the Home Office Press Release screamed. "Radical drug testing technology using oral fluids is to be piloted in Hackney, Stafford and Nottingham as part of the Government's strategy to tackle drug related crime, Home Secretary Jack Straw announced today." ('oral fluids' represents their attempt to make 'spit' sound high tech) According to Jack, if the pilots are successful it will be in every nick (and probation office) in a few years time. Its object, apparently, is to "provide for continued and repeated oversight and treatment of drug misusers to reverse deep-seated hard drug habits and the crime that is committed to feed them". The fact that there is no evidence to support this measure and that far from reversing drug habits, the American evidence shows that its net effect is more often than not to send you back to jail, simply doesn't matter. What matters is that the voters think New Labour are tougher on crime than the Tories. Getting junkies gets votes. And building new nicks generates employment and makes multi-national private prison providers very happy. In terms of dealing with problem drug use, they add up to nothing. I know what I'd like to do with my oral fluids right now.

IAN SMITH

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 FEW ISSUES. IT IS INTENDED TO HAVE AN ANNUAL GENERAL MEETING LATER IN THE YEAR 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.

DTTO-JUST SAY NO?

THE HOME OFFICE IS CLAIMING THAT 546 DRUG TREATMENT AND TESTING ORDERS HAVE BEEN MADE SINCE OCTOBER LAST YEAR WITH ONLY 20 BREACHES. FIRST OFF, LET'S JUST SAY, THAT THIS LAST STATEMENT IS A COMPLETE LOAD OF BOLLOCKS!

The breach rate for the experimental DTTO was 50% and Harry Fletcher (head of the Probation Officers union) says breach figures nationally are running ahead of the experimental schemes. The real explanation is that this 20 are all the Home office know about and getting cases of breach to court takes awhile. But we thought it would be a bit of a wheeze to work out how much this new 'get tough' policy is costing. All in all the Government is spending **£40 MILLION** this year on DTTOs. Let's say 600 orders will have been made by the end of this month (April) that's six months of the money. Costs of these is £20 millions and remember, there's at least a 50% failure rate on top of the low numbers. What else could we buy with such a sum and still save Gordon Brown, our Chancellor, some money

[#] Send users to prison. It's where they'll end up anyway when they breach. Cost for 6 months £12 000. GORDON GETS £21, 000

[#] Give 'em what they want. Diamorphine script. Cost for 6 months £6000. GORDON GETS £27, 000

[#] For those who don't like pharmaceuticals, give 'em street heroin. Cost £18,000 for 6 months. GORDON GETS £15,000

[#] Social Inclusion offer. £3,000 mortgage for 6 months, £2,000 educational fees, £6,000 salary. Total for 6 months £11,000. GORDON GETS £22,000

[#] Reinforcement. Testing every three days. £100 per clean urine. 60 tests in six months, all clean cost £6, 000. GORDON GETS £27,000

[#] Integrated care pathway. Heroin script + mortgage+job+training+ testing every 3 days and £100 per clean urine test. Total cost for six months £23,000. GORDON STILL GETS £10, 000 BACK TO SPEND ON PENSIONERS!

And, one last thought, if the failure rate is so high, as we said two issues ago think twice before you opt for one. From what we've heard people in some areas of the country are picking up some serious bird if they're taken back to court for breach. One knowledgeable individual suggested that for some areas, it could mean the difference between a three and a five. So, make sure you can meet all the barmy requirements built in to these orders before you say 'Yes!'. I think we'll send this issue direct to Gordon Brown.

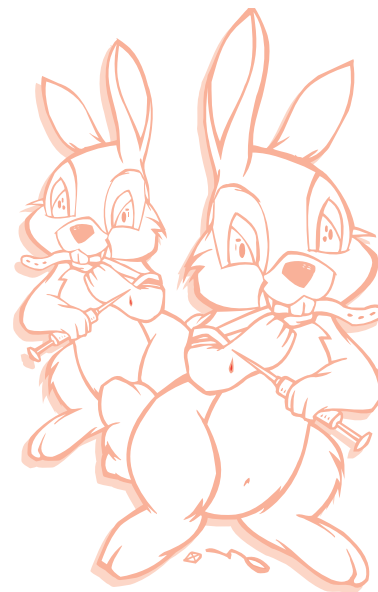
[ROYAL COLLEGE OF PSYCHIATRISTS TO COMBAT 'STIGMA' OF ADDICTION]

WHEN SOMEONE SAYS ADDICTION IS A STIGMA, THEY MEAN THAT IT IS SOMETHING THAT IS SEEN AS SHAMEFUL. WE ALL KNOW TOO WELL WHAT MANY PEOPLE (INFORMED BY POLITICIANS AND THE MEDIA) THINK OF ADDICTS (SEE THIS ISSUE'S LETTER PAGE FOR ONE EXAMPLE). LYING, DIRTY, SCUM WHO'D STEAL THE MORPHINE SUPPOSITORIES FROM THEIR GRANDMA'S ARSE, GIVEN HALF A CHANCE. BUT PUT AWAY ALL YOUR WORRIES ABOUT PEOPLE SEEING YOU LIKE THAT IN THE FUTURE. AT LEAST IF YOU'RE ONE OF THE GLITTERATI, COME FROM 'A GOOD FAMILY' OR ARE A DOCTOR-ADDICT YOURSELF THE ROYAL COLLEGE OF PSYCHIATRISTS, AS PART OF AN ONGOING CAMPAIGN TO COMBAT NEGATIVE VIEWS OF PEOPLE WITH MENTAL ILLNESSES APPARENTLY DRUG AND ALCOHOL DEPENDENCIES ARE COUNTED AMONG THESE! ARE TACKLING ADDICTION NEXT. THEY'VE SET UP A SUBGROUP SPECIFICALLY TO LOOK AT 'STIGMA AND THE ADDICTIONS'. THE PEOPLE ON IT COME FROM "A VARIETY OF SPECIALITIES AND PROFESSIONS", INCLUDING 3 GPs, 3 PSYCHIATRISTS AND LADY PARKINSON WHO APPARENTLY "BRINGS MANY YEARS OF INVOLVEMENT IN THE FIELD OF ADDICTIONS". SAY NO MORE YOUR LADYSHIP, A NOD'S AS GOOD AS A WINK.

NOW WHAT ON EARTH DO THIS LOT WITH THE POSSIBLE EXCEPTION OF LADY P KNOW ABOUT STIGMA? OTHER THAN THE STIGMA OF NOT BEING A PROPER DOCTOR, LIKE A SURGEON, SAY. NO, THE ONLY ISSUES AROUND THE STIGMA OF ADDICTION THIS LOT WILL BE DEALING WITH WILL CONCERN RICH PEOPLE WITH BAD HABITS. IF YOU THINK THEY'RE GOING TO SUGGEST THAT YOU LOT SHOULDN'T BE CALLED 'BAGHEADS' OR 'SMACKIES' ANYMORE, OR BE DISCRIMINATED AGAINST BY DOCTORS, OR TELL DOCTORS NOT TO PUT POSTERS UP IN THEIR WAITING ROOMS WITH MESSAGES LIKE NO METHADONE PRESCRIPTIONS, THINK AGAIN. THEY'VE NOT EVEN BOTHERED TO RECRUIT ONE OF THE NODDING DOGS WHO USUALLY APPEARS AS USER REPRESENTATIVES ON TO THE GROUP, SO THERE'S DEFINITELY NISH FOR YOU BUNCH OF SCALLIES. BY THE WAY, IF ANY OF YOU OUT THERE KNOW LADY P. WRITE AND GIVE US THE SP ON HER. WE'RE FASCINATED AND IF SHE HAS BEEN A BIT NAUGHTY IN HER DAY, DISCRETION IS GUARANTEED. PROMISE.

