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THE NEWSLETTER OF APSU - THE ASSOCIATION OF PARTICIPATING SERVICE USERS



Centrelink
WELFARE LAW TURNS NASTY

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ARTISTS

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DISCLAIMER

The views expressed in the articles contained in the Newsletter do not necessarily represent the views and opinions of APSU

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WHATS BEEN HAPPENING AT APSU

APSU has been out and about representing people who use alcohol and other drug services at such events as The Department of Human Services Dual Diagnosis Future Directions and Priorities Forum held at the Darebin Arts Centre. Six people who use AOD services attended, representing APSU so passionately. Miriam Clarke (project worker) and I participated in the Prison Drug Reference Group for the Drugs in Prison Policy, and Community Corrections Services Drug Strategy. I attended the Victorian Association of Alcohol and Drug Agencies consultations for the northern region, a process undertaken by VAADA so they can be better representative of the main issues in the sector. Finally, I have been attending regional meetings in the southern and eastern region, where workers and managers from a diverse range of services attended. This is just a snippet of our travels. as Miriam, Debbie and I have been madly networking to build up our membership base. If you want your views represented at these forums and meetings, ring me on 9573 1736 or email at apsu@sharc.org.au or Miriam Clarke on 9573 1776

At home base, we have had Dr Reijo Ojutkangas, a Finnish addiction specialist come and speak to the people who use SHARC's Recovery Support Services and answer any questions regarding the use of nitrous oxide in alleviating withdrawal symptoms associated with alcohol, nicotine cannabis and opiates. Given that this procedure, which is administering a combination of laughing gas and oxygen via a mask has been used successfully in South Africa and Finland during the past twenty years, APSU believes that is it appropriate that a clinical trial of Nitrous Oxide be conducted in Australia. As people who use the product of addiction research, we have every right to have a say in what research is needed to enable our optimal recovery from addiction. Otherwise it could well be a waste of money, brains and time.

We have started the process of developing The Charter of Rights and Responsibilities for people who use alcohol and other drug services, for which the first focus group was held near the end of May. It was a privilege and affirming to facilitate such depth of experience and see first hand the extent that intelligence is cultivated when recovering from and living with addiction. Experts by Experience have held their first meetings, and are currently working out the parameters and directions of this fellowship. We also have started work on our speaker bureau and are keen for any potential presenters to come on board. The charter of Rights and Responsibilities, Experts by Experience and The Speaker Bureau all require your participation. Sound Good. Contact APSU as we APSULUTELY need you.