JUNKIES TO FUND NATIONAL TREATMENT AGENCY

THE GOVERNMENT (A.K.A TONY AND JACK), LIKE MANY DRUG USERS, HAS FINALLY GOT SICK OF THE STATE OF THE ENGLISH DRUG TREATMENT SYSTEM. ITS LONG WAITING LISTS, THE ENORMOUS VARIATIONS IN TREATMENT YOU GET BETWEEN DRUG SERVICES IN ONE DISTRICT AND THE NEXT AND THE OVERALL PISS-POOR QUALITY OF MANY SERVICES NATIONALLY. TO END WHAT IT CALLS "THE POSTCODE LOTTERY" (THAT IS, WHERE YOU LIVE DETERMINES THE KIND OF TREATMENT YOU GET AND WHETHER YOU GET ANY TREATMENT AT ALL) AND TO ENSURE DRUG SERVICES DELIVER QUALITY TREATMENTS THAT 'WORK' (I.E. METHADONE), IT IS SETTING UP SOMETHING CALLED THE NATIONAL TREATMENT AGENCY.



By the way don't think for a moment that this has anything to do with your health or welfare, it's so the government can make sure there's a treatment agency in your area that you can be sent to if you get nicked. Like much else this government has done in the drugs field recently, it's something Tony and Jack (or in reality one of their advisers) has dreamed up. There's even a recognisable process to it now. There's a press announcement from No 10 or the Home Office. The Drugs Tsar, his Deputy and all the rest of the suits look embarrassed or gobsmacked when journalists ask them about the new measure, because it's the first time they've heard of it. Then, within 24 hours, they're talking so confidently about the latest wheeze, you'd think it had been in the national drugs strategy from the beginning. And this is how the National Treatment Agency (NTA from now on) came into existence.

This is a much more complicated thing than the other stuff they've made up, so the details have taken longer to work out. But, as things stand at the moment, it looks as though this agency will have the power to make sure that the new money that's coming down for treatment will actually end up being spent on treatment. It also looks as though they will set minimum standards for treatment and that they will have the power to make poor services 'buck up or fuck off'. None of this would make a great deal of difference if there weren't now lots of money coming into treatment, starting this April. If your local treatment service doesn't buck up and your local DAT can't/won't make it, then lack of money is no longer an excuse.

We took the piss out of the NTA in our last issue because all we knew about it was that it was going to buy rehab places nationally. But that was all anyone knew about it then. The stuff above has only emerged in the last couple of months. So we are going to wait and see on this one. It's definitely needed. A look around at the state of treatment in many parts of England and Wales confirms that. And the way money for drug treatment gets siphoned off into other things would make a group of Miami money launderers green with envy. Someone has to stop the diversion of drug treatment money and its waste. Although, as we said in the editorial, this doesn't apply to the Government itself. You see, because they made the NTA up on the spot, they never thought to set aside any money for it. So what they've done in the last few weeks is to nick £4 million quid out of the new

treatment moneys to pay for their agency which, among other things, will prevent treatment money being siphoned off for other purposes. Makes sense, doesn't it? Yet it's good to know that (however unwittingly) its junkies who have funded it indirectly.

So, as its drug users who are funding it, we'd like Monkey, and especially its readers, to help the new agency in its job. Now there's the money coming in over the next 3 years to fund treatment this is something worth doing. As soon as the Agency gets started in April and we know what the set up will be, we'll print a form in the appropriate issue of Monkey that will allow you to give information to the NTA (copy to your local Drug Action Team) on waiting lists in your area, prescribing practices and quality of service provided. That way the NTA can have another source of information besides the stuff it gets from your local DAT. We'll put a heading on it. Something like **'Junkies and the NTA: A Partnership Approach to Improving Services'** and make it look all posh and official. We'll give you their address and you can fill it in either anonymously or with details and send it off. It's only the price of a second class stamp and think what a difference you might make.

But just in case anyone should think we've gone soft in the head, welcoming something this bunch of intolerant, gospel grinding, electoral opportunists have set up, here's a few other observations to be going on with. The NTA, it goes without saying, is another job creation measure. A recent hog call in the Guardian newspaper offered a pail of swill worth £110,000 a year for a Chief Executive for the new agency. And the overall size of the trough will be big, with plenty of jobs in London and even some in the provinces. All with large salaries. Suited pigs are already jostling around the feeder rim to get their snouts in. Our readers may be unemployed but they make sure plenty of other people are in work. Also, there is the small matter of user consultation. Not a word about the consumers of drug services in any of the consultation documents. This despite all the stuff in NHS documents about putting patients first and the 'Best Value' approach in local government that says consumers of public services should be consulted. Never mind. We can help make up for that as time goes by. Maybe we'll run a confidential 'Shop a DAT' line? After all, it was cash intended for us that set the fucking thing up. We should have a say.

LETTERS...LETTERS...LETTERS...LETTERS...

INJECTING ROOMS

Dear Monkey

I have been using drugs for 25 years, injecting for 24 of those years, and have been on prescribed injectable methadone for five years. I have been homeless for some of the time. To get a dig I need a warm and clean environment. What I want to know is why drug services do not provide injecting rooms with a nurse to supervise help. This would stop people having to use on the streets and might help people with injecting problems.

Once I went to my GPs and used in the toilet. They called the police who didn't charge me but warned me that I cannot inject in public places. I have heard there are injecting rooms in Germany. Why can't we follow this example?

S.D. North Manchester

Ed. Dear S.D. There are injecting rooms in Germany and Australia is playing with the idea. DDU's used to have fixing rooms but only for drugs they prescribed. We'll do a full feature article on this in the issue after next which will hopefully answer your question.

NO WORKS IN WIGAN

Dear Monkey,

I'm from Wigan and I'm an injecting user. I score my drugs there and I use them there. But since they shut the main Community Drugs Team building down well before Christmas, life has got very difficult because it's now near fucking impossible to get clean pins or works anywhere in Wigan. None of the chemists do them anymore and the nearest places after that are Leigh and Bolton (both at least 5 miles away). I don't want methadone but I do want clean pins and works. Since they shut the main Community Drugs Team down I've had to share with mates and I'm not the only one either. I've seen people using pins with no point left on them because they've been used that much! And whenever I ask what's going on I can't get any sense from anyone.

Whenever I've tried to get works I've either been told to go 5 miles away or hang on for a few months while they open a new building! Fine. I'll just stand here with this bag till you find a new building. I've even been told the Community Drugs Team is moving to Billinge Hospital until the new building opens which means another 5 mile trek to get some clean equipment. Maybe finding a new building is a problem. But it shouldn't be mine. Does that mean until they sort things out I've got to run more risk of getting Hep. or HIV/AIDS? Why can't they make some other arrangements about clean works? Or doesn't Wigan give a toss about the health of its users or the spread of HIV and AIDS? Perhaps they've forgotten that the public are as much at risk from us not getting clean equipment as we are. So come on Wigan. Get your arse in gear and your act together.

At risk - Wigan

Ed. This is the third communication we have received on this topic. We contacted Gary Oulds, Manager of Wigan and Bolton Drug Services and this is what he said ...

Dear At Risk

I am extremely concerned to hear of the difficulties you have been having obtaining clean equipment and this is clearly unacceptable. We have however been having severe problems with accommodation at the Wigan Community Drugs Team.

We have operated a limited exchange service from temporary

accommodation adjacent to the magistrates' court in the Town Centre since the Wigan Community Drugs Team was closed. We have recently had to vacate the magistrates court premises. We will now be running a limited exchange service from the ground floor of the Community Drugs Team building in Bretherton Row on a Tuesday and Thursday between 10.30 and 4.30pm commencing Tuesday 20th March 2001.

We have maintained a full central needle exchange service in Leigh Community Drugs Team at 14 Brown Street North, which is open Monday to Friday and is being used heavily by Wigan drug users. There are also three pharmacists involved in the district pharmacy needle exchange scheme. These are located at Traynors; 108 Market Street, Hindley, Timms and Parker; 4 Railway Road, Leigh and McCallister; 44 Market Street Westhoughton. I realise that these are not ideal locations for Wigan residents so we are urgently negotiating with additional pharmacists in the Wigan borough to deliver extra pharmacy based exchange services.

We will be moving the Community Drugs Team to Billinge Hospital within the next three weeks. I know that this is still a 20 minute bus ride from the Town centre so we plan to maintain the limited needle exchange at the Community Drugs Team building in Bretherton Row. We are in the final stages of acquiring new permanent premises close to the Town centre and once these are refurbished and established we will be fully operational again.

Yours sincerely

Gary Oulds, Service Manager

Ed. P.S. Expect more problems like this all over Greater Manchester in the next year or two as treatment expands.

A VIEW FROM THE OTHER SIDE

Dear Editor

I know how hyper sensitive heroin addicts are to criticism, so no doubt this letter will be filed in the waste paper basket, but you do say (MONKEY 3) that you welcome all letters. I picked up a copy whilst waiting for my ex-boyfriend to see his key worker at Brown Street Leigh. I thought it was interesting and informative even from a non-users point of view.

Until a year ago I had little or no personal contact with drug users until I met my boyfriend. I always thought users deserved sympathy and understanding. How wrong I was!! He has gone through my savings, wrecked my car and, worst of all, destroyed my faith in humanity.

After attending many sessions with him at Brown Street and listening to the inane banter of his compatriots in the waiting room, I have come, reluctantly to the conclusion that heroin addicts are a boil on the backside of the human race and that the doctors and workers in this field are wasting their time and energy. It seems to me that users attending these centres lie and bluff their way through their sessions with people who are just trying to help them by either selling their medication, using on top, whilst bragging about how many times they have been in detox in the waiting room. I am totally sickened. They seem to think that they are the only ones to have ever suffered from great pain and insurmountable problems in their lives.

If I was the Health Minister I would not appropriate one penny towards rehabilitation or detox centres. You might as well flush it down the toilet. It could be better spent elsewhere in the Health Service. And as for human rights - is there such a thing where heroin addicts are concerned? I think not. Not anymore.

LETTERS...LETTERS...LETTERS...LETTERS...

I always thought love could conquer all. Not where heroin is concerned. It is a far more seductive mistress than I could ever be. It has destroyed my life without me ever being a user.

I hope you are not too shocked by my alternative opinion.

Best wishes,
CP of Warrington

Dear CP, Shock is not an emotion we go in for here at Monkey derision is the usual mood but your letter did make us get more serious. The anger you feel towards your ex-boyfriend is only too understandable. But I'd ask you to think about two things. First, most people who get into gear are pretty ordinary people. The life that the average street user leads, however, doesn't help them develop their moral senses much. On the contrary it has a blunting effect. The 'junkie' is as much a product of the laws we have against drugs and the way users are treated as anything else. That said, some people are shithouses, whether they end up using gear or not. And heroin, as one junkie said recently, is no excuse for bad behaviour. Second, now that you've put some distance between yourself and your anger towards your boyfriend, are you still of the same blanket opinion concerning all heroin users? Thanks for your honesty.

PRISON DETOX

Dear Monkey

My name is Tracey Wimbleton and I have experienced the issue I'm going to tell you about now as some thing really needs to be done.

I have been to jail on many occasions through drug related crimes. On going in Styal you have to see a doctor and nurse. And after being in the police cells overnight, then at court all day, by the time we reach the prison all the girls are strongly withdrawing. As I was on these occasions too. I was coming off methadone and Valium. Drugs I was prescribed by my Community Drugs Team and Dr. When I went in to see the prison doctor he said 'How can I help you?'. I began to tell him I was withdrawing off my methadone and valium as I was being sick and had very bad shakes. The doctor said pull your sleeves up and began to look at my arms to see if I had goose bumps. He said 'You seem to be okay to me. I will see you again in the morning. Goodbye.' No exaggeration, I was really in the peak of withdrawals. I could hardly walk because I had no energy. There were many girls in the same condition. All of us got told the same thing. After that we was all took to our cells.

That night I was woken with nurses round me as I had a fit, caused through not having my valium. I was then left till morning where I saw a different doctor who took my blood pressure. I then again told this Dr what drugs I was prescribed. I had to do a sample where both drugs shown up and the doctor put me on a 11 day detox of DF118's starting me on :

120ml a.m. 120 ml p.m.
90ml a.m. 90 ml p.m.
90ml a.m. 60 ml p.m.
60ml a.m. 60 ml p.m.
30ml a.m. 30 ml p.m.
30ml a.m. 30 ml p.m.

120ml a.m.90 ml p.m.
90ml a.m. 90 ml p.m.
60ml a.m. 60 ml p.m.
60ml a.m. 30 ml p.m.
30ml a.m. 30 ml p.m.

In the meantime she said she needed a letter confirming I was on Valium. I sign a form where they ask my doctor to send a list of what medication I was on and told me it would be faxed to my doctors for an urgent reply. In the meantime I had several fits. I was given Carbamazepine to help these fits stop which didn't

help. I was still fitting. My doctors reply came back showing what medication I was on. Proving Valium was one (10mgs x 3 daily). Even then the doctor would not give it me. She said I had done okay the last few days + I didn't need them She prescribed me this carbamazepine 100 mg 3 x daily. I did stop fitting after a while but I had the shakes where I couldn't hold a cup. I was still withdrawing, being sick, couldn't eat, collapsing and the doctor would just say go and lie down you will be okay. This happened to me and everyone else, and once you finished your DF course you're back at Stage 1, and while I was there 3 wks on remand, there were a lot of girls who hanged themselves and when you put an application in to see the doctor it takes three days. When you eventually see him and you tell him you're still withdrawing, bad, stomach cramps, no sleep at all. Bad shakes and your feeling suicidal and depressed.

One doctor actually said, "I'm depressed with having to listen to you' and the same stories everyday, but I don't need medication!" Its terrible. Something really needs to be done. There are a lot of girls committing suicide because you can't get help. The officers don't care. There'll be an odd one who does but still they can't help. Please help in doing something about it as it would stop a lot of suicide and girls hanging themselves plus the Doctors are not doing their jobs right. Please help for all the girls in the remand centre as I think this should be published and the prison should also be sent Monkey Magazine as they're all drug users that need help and it is a good magazine you can also print my name as I'm proud to show Styal girls I'm trying to get help for them.

By Tracey Wimbleton. Age 24
Ardwick, Manchester.

PS I will also be writing to the press. Thank you Monkey.

Dear Tracey,

Thanks very much for the letter. This is a complicated issue and we will be taking it up with the prison authorities. Wish you'd told us how much meth/gear/valium you'd been using. But the first step is publishing this letter and also sending them a copy of it asking for their comments. We will publish these in our next issue. We will also be sending copies of the letter to the relevant authorities in the Women's Estate of the Prisons Service, the Prison Inspectorate, the Prisons Drug Strategy Unit, The Drug Tsar's Office and Mo Mowlam who is the Minister responsible for drug issues in Cabinet. It was very brave of you to attach your name to this letter and we had a few problems as to whether to publish your name. But we have followed your requests. Any other prisoner from Styal who wishes to comment on detox and medical treatment in the prison should write to us. We will preserve anonymity if requested. The suggestion you make of a potential link between suicides and detox regimes is one that the authorities need to take a hard look at. There is some Scottish evidence to support such a link incidentally, the new Clinical Guidelines say DF118 shouldn't be prescribed.

FILLING THE SPIRITUAL VACUUM

Dear Monkey

This contribution to your honest, and very interesting, magazine, concerns my ideas for spiritual awareness encouragement for ex-users of drugs. Before I define what I mean by 'spiritual' let me give you a brief synopsis of my stuff. I am currently doing voluntary work - project worker at Hulme's Zion Centre, working in Dash's needle exchange. I've been working there for over a year.

What is meant by spiritual? Spirituality means DIRECT experience of a transpersonal dimension, rather, than as it has been promoted by cultural institutions, to do with going to church, taking advice from a vicar, priest etc. etc.

LETTERS...LETTERS...LETTERS...LETTERS...

Why is it relevant? I strongly believe that a great deal of our problems in society - drug abuse, violence, boredom, self-harm, suicide, vandalism, racism, bullying etc. stem from a lacking of a spiritual dimension to life. I am sure, focussing for the moment on the problems of substance misuse, that if many drug users, soft to hard, were asked why they chose to take drugs they'd reply, amongst other things, 'for kicks' or 'cause I was bored'!