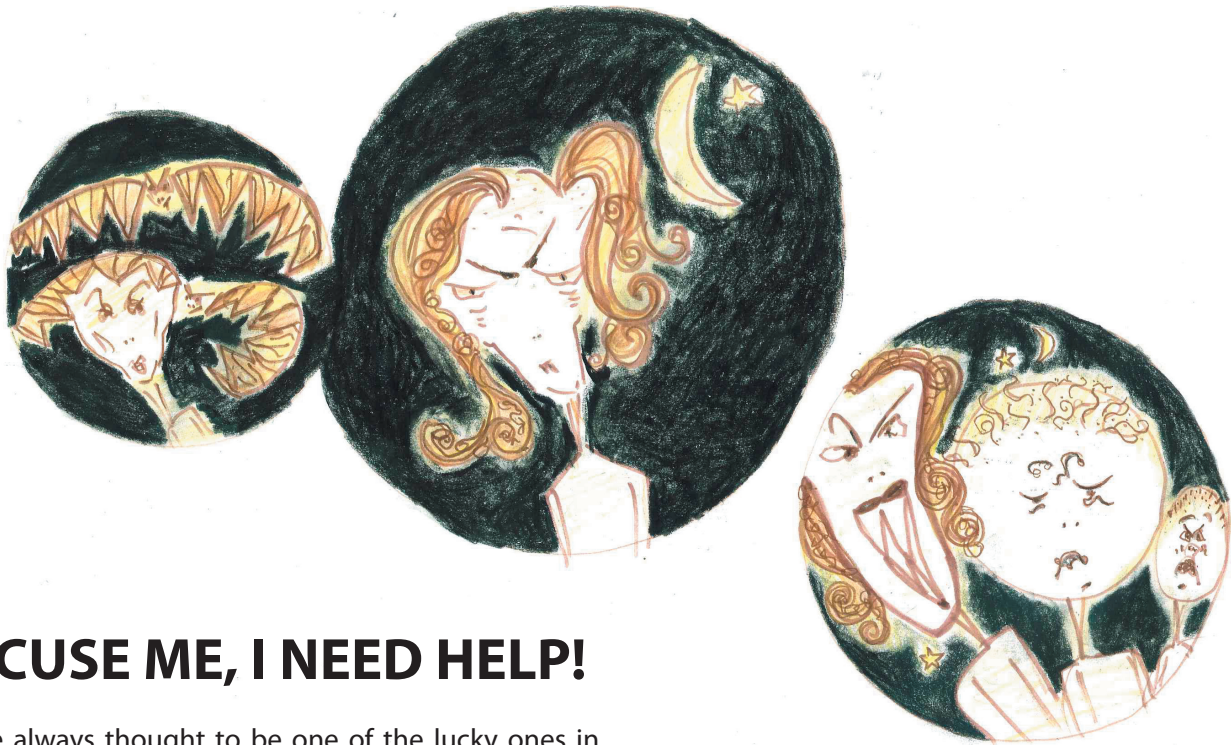
Regina Brindle



Pictured L to R: Ms Ojutkangas, Dr Reijo Ojutkangas and Miriam Clarke at the PAN Forum

Pictures Below: Charter of Rights and Responsibilities Focus Group in ACTION





EXCUSE ME, I NEED HELP!

I have always thought to be one of the lucky ones in regard to ways of being treated by different services associated with welfare, mental health and AOD services. I even mentioned the issue in an article written for the last Flip Side edition.

But how wrong have I been. Reading the last newsletter I understood that being treated badly doesn't only mean being verbally abused or treated with disrespect. By not getting the help we need, the kind of help they are meant to provide, we are being discriminated against. I didn't take me long to remember one such episode. I had an appointment with one of the organisations mentioned above (this was about 2 ½ years ago), just after my relapse and when my depression was hitting rock bottom.

Taking my mind back to that time I realise the answer I was given was absolutely inappropriate; the answer was, 'There is nothing we can do for you now. You better come back in about 6 months, when your depression is better and your sobriety has been a bit longer'. When will Mental Health, Welfare and AOD agencies provide the help we require? Only when we have been sober and/or clean for a while and our mental issues have been resolved? That being the case, if we are feeling great and not using, why would we be asking for help? What does help and support means for that worker? Could our (hers and mine) understanding be so different that I completely mistimed my request? What is in stock for us when all we get is a fake smile, a pat on the back and a come back later, when you feel better? Excuse me, but HELP was needed then, not after I had successfully stopped my using and worked very hard on my depression.

Another issue that has been on my mind lately has to do with Centrelink and the support they provide

when we are actually trying to acquire better skills and knowledge as a way of being able to re-enter the workforce again. I find it really strange the way they deal with the kind of issues mentioned above. They are always pushing us to prepare ourselves to enter or re-enter the work force, but when we make the decision to go back to study, (as a way of getting the knowledge necessary), help is the last thing on their minds. I'm studying at the moment, without any financial help from them. When I asked for it, I was told I did not qualified for financial help because I wasn't supporting anybody, so my welfare payment should be enough. WHAT A JOKE! With the pathetic amount of money we are forced to live on, (we can hardly make it), we are also suppose to save some money to put ourselves through school? Are these people for real? All I'm trying to do here is to prepare myself with better knowledge and skills to re-enter the workforce, earn a decent income and live a fulfilling life. Will it kill them to give us a hand so we can achieve our goals?

Truly and honestly, I do not understand the system and it makes me wonder: are people cheating Centrelink such evils, or just desperate people trying to meet their needs?

Let's hope some immediate changes are made to help people with a disability, (that's my case), in the future so we can really stop feeling like useless individuals and start living a more fulfilling life.

HOPE is the last thing I'm willing to give up.

ANON

WILD RICKY

Hi my name is Ricky and I would like to tell you of my experience of the T.O.E program, The Outdoor Experience. I found out about T.O.E through SHARC whilst in recovery and heard about an information session, so I was curious and wanted to know if I would be qualified to do it and what it could offer me. While in the information session, I found out what I needed to know and instantly thought I could do it and wanted to do it. It would be a 12-day hike to get to the top of Mt Bogong, (by the way its the highest peak in Victoria), and we would be camping on the way there. For me, I was excited because I'd never camped before, so I made an interview time and got accepted.

But before the actual journey, there are two weeks preparation and trust exercises that were vital and important for our trip to be safe, successful and fun. After we did that we were off to the starting point, which from my memory was Mt Hotham. That's where we first camped and got ready for the hike. I was pumped and excited at the same time. It is so different being out there because of the air, the beautiful view, no traffic noises, and the thing I love the most was the stars in the sky. I could see them clearly because there was hardly any pollution.