Maybe so-called 'boredom' is a crucial clue. Only yesterday, on the morning talk show 'Kilroy' which was about 'trouble in the community' several young people chose to define and justify their anti-social behaviour as being a result of being bored. This however, not a problem only shared by 'estates' and inner city areas where 'anti-social' behaviour may be most prominent. Middle class kids, with all their technological gadgets are know to have shorter, and shorter attention spans and be bored also.

So the point I am making is that boredom seems to be a problem shared by the majority of us, if we're honest! And we seek to escape this bug-bear in a variety of ways. Addiction to work, and chocolate bon-bons, are two of many.

Reaction to boredom. Boredom of the grim day to day which I seem to have to live, with all its worries, wind ups, fuck ups, insecurities, uncertainties, and pain. Reaction to all that is a wanting for transcendence from it. To acquire a 'buzz' an anything, but not that. Oh not more of this please! Previous, ancient, societies had a means whereby people could explore transcended realism whether by the respectful taking of sacraments for the purpose of helping to open the mind body, or by non drug rituals for the same purpose. Soon after the rise of the political Christian Church, places which offered direct spiritual experience were smashed to the ground, and the people involved with them killed.

So, quickly fast forwarding to our present circumstances in the 21st century, what is available? here comes the gist of this piece. Dr Stanislav Grof, who is one of the originators of Transpersonal Psychology, and was an LSD therapist before the substance because prohibited - even for professional use - by the authorities, has along with his wife, Christina Grof, devised a non drug experiential therapy called 'Holotropic Breathwork'!

The bones of this transpersonal therapy are that a willing person reclines with eyeshades on, and is encouraged to breathe deeper and faster than usual, in a circular fashion, so that there is no gap in between inhaling and exhaling.

Accompanying this action powerful music is played - without lyrics - and this music, along with the faster breathing, acts as a 'carrier ware' for a free flowing of inward self exploration. The breather must have a sitter - a person who is there to make sure breather comes to no harm, and thus the latter can completely feel free to let go.

And where does he/she go? Orthodox understandings of the human psyche have tended to understand consciousness as being a product, and epiphenomenon, of complex matter, i.e.; particularly the human brain. As a result of this metaphysical assumption, for which there is no proof, their studying of mental illness they mainly concentrate on biographical details, i.e.; early childhood memories, as well as traumatic events from all of the subjects life.2.

What Grof has found out, as have the many people who have experienced early LSD therapy, Holotropic Breathwork and similar powerful experimental bodywork, is that self-exploration can go much much deeper than merely the biographical domain. It may go to memories of actually being in the womb, which Grof terms the Basic Perinatal Experiences. This realm, which is also deeply connected with the mysteries of birth and death, acts as a gateway to the transpersonal dimension. Here on can have direct spiritual experience, and be aware of one's identity with the cosmos. The insight being that any human is a paradox. On one level he/she is a single unit, dependent on the senses, sense of space and time as

co-ordinates for his/her existence. On another level, due to the appropriate circumstances, any human is commensurate with the whole universe. It is the integration of direct experienced cosmic identity into our day to day living which is the primary healing factor, and thus a sure way to stave off any existential feelings of boredom. Rather life is then felt to be infinitely sacred, even the so-called mundane. There'll still be ups and downs, of course, but will be lived as the dynamic living process which they, It is, not something apart from and to be escaped from.

I am wanting to start a group - ex-users, who would be interested in discussing, planning, sharing their ideas, and willing to actually explore what is being talked about here. There are, however, contra indications: in order to do Holotropic Breathwork, one must be relatively fit. So those who find these ideas interesting. Get exercising!

Yours faithfully, Julian O'Neill

Notes:

1 Holotropic: (from the Greek holos = whole, and trepein = moving toward or in the direction of something. Thus holotropic - the composite word literally means "oriented towards wholeness".

2 STANISLAV GROF, Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy. Albany: Sate University of New York press

*Christina Grof, The thirst for Wholeness: Attachment, Addiction, and the Spiritual path. San Francisco: Harper. 1993.

PPS Most of Stanislav, and Christina Grof's writings can be found at Waterstones Bookstore. If not available in this country, they can be ordered from America. A crafty way I have found is to hint you might buy on-line, and then is usually remembered an outlet in the United Kingdom which has a copy! It has worked for me, anyway.

Ed. Er... thanks. Please contact Julian at DASH details on contacts page. And readers, can you try to make your point as concisely as you can. We can fit more letters in that way.

WHEN CONFIDENTIALITY FAILS

Dear Monkey

(This is a letter the Post Office mislaid for us)

Regarding problems with Community Drugs Teams I could use some advice if possible.

I've been an addict since 1985 and first went onto Methadone in 1987 (I'm 33 now) I've lived around the country and used 5 Community Drugs Team's. If you're a sympathy seeking junky, avoid the Bournemouth area!

For the last couple of years, I've used the unit at..... and I'm reasonably trusted there and get on well with the team. (The same doctor treated me for years elsewhere and knows I stay off smack and don't take the piss).

All went wrong 9 months ago when they sent my appointment letter to the wrong address. I live on a smashing housing association estate surrounded by woods. The flat is great and I wanna stay put here.

This was made worse when one of the team left a pile of patient records lying around for all to see! And see someone(s) did! Not only have I had visits from local junkies offering the supermarket range, thanks to the lost letter - which I was collared for not turning up for an appointment I knew nowt about - my name

LETTERS...LETTERS...LETTERS...LETTERS...

is now shit round this estate and what started by shouts of "smackhead" etc. by heroin hating locals, has now turned to blows!

Three times I've contacted various staff, including the doctor about this, yet have received no apology, explanation, or any great concern for any of this. I'm not after taking legal action but I'm fucked if I'm letting anyone else have this happen to them. But I'm sure I'm not the only guy who daren't take this too far for fear of fuck all future help from the unit.

Any ideas folks?

Ed. You have our sympathy. I wish there was more we could do. What about a request for rehousing in an area as physically reasonable as the one you live in? The Drug Team/local Housing department should be able to help with this. It's certainly the very least they could do. If this is an NHS service you could write to the Chief Executive of the NHS Trust that ultimately manages them, making a complaint and asking for help with resettlement. You could write to your local DAT Chair (just address it to the DAT Chair, chief Executive's Department, whatever your main Town Hall address is making the same points. But again and again we confront confidentiality issues in a whole range of forms. The point for those who manage and buy drug services is that if there is no real confidentiality in a service then users will not come forward and that is now what the powers that be want. This kind of carelessness you describe, by the way, is a very serious matter and if you did make a formal complaint someone would be in deep shit for this. All the best and hope things settle down. Sorry for the delayed response.

NAKED LUNCH OF ENGLISH POLITICS

Now then Monkey,

I really respect what your doin' over there in Manchester. Unfortunately, I've missed issues 1 an ' 2 but been lucky enough to get hold of 3 and 4. So can I say I think Monkey is bang on! The things your sayin in your editorials, the articles an' doc Puff'n' Stuff, excellent. I won't go on listin' things but let me say - man oh man I think its so important after all the years of misinformation of dodgy leaflets, TV an' tabloid scare tactics an' the comical crap that dribbles from most peoples lips. It's been a long long time comin' but thank fuck it's finally arrived - nice one - a voice well worth hearing!

I'm on a meth. script, 50 ml amp and an oral chaser an beein' honest I do appreciate the stability it affords me yet it's not what I've asked for or what I really want! Then again it's only 2001, an' far from an ideal world!

In your last issue (4) in doc Puff n' Stuff column, you printed a letter from H.C. an' I totally sympathise an' can really relate to the veterans plight. I read with interest the good doctors reply. I wonder if the doc. agrees with this? Skag is not (that is if you don't O.D!) a physically or mentally destructive drug.

Relatively speakin' I'm but a spring chicken at 34 an' 18 years on the scene, heroin always bein' my number one. I reckon I've been preserved in a formaldehyde Damein Hirst kinda way - if you listen to my girl I'm more like specimen in a glass jar on a scientist's dusty shelf! But anyhow, its always been my argument that the problems associated with heroin stem entirely from it's illegality. So leads to a dodgy supply system either a bag of shite or something like 70% proof. Then in the eighties it was sharin' pins an' that helped to spread the virus, blunt pins an' mashed arms, abscesses. I could go on with a real long list of shite but basically as long as there are people out there who have their own agenda and want to whip up a storm and use the controversy and coverage to their own advantage!

Which brings me neatly to our present government. I don't know where others

stand on the issue of votin' but myself, girlfriend and two friends had a revealin' convo only the other nite. It transpired that not one of us had ever voted at all before the last general election. All four of us (ages 26-34) are like minded although only I (for want of another phrase) am hardcore. We all felt at the last election after the spin an' bein' suckered in with the likes of Noel Gallagher etc. Also desperate for the shite-wing Tories to be ousted - all voted labour! Y'know I can remember Keith Halliwell (I'm sure of this one - any help?) sayin stuff along the lines of "decriminalise the use of cannabis" and so on. Well look what's happened! As monkey has already pointed out they've gone completely the other way. You have Jack Straw not only being tough on crime he's tough on the causes of crime = a war on drugs? Yet somehow I'm still optimistic, not with the politicians but others, us Joe Public, the mob or the maddening crowd.

Times are changin, not just terms of simply on a kind of understandin but definitely as more of our younger brothers and sisters come of age, as certain elements in the media find the courage to write more honest and realistic items TV people, the lit set, - ok there's been skag chic, Trainspotting and so on, but I don't mean the bullshit Hollywood cool thing - I mean reality, I mean people. When it dawns on some folk they have been sold these crappy Halloween masks y'know how users are demonised, fuckin old trick innit! We could, we just might start to get a debate in the public domain.

Back to labour though, I just don't think they have the balls to make any changes. That's the dilemma innit, vote or not - "you're damned if ya do and damned if ya don't".

Here's my analogy, if your hungry and have the means - you're into a café restaurant, you're given the menu and have thoughts of a nice big plate of spag-bol or a lovely spicy curry - 'somethin to really get the taste buds dancin! Instead the menu reads:-

1. Boiled Brussell sprouts
2. Plate of plain potatoes (undercooked)
3. Cabbage (all your heart desires)

Shit man, we want to partake, don't we? We want change, we want choice but what choice is there when everythin' on the menu is fuckin vegetables? None of those Politicians talk for us, for me, my family or friends - it's the devil or the deep blue sea.

So that's where you come in hey - Monkey? If enough of us people shout, someone's gonna hear. You know what they say - "a country gets the politicians it deserves".

Keep it real

From a soapbox near you!

Ed. Thanks for the compliments. We can always do with those. You make some serious (and amusing) points in your letter. There are now literally millions of people in this country who have used an illicit drug. Many of them are voters (and many are still using drugs of some kind). They need to think carefully about party politics. Even middle class coke users face the threat of being caught up in Jack's net when mandatory drug testing of arrestees comes in. If I were leader of the Tory Party (apart from considering topping myself immediately) I'd listen to what the libertarians in the Part say and promote decriminalisation. That's about the only way they can distance themselves from Labour and what a potential vote winner among the young and not so young.

CRACKING UP INSIDE

WE'D LIKE TO TELL YOU ABOUT A PROJECT WE RECENTLY SET UP FOR CRACK USERS IN BUCKLEY HALL PRISON. AS FAR AS WE KNOW, WE ARE THE FIRST TO RUN A CRACK SPECIFIC, PEER-LED PROGRAM. WE WANTED TO START A PROGRAM FOR ALL THOSE INSIDE WHO USED TO USE CRACK, WHO REALLY WANT TO ADDRESS THEIR CRACK USE. SO CRACK ISN'T THEIR FIRST THOUGHT ON LEAVING THE PRISON GATES. WE ARE EX-USERS OURSELVES, SO WE KNOW WHAT IT'S LIKE, FEELING DOWN ON YOURSELF, SEEKING HELP BUT WITH NO-ONE THERE TO HELP.

There are lots of poly users in prison. Prisons deal with the heroin, but not the crack, and that's worse. People are crying out to address the problem. So four of us got together, Billy, Jason, Shaw and Dave (and later Trenchy), with help from Jaqui (from Piper) and Steve (from the prison) - to write and deliver a program. After the first pilot, Partnership (a branch of Manchester Training and Enterprise) took on overseeing the development of 'sack the crack' and provided financial, practical and individual support. We were keen to come to Buckley Hall because of its reputation for offering real support around drug use and we are grateful to the prison management for the opportunity to develop 'sack the crack'. We wanted to help others and ourselves. There is nothing good about crack and we wanted people to know what damage it does to you and help them stay off it.

We spent the first three months researching about crack, to get the background knowledge and developing exercises for the program. Doing the research has given us insight into all the different issues associated with crack use. This process triggered cravings and crack dreams for us at first but we stuck with it and looked out for each other. We went through two days training with TIPPS (Theatre in Prison and Probation). This gave us confidence and skills in group work like how to bring the group together, and drama techniques. Several of the ideas for 'Sack the Crack' came from TIPPs and their input was much appreciated. We weren't expecting there to be officers doing the training too, but everyone joined in and this broke the barriers down.

We piloted the workshop to three groups of seven ex-crack users. Icebreakers broke the group up and were hilarious whilst relevant to the course and helped people bond. Everyone was relaxed and kept involved. No-one jibbed out for a fag which often happens in groups. Standing in front of the group was scary at first, but once we got going we were confident. When someone else was up, we couldn't wait for it to be

our turn again. Because it was us doing the facilitating, the lads knew we've been there and have got the understanding.

Some exercises were competitions which kept everyone lively and laughing. Another exercise, "Billy's Body" used a life-size Billy (sexy hunk) to draw out the effects and risks associated with crack use. Other parts of the workshop were more theoretical, such as getting people to talk about how they acted and how they felt at different stages of a binge, arriving at a cycle of crack use. We also got the group to explore how/why they got into using and what might tempt them to use in the future. This led into relapse prevention strategies, incorporating drama and sharing of ways to manage cravings. Preparing for the reality of crack availability in Cat D settings and on release was also covered, and information given on crack specific resources in the community.

We wanted to avoid a flipchart approach, and the focus on drama was great in keeping everyone involved and engaging with situations and feelings. In one exercise, participants gradually played out a frozen scene in a crack house, exploring what each person might be saying and feeling in such an environment. In other exercises, participants created and acted out dramas illustrating peer pressure, impact on family, and crime. Characters in these dramas were put on the hot seat, and quizzed by other group members, to find out what was going on for them, both how the character might respond, and then again when the mask of bravado / social expectation is taken off, for an insight into what the person may be really feeling.

Changes in brain chemicals when using crack were described and a personal account of experiencing psychosis got group members joining in, sharing experiences of paranoia and psychosis. When you are using, you don't realize other people's views, you feel you're on your own, picking crumbs off the carpet,

burning holes in the curtains. When the group talks you find things in common. You feel less on your own and realise how far you'd gone. A member of the healthcare staff was available for this session, to answer specialist questions and for back-up. The group as a whole was very supportive, but having healthcare there gave us confidence and provided the option of additional support to participants during or after the course. Each day ended with a relaxation session including meditation, acupuncture and breathing exercises. This allowed participants to wind down, easing any cravings that may have been triggered by discussing crack use, and gave skills in managing cravings.

The workshop got the information across and was a high impact, hard hitting program, but it was also really good fun. I never laughed so much in my life. It brought you down to a level where I thought ... I was like that, that was me... then it brought you back up. We have all really enjoyed facilitating the group, and it's been nice to find we've got a skill we never thought we had. I can't believe we got a project going, and we're still getting compliments from people saying how good it was. Everyone said how much better it was with us running the course rather than officers, as they were able to talk openly about their previous experiences of crack use, psychosis etc. and know we'd understand. The whole prison is talking about 'sack the crack'. There's a buzz around the prison, everyone's asking when the next one's running. Hopefully we'll be able to get the workshop accredited and taken up by other establishments. When we get out we want to be involved in voluntary drug work, and hopefully present the course to lads on community sentences. We have been offered the opportunity to work at Piper in the future and look forward to the opportunity to continue this work on the out.