We were lucky because the next day we had a sunny beautiful day, and it was like that for the whole of the trip. In my opinion, the first three days were the hardest because our backpack was full of the food we needed for the trip. But it got easier as each day passed and

when it got harder and if someone was struggling, we as a group pulled together and helped the person who was struggling. I think that it's important to remember that you are part of a group in this kind of journey.

I was really proud and amazed at our group because through thick and thin, blisters, sore feet and ankles no one complained or whinged or anything like that. We went there with high spirits and the same goal, which was to test ourselves, overcome any obstacles that get in our way and experience something we all haven't experienced in our life.

We camped before it got dark, we ate when we were hungry, and we talked and laughed around the campfire.

I also want to say that the T.O.E staff were great and some of us would have probably quit without their support and encouragement. So I want to send my love to Dave with his conundrums that kept our minds thinking, Anna for her understanding and her efforts to help us with our troubles and also Mikan..., her spirit which inspired us to try things.

I personally got a lot out of doing the T.O.E program. It changed the way I look at life. I am happier with myself these days because I made good friends that I can rely on, and have good memories that will last a lifetime. So if you want to try it I would recommend it because it is a unique and wonderful experience. Trust me. You will love it.

Ricky



WELFARE LAW TURNS NASTY

Are you currently receiving disability support pension or parenting payments or believe that you are eligible to receive payments? The Federal Government has introduced harsh new laws that will drastically affect people's rights to obtain welfare assistance. As of 1 July 2006 you may no longer be eligible to receive certain payments, or may receive different payments to what you once received. This article discusses some of the changes that are being introduced to Disability Support Pensions and Parenting Payments. It may be worthwhile contacting Centrelink, Welfare Rights or your local community legal centre to see if this affects you.

Disability Support Pension (DSP)

If you are wanting to apply for DSP or believe that you are eligible you may be keen to be aware of the new changes that come into play as of 1st July 2006 which change the criteria you must satisfy in order to receive the pension. If you are walking the tightrope of whether you qualify for the pension or not because of the number of hours you are able to work, these changes directly affect you.

Currently, a person will be eligible for this pension if they:

- Are aged over 16
- Have a physical, intellectual or psychiatric impairment which has a rating of at least 20 points under the statutory Impairment Tables
- Have a continuing inability to work
- Meet the residence criteria.

Impairment Rating

An impairment rating determines how a particular disability affects a person's ability to work.

Continuing Inability To Work

Does the impairment prevent the person from undertaking any work within the next two years?

Does the impairment prevent a person from undertaking training or educational course that would enable them to work within the next two years?

Work is defined as employment for at least 30 hrs per week.

People Currently Receiving DSP

People currently receiving DSP prior to 10 May 2005 will not be affected by the new changes, and will continue to be assessed under the current criteria. People who started receiving DSP between 10 May 2005 and 1 July 2006 will remain on DSP under the current rules, but

after the first review, will be assessed under the new rules, and may be transferred to the Newstart Allowance if assessed as ineligible.

As of 1 July 2006, a person will not be eligible for the DSP if they are potentially capable of at least 15 hours work per week within a two year period.

The definition of training will also be broadened as the current words 'educational, vocational training or on the job training' will be replaced with the term 'training activity'.

As you can see, the changes to the number of hours may make it harder for you to receive the DSP. If you believe that you should still be able to receive the payment because you are being prevented from participating in 'training activities' because there isn't one available for you, please be very aware that even if a person is able to participate in a training activity, but it isn't available to them, then they will not qualify for the DSP.

How to Appeal

If you wish to appeal a decision to cancel or refuse your Disability Support Pension application, you need to tell Centrelink that you are unhappy with their decision and would like it examined by an Authorised Review Officer (ARO). It is wise to do this in writing. If you are unsuccessful at this stage, you can appeal the ARO's decision to the Social Security Appeals Tribunal (SSAT). A final review may be available to the Administrative appeals tribunal within 28 days of the SSAT decision.

Although you can appeal to the ARO and the SSAT at any time, if you wish to receive back pay from the date of the decision, you need to apply within 13 weeks of each decision.

For advice on your rights and how to lodge an appeal, please contact the Welfare Rights Unit on 1800 094 164 (toll free) or 9416 1111 or visit their website www.welfarerights.org.au.

Parenting Payment (PP)

If you have a child and are wanting to apply for parenting payment, please note that the new criteria as of 1 July 2006 is very different to what is currently set out. Currently, a person will be eligible for either a single or partnered parenting payment if they:

- Have been an Australian resident for at least the last two years
- Have a dependent child under 16 years of age
- Satisfy any requirement to enter into, and to take reasonable steps to comply with, a 'Participation Agreement'.

Activities

There are no requirements to undertake any activities, if the parent has a child under 13 years of age. However, where the child is aged between 6 and 12, the parent will be required to attend an annual 'Participation Interview'.

When a child is aged 13 to 16 years, the parent will probably need to enter into a 'Participation Agreement' and to satisfy certain activities.

The new situation effective as of 1 July 2006 is very different.

Sole Parents

Sole parents will only qualify for Parenting Payments (PP) while their child is under eight years of age. Once the child reaches the age of six, they will be required to meet activity requirements (unless exempted).

Partnered Parents

When a child reaches the age of six they will no longer be eligible for PP and must claim the Newstart Allowance and will be required to meet 'activity requirements' (unless exempted).

People Currently Receiving Parenting Payments

People currently receiving parenting payments will continue to receive payment until their youngest child turns 16, but will be subject to the participation requirements from either 1 July 2007 or when their youngest child turns seven, whichever occurs later.

Participation requirements

A Parenting Payment Activity Agreement must be entered in order to qualify for PP.

The agreement will set out activities Centrelink considers suitable for a parent to undertake in order to remain qualified to receive the PP.

Contents of an Agreement

Prior to approving the terms of an agreement, Centrelink must have regard to the parent's 'capacity to comply' with the agreement.

An agreement could require a person to:

- Undertake, or look for, at least 15 hrs paid part time work per week,
- Participate in employment services such as Job Network
- Undertake an annual 'mutual obligation' activity (parents aged 18 to 49 years). This activity will be for 150 hours over a 26 week period, and may involve

things such as education, training, volunteer work or work for the dole.

Activities which can't be included in an agreement are:

- Involvement in an illegal activity
- Involvement in medical or psychological treatment.

'Suitable Work'

Where a person is subject to an agreement, they may be required to undertake 'suitable' paid work.

Suitable work can not involve:

- Employment in a position where it would take longer than 60 minutes to travel to and from work,
- Where the person would be financially worse off due to the cost of childcare and travel.

As stated above, there are some substantial changes that could affect you. If you are looking to apply for any of the above payments make sure to obtain further information, so you are fully informed, and aware of the criteria that you need to meet.

Once again, if you have any questions about your eligibility, please contact the Welfare Rights Unit on 1800 094 164 (toll free), or 9416 1111, or visit their website www.welfarerights.org.au, or your local community legal centre via the website www.communitylaw.org.au

This article was prepared with the assistance of material produced by the National Welfare Rights Network.

Will Crawford, Drug Outreach Lawyer, Fitzroy Legal Service (FLS)

The scope of the project has since expanded beyond purely criminal justice issues as it was quickly recognised that clients faced multiple legal issues. The provision of a broader range of legal assistance, in areas including fines, Centrelink, victims of crime compensation applications, discrimination and mental health, was seen as a means of reducing legal problems faced by drug users, thus assisting rehabilitation and minimising harm and stigma associated with street drug use.

Will operates outreach clinics and street outreach in various locations in the City of Yarra and the City of Melbourne. In addition to casework, he undertakes law reform, advocacy and legal education for the drug and alcohol sector. Will can be contacted on 9411 1305 or wrcrawford@fitzroy-legal.org.au.

Disclaimer: The following information concerning the Social Security is current as at June 2006 and is in the nature of general comment only. It is not intended to be advice on any particular matter. Readers should obtain legal advice relevant to specific circumstances as they arise.

WELFARE TO WORK CHANGES

These changes are going to happen, the bills have been passed, the laws made, the processes in place. There seems that there's nothing we can do to stop this now. Still, I'm going to use my right to dissent before they take that away too. So, here goes.

Disability Support Pension (DSP)

After July 2006 if you are 'potentially' able to work more than 15 hours/week within the next two years, then you will no longer be able to apply for the DSP, but will be eligible for Newstart. Let's get a bit realistic here. There are not that many suitable jobs for 15 hours a week for someone with a disability. While we have equal opportunity laws in theory, we also have huge amount of discrimination in practice. Many people, including employers, can't see past the wheelchair or other physically obvious signs of incapacity. Let's face it, it's going to be harder for a similarly skilled person with a disability to get a job than others without an apparent disability.

Let's say a person living with a disability does get a suitable job and is working 16 hours per week, remaining on partial Newstart payments. All of us are vulnerable to illness; that's why we have sick leave as part of our work conditions, (that's assuming that we still have any conditions after the new industrial relations laws). However, people with chronic illness or injury are much more vulnerable. For example, a person with an existing lung condition may take months to recover from an otherwise simple flu, or a person with a psychiatric disorder may become acutely unwell after experiencing moderate stress. If this occurs, a person's capacity to work will be affected and may result in the loss of their job. If they do lose their job, it's back to Newstart, (much less than DSP), and back to looking for work. Just because a person living with a chronic illness or injury is potentially capable of working 15 hours/week within the next two years, doesn't mean that they are consistently able to retain employment over that two years. Sickness benefits and sick certificates may be an option, but really, all that running around to doctors and Centrelink is not conducive to one's health!!