How it's affected us:

"If I hadn't facilitated the workshop I'd have crumbled



MEET THE BEAT GIRLS

'40 REASONS WHY WHORES ARE MY HEROES'

We (the sex workers) came across '40 reasons why whores are my heroes' while surfing the internet. We decided to send this to the monkey mag because it gives us sex workers a break from the usual 'slagging off' we get.

Sex workers, especially street based workers are constantly bombarded with negative reinforcements that they are bad polluted disease ridden women. Whether this is directed at them from the media, the police and criminal justice system, the communities they live and work in, or just 'family and friends', it is a very destructive and oppressive labelling process. Whore stigma impacts on women who are working, or who have worked in the sex industry at some time, affecting many areas of the woman's life. Imagine if the job you did was so 'looked down upon' that people felt they had the right to pass derogative comments every time they walked passed you at work, how would you feel?

An ex street based sex worker described her experiences of this:

"I was constantly made to feel like a pile of shit, which totally eroded any self-respect or confident I had. It was only when I got out of prostitution that I eventually realised I wasn't a pile of shit and never had been. Where do these people get off?"

Sex workers have their own way of dealing with the tirade of abuse they get while working on the streets. Here are some of the responses that women give:

"At the end of the day it's just a way to earn a living. All I ever wanted is a bit of respect, working on the streets or indoors is just like any other job"

"They say, 'you're a Ho' and I say, 'your mother taught me and she's on the next street!'"

"It's not degrading because I don't give it away for free, and it's my choice. We wouldn't sit around at home and moan about having no money. We go and earn our money, so therefore it's a living."

"You're not slagging me off when you're coming paying for it!"

Obviously we are all aware that the difference between 'our work' and the majority of other people's work is the small matter of the Street Offences Act 1959, which criminalizes street prostitution. And we're not saying it's the best job on the block, but in order for us to make any positive lifestyle decisions we need to feel good

about ourselves, and that means "we don't need you to keep putting us down". Thank you!

40 REASONS WHY WHORES ARE MY HEROES - BY ANNIE SPRINKLE

1. Whores have the ability to share their most private, sensitive bodyparts with total strangers.
 2. Whores have access to places that other people don't.
 3. Whores challenge sexual mores
 4. Whores are playful
 5. Whores are tough
 6. Whores have careers based on giving pleasure
 7. Whores are creative
 8. Whores are adventurous and dare to live dangerously
 9. Whores teach people how to be better lovers
 10. Whores are multicultural and multigendered
 11. Whores give excellent advice and help people with their personal problems
 12. Whores have fun
 13. Whores were exciting clothes
 14. Whores have patience and tolerance for people that other people could never manager to put up with.
 15. Whores make lonely people less lonely
 16. Whores are independent
 17. Whores teach people how to have safer sex
 18. Whores are a tradition
 19. Whores are hip
 20. Whores have a good sense of humour
 21. Whores relieve millions of people of unwanted stress and tension
 22. Whores heal
 23. Whores endure despite of the fact that many people have prejudice against them
 24. Whores make good money
 25. Whores always have a job
 26. Whores are sexy and erotic
 27. Whores have special talents that other people don't have.
- Not everyone has what it takes to be a whore
28. Whores are interesting people with lots of exciting life stories
 29. Whores get laid a lot
 30. Whores help people explore their sexual desires
 31. Whores explore their own sexual desires
 32. Whores are not afraid of sex
 33. Whores hustle
 34. Whores sparkle
 35. Whores are entertaining
 36. Whores have the guts to wear very big wigs
 37. Whores are not ashamed to be naked
 38. Whores help the handicapped
 39. Whores make their own hours
 40. Whores are rebelling against the absurd, patriarchal, sex-negative laws against their profession and fighting for the legal right to receive financial compensation for their valuable work.

when I got out... All those people who say a leopard can't change his spots, just look where I was there and where I am now... it'll be a real buzz to show them."

"I've never really been into anything, never set my mind to or stuck with anything, but I really enjoy what I'm doing now with this crack project...I've taken to it like a duck to water and want to continue with it."

"Facilitating and researching this program has given me good insight into psychosis, as I've been a sufferer... So listen out all you psychonaughts!"

"It was nice for me to realize I wasn't on my own with psychosis"

"Before, I didn't have the confidence to address my problem. It's something that you put at the back of your mind. Now I feel confident that crack is a thing of the past."

What the group had to say:

"It was all relevant because all I do is think of stone 24/7."

"It has made me realize both the physical and mental effects it has on your body and surroundings"

"I now realize I have been in those situations."

"It made me realize why I gave it up and why I don't need crack."

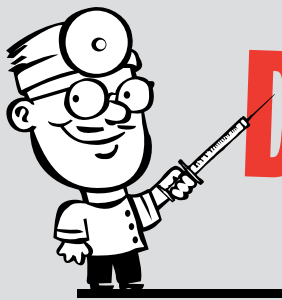
"I thought the lads did a great job of putting this program together. It was very beneficial to me."

One participant's comment made it all worthwhile:

"It was everything I needed to know to help me."

**JASON HINDS, SHAW
GALLAGHER, DAVE SUMMERHILL,
BILLY THORPE, TRENCHY**

beatgirls@cheethamhill.com



DOCTOR PUFF'N'STUFF

WHERE D'YOU GO WHEN THINGS GET ROUGH?

Dear Dr Puff n'Stuff

I have heard that people can die suddenly after injecting crack cocaine. Is this true?

Dear Reader

It is true that people can die suddenly after injecting crack cocaine. It can happen after smoking it too, and even after snorting cocaine powder but less frequently. Fortunately, it's not very common, or there would be people dropping dead all over Manchester and a serious shortage of players in Premier league football.

There are a number of different ways in which cocaine can cause sudden death. The most usual is by interfering with the heartbeat, and causing a sudden change in rhythm. The most dangerous change in rhythm is called ventricular fibrillation. Here the heart beats so quickly that it is unable to pump blood at all. Rapid death is certain, unless resuscitation is immediate. Cocaine can also lead to a heart attack, probably by causing sudden narrowing of the coronary arteries.

Cocaine can cause a rapid rise in blood pressure. This can lead to arteries bursting in the brain. This so-called cerebral haemorrhage can cause death, or else a stroke.

Cocaine can also lead to an increase in body temperature. There was a recent death recorded when a crack user became excited, and was restrained by police before being placed in a crowded police van. On arrival at the nick he was dead as a result of overheating.

Epileptic convulsions can sometimes be triggered by cocaine. If sufficiently frequent and severe, they can occasionally be fatal.

Having given you all the horror stories, I should say that I have never personally seen a death as a result of cocaine, in spite of many years practising in the drugs field. Apparently three thousand people die a

year in the United States as a result of using cocaine. Making the necessary population adjustment for Manchester, one would expect ten deaths a year here if it occurred as frequently. I don't know what the local figures are because nobody has been counting, but I'm sure they are not as high as this. Either Mancunians are much more careful than Americans, or else more likely they have much less money.

However, it is best to be cautious. Deaths are much more common when people go on long binges, and do not give their heart and blood vessels a chance to recover between shots. It's best to avoid cocaine or use very moderately, if you suffer from heart disease or high blood pressure, or if a close relative suffered heart attacks or strokes at a young age. Mixing cocaine with alcohol is dangerous, because they react together in the body to form a substance called cocaethylene, which is bad for the heart. Be careful too about using cocaine on top of prescribed medicines, which can themselves have a very slight effect on heart rhythm.

The same advice applies for cocaine as it does for nearly all drugs: use in moderation, and you probably won't come to much harm. Use in excess, and anything can happen.