There are those that are struggling with the disease of addiction, (the World Health Organisation and the Diagnostic and Statistical Manual (the psychiatrist's bible) both class it as a disease). Some addicts have been able to receive the DSP. During active addiction, it may be impossible to work, and there is no predicting whether that will be the case 'for the next two years'. For those 'in recovery', life can often be just as chaotic – detox, rehab, twelve step meetings, numerous

changes in accommodation, legal matters, relapse etc. The current DSP allows people in recovery the space to get well without the pressures of job seeking, appointments, and returning forms and certificates. Also, the current system enables a recovering addict to return to work gradually, with partial payments from the DSP, and a return to full payments if he or she ceases employment when this is found to be a recipe for relapse.

There are numerous people in our society who would argue that the disabled, especially those that are disabled by the awful disease of addiction, don't deserve their hard earned taxes. I read a letter in the Herald Sun recently, responding to a middle aged lady who was complaining that she worked hard and her taxes were being wasted on people such as these. The letter said 'So, you're middle aged, in good health, have a good job, a husband and grown up children – you should be grateful for the life that you have instead of complaining that a few of your dollars are going to support those less fortunate than yourself'. We all need someone to blame. I'm not sure why this lady wasn't complaining that her tax dollars went to pay for weapons and soldiers that kill and disable people, and line the pockets of politicians and businessmen.

Parenting Payment

Remember those old movies where children were chimney sweeps and factory workers? (They looked so cute holding their brooms with soot on their faces, singing and dancing.) Back in those days, it was deemed that they were old enough to work and to look after themselves. Over the next couple of centuries as we grew in knowledge about child development, we realised that children weren't just 'little adults', but that their brains were not fully developed yet, and therefore were in need of our protection. We brought in laws about the age at which children could work, give sexual and legal consent, drink and vote. We made it a crime to abuse a child. We brought in social security to ensure that the unemployed or unfortunate could feed their children. In short, we decided that our children would be protected.

Did I miss something? Was some research done that I didn't read? When did we decide that children could look after themselves, that they don't need their parent's time and attention? Currently, fathers, due to their work commitments, spend about ten minutes a day of quality time with their kids. This leaves mothers – thank God for mothers – someone has time to raise our children. (Yes, I know I'm generalizing, sorry to those working mums and stay at home dads).

But wait! There's more! It seems that the research I missed may have indicated that children don't need their mothers either. It appears that children as young

as eight can look after themselves after all. Oh, but its only fifteen hours of work and the kids will be in childcare. I don't know any mothers that work less than fifteen hours at home, and the kids are already in childcare – with them!!

I won't even get started on how good the child of a single parent must be at looking after itself. Those single parents must do a really good job in the first eight years.

A woman working fulltime as a mother in the home is unpaid, and therefore pays no taxes. However, if the same woman works fifteen hours outside the home, she will be taxed as will the person who is looking after the child, a job she was already doing. This means that two people are now being taxed instead of one or none. That's an ingenious way of increasing tax revenue.

So, here we have it; a section of our society's children will now be raised by themselves or by strangers. The current government, so fond of talking about family values, has decided in its wisdom that this is what is best for our economy. Perhaps when those parents being forced to work are out getting the front door key cut for their eight year old, they should look for a smallish broom and laundry powder that removes soot from children's clothing. Get a job? Parents already have a job!

Miriam.

APSU'S MEDIA WATCH

Challenging stigma and discrimination

The media has enormous potential to help propagate stigma, for this to be prevented we need accurate, respectful and positive reporting of addiction and recovery. If you see an article, read a report, have a story or watch a report that is unacceptable or discriminates in any way - TELL US!

Contact APSU on 9573 1736 or apsu@sharc.org.au

APSU has recently responded to a broadcast from the ABC called 'Ice Age'. Here is a copy of the letter that has been posted on the ABC Website.

I am writing in response to the Four Corners report "The Ice Age" which was broadcasted on the Monday March 20th, 2006 on ABC television. The reporter was Mathew Carney.

On behalf of the drug taking community and those

in recovery from addiction, I would like to know what was the objective of this biased piece of journalism? It certainly was a far cry from informing the wider community of how it is possible for people to build their lives after a chronic addiction, and what community supports are required for this to be achieved.

As a student on placement at the Association of Participating Service Users, (an advocacy organisation for people who use alcohol and other drug services), it concerns me that this show potentially furthers already entrenched stigma and promotes discrimination of people who use drugs.

Part of the solution of addiction is to create an environment where a person feels safe enough to admit they have a condition that excludes them from living and then work on this, unraveling and reshaping their identity over a period of years.

The 'Ice Age' was the antithesis to this widely recognised process, especially as it focused on the aspects of drug usage that specifically brings about feelings of guilt and shame.

Was there any thought given to the impact on their lives and future prospect with the national broadcasting of their story, especially when they were so excruciatingly honest? How were they protected and what consideration was there for their means to access education, employment and proper housing, not to mention the prospect of non discriminatory treatment after they clearly stated on national television that they believed that they were the 'leaders of the scumbags of society'?

The focus on the program was predominantly about intravenous users of which you allowed a good deal of footage of the injecting of this drug. Was that to incite horror? If it was, then your method was clearly effective. Did you give any thought to the stereotypes that are already associated with needle usage that effects the spread of blood borne viruses? Isn't it remiss of a journalist not to consider the negative impact of community's beliefs with regard to the portrayal of a marginalised group, such as intravenous users or the people interviewed, when planning and devising the angle of a story?

Debbie

READERS RESPONSE

Last issue included an article by Butterfly Bec describing her experience with addiction and the recovery process, or journey that took place. A reader contacted APSU wanting to respond to Bec's article. APSU is more than happy to accommodate readers responses, so if you have a comment about an article that has been published, please let us know by contacting Regina on rbrindle@sharc.org.au or call us on 9573 1736. Here is D's response.

Dear Bec,

It was interesting reading about your experiences in Flipside (Autumn 2006, p5). I was somewhat bemused, however, at your response to counselling and the exploration of some of the issues that may have contributed to your ongoing need for self-medication. You complain, 'No-one suggested that you don't use or stop using before dealing with such issues'. Come on, Bec! Who has ever stopped using simply because someone else told them to? With 25 years of dependence up your sleeve, no one was ever going to insult your intelligence in that way. You were only ever going to stop using in a self-destructive manner when you had decided to do it, and found the strength in yourself. The point of the counselling, whether it was good or bad, was surely to help explore some of the issues that might have made the decision to stop difficult. I think blaming the counselling for the fact that you went out and used after is a bit of guilt projection. If you had been a full-on user for 25 years, you were always going to use afterwards, so why do you need to blame the counselling?

Also, having a go at Harm Minimisation is a bit unfair. Harm Minimisation is just about trying to keep people alive and in better health while they are using. HM recognises that at any one time, a whole bunch of people are using, and are at real risk of death and disease and other harms. There is no magic wand that can make everybody clean in one go, but you can help people stay alive and healthy until they are capable of changing their own lives (if that is what they want). HM doesn't say it is OK to use or that it is not OK to use. It treats dependence realistically as a very difficult condition to overcome, and it treats people who use as if they are still entitled to good health and fair treatment. Are you blaming HM for not making you stop? Get real!

In the end you worked out what you wanted to do, and what was best for you; I think that is the real value in what you have to say. Bagging other people for not getting you clean is a bit of a cop-out, in my opinion. Nobody can make you clean or persuade you to be clean – people can only help you by giving you options

and supporting your choices. So please don't blame your using on the people who tried to help keep you alive along the way, especially people talking about Harm Minimisation; they were trying to treat you with respect as an adult.

Keep walking them shoes, Babe.

D

REMEMBERING JARROD

Jarrold came to SHARC on 14th March 2006. Jarrold came to us with amazing hopes and dreams. He also bought with him a love of writing and reading. This was his "Soul food". This poem was written by Jarrold.

Soul Food

*We think no-one could fathom all that we endured,
Then similarities arise and we are assured;
Although we seldom think we are not alone,
We just need to harness the skills that we hone.*

*I'm sick of empty promises, pockets and eyes,
Sick of the mask and the disguise;
It is such early days and so hard to see light,
But that's what will come after tonight.*

*A new day to grasp, to cherish to grow,
To aspire in ways we may yet not know;
So if we stay strong and steady on our feet,
We can be the flowers that grow from concrete.*

*It's so close at hand, it's within our reach,
But it's we who are the students and tutors to teach;
So we may feel locked and just love a key,
To give ourselves freedom, to reach recovery.*

*We see others so avid who seem so much keener,
Well let em' hit our side of the fence coz it's not fuckin'
greener;
The grass just seems poisoned, arid and dry,
But will bloom again, we just need to try.*

*To diminish the negative, but keep faith and hope,
Forget all the glory on tonight's TV soap;
It won't be easy, not easy for me,
But I shall be successful and fulfilled,
What I want to be.*

Jarrold Cooper.

Rest in peace Jarrold.