WARFARIN QUESTION - DEAR READER THIS IS AN INTERESTING QUESTION THAT NEEDS TIME SPENDING ON IT. I WILL DEAL WITH THIS IN DETAIL IN THE NEXT EDITION. DR P

DO YOU HAVE ANY QUESTIONS FOR DR PUFFN'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 108, STRETFORD M32 8FT

BIG THANKS TO ...

WEST PENNINE HEALTH AUTHORITY
£1,000 TOWARDS MONKEY, WHAT ABOUT THE REST OF YOU?

MANCHESTER H.A.
REFUSES TO
DONATE!!!



MESSAGE FOR PHIL D.

DEAR PHIL,

JUST A FEW LINES TO LET YOU KNOW EVERYONE IS THINKING OF YOU AND IF YOU'D LIKE TO COME BACK TO THE WATERLOO YOU'D BE MORE THAN WELCOME. THE MAGAZINE IS HERE NOW AND WE'RE STILL WAITING FOR THAT ARTICLE FROM YOU, IF YOU'D CARE TO FINISH IT. ALTERNATIVELY, YOU CAN HAVE A BREW AND A CHAT. OUR BRIDGES NEVER GET BURNED.

STEVE, JO, JAS, CANDY, SHARON, MIKE, ROB, IAN AND ALL THE REST AT WATERLOO, MONKEY AND TRAFFORD SMS

AMAZING DRUG WAR CRIME FACTS N^o[#2]

AS WE ARE COMING UP TO A GENERAL ELECTION, ONE IN WHICH THE DRUGS/CRIME LINK WILL PLAY ITS PART, IT'S PERHAPS WORTH GOING BACK IN HISTORY TO LOOK AT OTHER ELECTIONS IN WHICH TELLING PORKIES ABOUT DRUGS AND CRIME HELPED POLITICAL PARTIES TO WIN OFFICE.

Our first example shows how linking drugs and crime helped an American President get re-elected and stay in office. The President in question was Richard Nixon (himself no stranger to excessive drinking and prescription drug abuse) and the time was back in the late 1960s early 1970s. Nixon (or 'Tricky Dicky' as he was known) won the 1968 election on the back of a law and order campaign. When he got in, he found that the President actually didn't control law enforcement anywhere except Washington DC itself. What he did control, however, was the Federal budget, the cash in other words. Faced with a further election in 1972 and rising crime rates, he gave his staff (many of them to become Watergate conspirators and inmates of Federal prisons) the task of finding a solution (real or imaginary) to street crime. What they came up with was a moral panic about drugs, heroin in particular. What followed were stacks of Government cash to fight a "war on drugs".

Nixon's henchmen started by manufacturing an 'epidemic'. In 1971, the Nixon administration claimed that addicts were responsible for **\$18 BILLION OF PROPERTY CRIME A YEAR**. Whereas the **TOTAL** for all US property crime was in fact **\$1.3 BILLION** a year.

Okay. Having multiplied the figure for property crime then the next trick was to grossly inflate the number of addicts. Official statistics showed that there were around **68,000 US ADDICTS**. With a bit of jiggery-pokery these figures were reworked to give a figure first of **315,000**, then a figure of **599,000**. **A TENFOLD INCREASE IN JUNKIE NUMBERS IN TWO YEARS!** As in Britain, other politicians and the American media swallowed this shit without a murmur.

Then came the real masterstroke. A couple of years after Nixon's re-election, the boys at the White House reworked the figures again to show **A DECREASE IN THE FIGURES TO 150,000**. A decrease which was hailed as the evidence for the success of the war on drugs!

Our second example, comes from our old friends Tony and Jack, back in the early 1990s when they were setting out to win power from the Tories. In 1994 Tony Blair was Shadow Home Secretary and just getting started in the drugs cause crime game. Addict crime, he once told Parliament, made up **70%** of the total of property crime "in some areas". Some time later he stated that addicts were responsible for **50% OF ALL RECORDED PROPERTY CRIME**². Even John Major's Tory Government found that hard to swallow. So they commissioned the then Institute for the Study of Drug Dependence to both estimate the costs of addict property crime and how much of the overall property crime figure this represented. The ISDD found that giving a soundly based answer to the question was made extremely difficult by incomplete research data and the very dodgy and mistaken assumptions about these questions that were floating about then. After surveying the British and the international literature, the best they could come up with was a figure (for the early 1990s) of **BETWEEN £58 MILLION AND £864 MILLION** each year. Equivalent to between **1% AND 21%** of the annual cost of acquisitive crime reported to the police in 1992. Roughly **UP TO ONE-FIFTH**

of recorded property crime then. Whether it was 1% or 21% or somewhere in the middle (or anywhere else for that matter) the ISDD simply couldn't say³. These estimates appeared in the Tory's national drug strategy.⁴

Well that wasn't good enough for Tony and Jack. Even the top of the range estimate of up to **ONE-FIFTH** was nowhere near Tony's **50%**. By now Tony was Leader of New Labour and Jack had got Tony's job as Shadow Home Secretary and an election was coming! So, in 1996, Jack returned to the debate in a paper called *Breaking the Vicious Circle: Labour's Proposals to Tackle Drug Related Crime*. One piece of research the ISDD had used was a study of 279 male heroin addicts admitted to methadone maintenance programmes in Southern California between 1978 and 1980. 160 were Chicano and 119 white⁵. In this study, the addicts surveyed all said they earned 48% (almost half) of their income from property crime. A figure higher than any other research study in America or Europe had found and one the ISDD thought owed more to the way the study was designed than how Californian addicts raised money. Indeed, the ISDD suggested that the "simplistic" methods used in this study would be one reason for dumping it, but to calculate a full range it was included.

Jack had no such problems with this study and promptly built it into his calculations. Using this (and various other inflated assumptions) Jack got the figure to **£1.318 BILLION ANNUALLY**⁶. Roughly a third of the supposed annual property crime figure for that period in the 1990s and by then everyone had forgotten Tony's earlier statements completely. Well done Jack! Champagne all round! New Labour won the election and that is how we got stuck with the now impossible to argue with 'fact' that addicts are responsible for around one-third of recorded property crime.

NOTES

¹ J. Epstein (19) *Agency of Fear*:

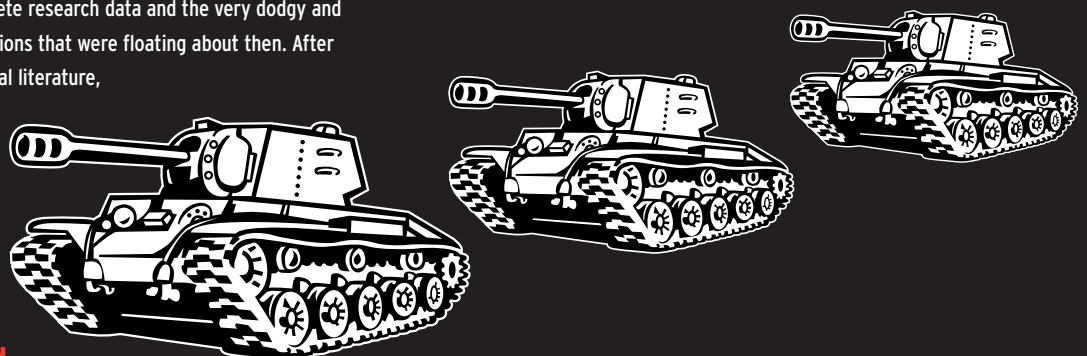
² *Drugs - the Need for Action 1994*, Labour Party, London

³ N. Dorn, O. Baker, T. Seddon, (1994) *Paying for Heroin: estimating the financial cost of acquisitive crime committed by dependent heroin users in England and Wales* ISDD, London

⁴ HMSO (1994) *Tackling Drugs Together* HMSO, London

⁵ E. Deschenes, M. Anglin, G. Speckhart (1991) 'Narcotics Addiction: Related Criminal Careers, Social and Economic Costs', *Journal of Drug Issues* 21(2), pp383-411

⁶ J Straw (1996) *Breaking the Vicious Circle: Labour's proposals to tackle drug-related crime* Labour Party, London.



... ... MUSEUM OF DRUG ABUSE (NO IT'S NOT KEITH RICHARDS)

America's Drug Enforcement Administration now has a museum. The chief exhibit is 'The History of Illegal Drugs in America'. You can examine the double walled steel door of a New York crack house, admire old opium pipes, a diamond encrusted gun and a Harley Davidson seized during drug busts. Alternatively you can marvel at DEA equipment, including a pair of platform shoes worn by a male undercover agent. The museum is located in Arlington, Virginia. When will the Imperial War museum open its drug war exhibition?

... ... NICE TRY, BUT

A heroin user who broke into a primary school caretaker's house in Hartlepool on a Saturday and got captured, claimed he was only there to try and enrol his unborn child.

Source: *Hartlepool Mail* 5.2.01

... ... YEMEN DECLARES 'WAR ON DRUG' - "QAT'S ENOUGH!" SAYS PRESIDENT

In the Yemen the favourite drug is Qat (sometimes spelt Khat). Qat looks (and tastes) a bit like privet. Users strip the leaves from the twigs, then chew them and finally use their tongue to roll it into round wads that they suck for hours. Chewing Qat is traditional in many of the Red Sea states, but things are said to be getting out of hand in Yemen. Every afternoon at 2pm the country's business is set aside for about four hours for a good chew with friends and neighbours. Not only ordinary Yemenis but many officials including senior civil servants, judges and military men are into Qat. Their offices even have strategically placed spittoons to catch used wads. According to the President of the Yemen, Abdullah Ali Saleh, the nation should chew less Qat and do more work. Making the drug illegal, however, is impossible as the country's parliament is packed with addicts and enthusiasts. Last year the president managed to get legislation to increase the working day from 2pm to 3pm. Extra holidays were introduced to make up for the additional hours worked. Unfortunately, the net effect appears to be that the public has added an extra hour of chewing at the end of the day. In an effort to lead by personal example, the President has abandoned his daily chew and is taking computer classes instead. He's even managed to persuade the defence minister (whose troops are accused of preferring chewing to combating terrorism) to follow his example). The problem isn't simply that Yemenis like the drug, it's as traditional and as ritualised as us drinking tea. The problem is the Yemen is shit poor and in the middle of turmoil and war. Growing and selling the drug allow poor peasants to make a reasonable living. As one dealer told a reporter "If there was any other jobs to be had, I wouldn't be sitting here talking to you." I wonder what that reminds you of?

... ... PSYCHEDELIC PIGEONS

Officials in the city of Denver, Colorado have fought a long and unsuccessful war against pigeons shitting all over their nice civic buildings and the pedestrians below them. They've tried electrified toe strips, high-frequency sirens and an anti-perching

product called Hot-Foot. All to no avail. "It got to the point where you felt like you needed ski goggles to look up at the City and County building", said one official. But now the city thinks it's got the answer in a hallucinogenic called Avitrol. For over a year, the city has been feeding the birds corn spiked with the drug which causes them to flap their wings, vocalise and convulse, scaring away the rest of the birds. City officials are pleased but others have problems. When the same drug was used on New York Pigeons, Grace Slick sixties, psychedelic rock star and no stranger to chemicals, protested to the city's Mayor: "I have considerable experience on the subject of mind

altering drugs, and I can tell you that Avitrol is not your run-of-the-mill hallucinogen. It causes violent shaking, trembling, thirst, nausea, convulsions, disorientation and a slow death. Wow, talk about a bad trip". Come on Grace, don't be such a hippy. If it was enjoyable they wouldn't even give it to pigeons.

... ... NUMBNUTS

A man who jibbed a taxi, ran off leaving a bag of draw in the cab. He was arrested when he went to claim it back from Brighton police station lost property office.

Source: *Brighton Evening Argus* 5.2.01

... ... SHAKESPEARE'S REPUTATION GOES TO POT?

A South African scientist, Dr Frances Thackeray, is claiming that smoking weed helped Shakespeare compose some of his best work. To test the theory he borrowed fragments of clay pipes from the Shakespeare Birthplace Trust for forensic testing. Eight showed traces of cannabis, two pipes showed cocaine and some had traces of nutmeg (hallucinogenic properties but avoid at all costs!). But if Shakespeare used anything, the scientists are suggesting it was cannabis. In his poems (The Sonnets), he talks (Sonnet 76) of a "noted weed". The Chairman of the Trust, Professor Stanley Wells was outraged, "There is no evidence that they (the pipes) have anything to do with Shakespeare. It is incorrect to say that they were used by him for smoking drugs...". The Professor's defence is based on the idea that lots of people visited Shakespeare's house and they could have been using drugs. Now isn't that a familiar excuse. "It wasn't me. This place is pure people all day. Know what I mean?"

ALL NEWSPAPER ARTICLES SUMMARISED HERE ARE TAKEN FROM THE EXCELLENT AND INFORMATIVE WEBSITE: MEDIA AWARENESS PROJECT
WWW.MAPINC.ORG/DRUGNEWS

MONKEY HAS MOVED

Finally, Monkey has moved to the Waterloo Project in Cheetham Hill, Manchester. If you want to get involved in Monkey and/or its Website, why not ring the Waterloo on Tuesday or Thursday afternoons (between 2.00pm and 4pm) and ask for details? This is not so much the permanent home of the magazine but one site. Over the next few months we hope to set up another Monkey site in Stretford, alongside the P.I.P.E.R. Project and then to turn our attention outside the City of Manchester, if things develop the way we hope. We still intend to have our next AGM soon, so watch for details. We'll probably circulate all the drug services we supply the magazine to with posters/flyers. So keep your eyes open. **CONTACT** Steve H 0161 792 6922

NEW MONKEY P O BOX ADDRESS: MONKEY MAGAZINE, P O BOX 108, STRETFORD, MANCHESTER M32 8FT



CONTACTS

ADAPT (ADDICTS ARE PEOPLE TOO)

DRUG USERS SELF HELP GROUP RUN BY DRUG USERS WORKING FOR A REAL NATIONAL DRUG USERS ALLIANCE.

0208 402 7977

EMAIL - jo@leigh777reeserve.co.uk

ADVISORY SERVICE FOR SQUATTERS

0207 359 8814

NATIONAL LINE

ADFAM NATIONAL

WATERBRIDGE HOUSE, 32-36 LOMAAAN STREET,

LONDON, SE1 0EE

0207 928 8900

UK CHARITY FOR FAMILIES AND FRIENDS OF DRUG USERS. CONFIDENTIAL SUPPORT AND INFORMATION.

ADFAM NATIONAL PRISON PROJECT

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LONDON, SE1 0EE

0207 928 8900

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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 BY MONTHLY MEETINGS. SAME DAY HIV TESTING & RESULTS. CONFIDENTIAL PRE/POST TEST. COUNSELLING. HEP "B" SCREENING & VACCINATION. 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.

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MANCHESTER, M12 6FX

0161 839 4340

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TRAFFORD M16 0DU

0161 860 2736

CONTACT: JOHN BROOKE

HEP "C" SUPPORT GROUP

TRAFFORD CDT, CHAPEL ROAD, SALE,

MANCHESTER, M33 7FD

0161 912 3170

CONTACT: STEVE WRIGHT

LIFELINE

101-103 OLDHAM STREET, MANCHESTER M4 1LW

0161 839 2054

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LIBERTY (THE NATIONAL COUNCIL FOR CIVIL LIBERTIES)

0171 378 8659

MAINLINE

PO BOX 72

MANCHESTER, M16 7BU

0161 227 9299

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MANCHESTER ADVICE LINE

0161 234 5600

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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

MASH

UNIT 110, DUCIE HOUSE, DUCIE STREET,

MANCHESTER, M1 2JW

0161 228 3433

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STREET, MANCHESTER

0161 834 1992

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0161 865 3322

CONTACT: TIM BOTTOMLEY/JAQUI COTTON
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ROAD, TRANMERE, BIRKENHEAD

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0161 792 6922/912 3170

CONTACT: STEVE SIMMONS
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01204 528318

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TREATMENT AGENCY

'OW DO YER GET ON
THE WAITING LIST?