THE DOCTORS APPOINTMENT

In The setting of Alcohol Dependence

My name is Frank Imeneo. I am a GP who has worked in the field of drug rehabilitation since 1992 in a general practice setting, and more recently, since 2004 in a dedicated drug and alcohol treatment centre (PenDAP, Frankston). I am a methadone and buprenorphine prescriber, and manage patients with dependencies on opiates, alcohol, cannabis, and prescription drugs. I also manage their mental health issues, which are very significant.

PenDAP consists of 30 or so staff, and covers services such as initial assessment, counselling, forensic treatments, youth outreach and school programs, home withdrawal and hospital liaison. I am one of two doctors attached to this clinic.

PLANNING YOUR DOCTORS APPOINTMENT

The disastrous appointment with the doctor is so common in the setting of alcohol dependence. The doctor doesn't know where to start, so they remind the patient that if they didn't drink then they wouldn't have a problem. The patient thinks the doctor knows nothing, and everything they give him or her 'doesn't work'. Sound familiar? There are many reasons for this, revolving around the fact that this is an uncommon and therefore uncomfortable situation for the doctor. It isn't a normal appointment for them, so let's look at why.

First and foremost – time. This sort of appointment can take a lot longer than normal, and the doctor is probably already late. The appointment can't be rushed or the outcomes are not workable, so think about making a longer appointment time when you book it.

You will probably need to have some idea of what you need to do about your drinking before you see your doctor. Normally we attend for this advice, but the doctor isn't generally experienced at seeing the whole picture in the setting of alcohol dependence, and you need this to see the start line. Think about whether to see another professional, perhaps a drug and alcohol worker, or even a specialist drug and alcohol doctor for at least an initial assessment. Even if your local doctor continues your care, it's more likely they will appreciate having an 'expert' involved. This sort of treatment isn't mainstream general practice.

Doctor's hate being confronted with problems they can't solve, especially ones they think the person has caused themselves (which if we extrapolate to other

conditions would see doctors treating almost nothing). They become defensive because they often really don't know where to start. Insecurity produces defensiveness, which becomes judgment or blame. There are many times when the patient believes that they know more about their medical condition than their doctor does, but in areas of this problem, they may well be right at times.

In the area of managing alcohol dependence, the doctor will have knowledge of some of the useful medications which can be utilised, but is unlikely to have as firm a grasp on the use of them as the medications used in treating blood pressure, diabetes, asthma and other more 'standard' illnesses. This is an uncomfortable position for the doctor, and really represents that the doctor plays only a small role in the overall management of alcohol dependence. This is unusual in the treatment of medical conditions, and leads to lack of use of support resources because the doctor is unaware that they are there, or what role they play. This lack of use of support resources is a common reason for failure in the treatment of alcohol dependence.

Try to have in your mind what you need answers or help with.

Do you need to know if your drinking is safe, (and need calculation and interpretation of what you actually consume and what that means medically)? For example, "Am I damaging my liver, my brain, my heart, my pancreas?"

If you already know you drink too much, do you need to know how to reduce it and need advice on medications you could use for this?

Do you need to consider detoxification?

Do you need to know if it is causing other problems, such as depression, indigestion, weight gain?

Do you need help with counselling, and a referral to start this treatment?

Many of these questions can first be approached with an assessment by a drug and alcohol worker, which is what I'd recommend as a starting point. This also allows you to commence the most important part of your treatment – the linkage with support agencies. General practice will have to form the basis for this sort of treatment, but isn't up to speed as yet. Until then, you need to do a bit more thinking with regard to your doctor's appointment than what you would usually do if you weren't seeking treatment for alcohol addiction.

Frank Imeneo



GORDON'S STORY

After 9 years at SHARC, Gordon Storey has resigned as CEO. Michael Sgro, a long-standing board member, pays tribute.

Gordon was the founder and CEO of SHARC in 1998. There was no SHARC then. Gordon has the ability to round up and excite people around him, and ask them to come along for the ride. The 'ride' was setting up a series of half-way houses for drug addicts, offering chances for growth and recovery, with support, treatment and care, in a safe, drug free setting.

His enthusiasm and passion is what does it. It wasn't difficult for me to get excited. Over the years we had both been involved in the 'Understanding and Support Society', or the 'Us Society', with 'Johnny' Campbell.

That organisation was no longer, and there were little opportunities for thousands of addicts seeking the compassion and mutual support that the 'Us Society' provided. To this day, I meet amazing people whose journeys began twenty years ago, by the kindness of John at the 'Us Society'. Gordon and I were two of those people.

I remember Gordon excitedly ringing me to announce, 'I've got the name! It's going to be called SHARC!!' And there it was - Self Help Addiction Resource Centre was born. Family Drug Help came later. And the Association of Participating Service Users came later again.

In nine short years, Gordon's dream became a reality, and we all came along for the ride. SHARC and its family today is a long way from what it was then. SHARC's amazing journey has been fuelled by Gordon's vision and by his passion, by his pure commitment to the newly arrived resident, and sharing with them life's potential. The family member whose life changed forever after making a call to the Family Help line owes to Gordon immensely.

Gordon has left SHARC, mostly to spend time with his children. We owe Gordon the utmost gratitude and respect. We congratulate Gordon for the amazing vision that is SHARC, and he leaves behind a huge legacy.

Michael Sgro

Pictured: (Lto R) Michael Sgro, Gordon Storey and David Hartmann

A HEALTHY EMBRYO

Anyone that reads this magazine might remember an article last quarter, titled 'Mental Health's Selective Blindness' about being faced with that evil dual diagnosis of mental illness and drug addiction. The crux of the article was that mental health will reject any person with dual diagnosis, leaving the alcohol and other drug medics to absorb both.

Someone must have heard me, or at least read the article because, out of the blue, this quarter, I was invited to attend a forum, sponsored by the Victorian State Government, put on by Victoria Department of Human Services called 'Dual-Diagnosis Directions and Priorities'. We were all excited and were expecting to contribute towards the implementation of dual diagnosis treatment and to devise an action plan. We discussed what the 'Key Directions and Priorities for Service Development' should be, regarding dual diagnosis which is still at infancy stage so great care, planning and collaboration must be paramount!

What this means to those members of society afflicted by both Mental Illness and Drug Addiction is that they are actually being diagnosed and treated for both afflictions at one establishment; no more handballing from one to the other as it has been for far too long I must say.

We all hope that this is the first true step towards a more accurate diagnosis with respect and empathy to the patient as a whole being. The change should be first felt at triage from an excluding to an including process. Education towards attitudes and values will be incorporated at all levels of training, police, schools, community centers, primary care, leading towards a well needed cultural change.

Still there probably will I always be those members of society who are frightened of anyone suffering with a MI or AOD addiction, let alone both; afraid of the sometimes aggressive and unpredictable behavior, carried through by complicated and overwhelming issues. It seems possible that over time, these people would have learned to see the damage behind the anger and pain, the uncertainty behind those cocky attitudes, the soul struggling within the human form.

It is believed users use drugs to escape dullness and therefore, feel better to avoid that *ordinary low* suffered by all at some time. Most medical professionals see us as backstreet junkies, taking and giving; cloned like all prosti-children with the same symptoms; talking to ourselves, nodding off, sweating with fear or paranoia... they imagine us partying "high" on a good time; certainly not the way we see ourselves - 'surviving'. Because the medical circles haven't properly defined our illness,

symptoms and cause with compassion and empathy, they refuse to accept that sometimes self medication is all we have. And having tried their prescribed medications, finding it not suitable for our illness or organism, we are forced to self medicate. Our self medicating is not so much to get high, but feel better and be able to relate better to other people...without fear.

Mental Health and Drug and Alcohol: two independent bodies, their specificities and specialties well noted. Their time as valuable as their expertise is invaluable. They are to work together- brother and sister. Yet at the end of the day is this workable? Is it ASSIMILATION that is needed? A concept somewhere between the two bodies i.e., one body? These systems offer both promises and risks as we move into the new century. Hopefully, the outcome of the Dual Diagnosis forum will be a healthy embryo.

Write and let me know your views.

Zac Staninski



THERE IS NOTHING FUNNY ABOUT DRUGS!

COMEDY = TRAGEDY + TIME

Here is a column for our comedians out there. In our days of using we did/do some 'funny' things. If you have a funny story to tell or know of a cartoon, comic or joke, send it into Flipside. Contact APSU on 9573 1736 or email us at apsu@sharc.org.au

To get the column started we have found this tale from the jungle.

The Stoned Monkey

A monkey is sitting in a tree, smoking a joint, when a lizard walks past.

The lizard looks up and says to the monkey 'Hey! What are you doing?'

The monkey says 'Smoking a joint, come up and join me, my cold-blooded friend.'

So the lizard climbs up and sits next to the monkey and they have another joint.

After a while the lizard says his mouth is 'dry', and that he's going to get a drink from the river.

At the riverbank, the lizard is so stoned that he leans to far over and falls in.

A crocodile sees this and swims over to the lizard. 'What's the matter with you?'

The lizard explains to the crocodile that he was sitting in the tree, smoking a joint with his new monkey friend. He explained that his mouth got dry, and that he was so wasted that, when he went to get a drink from the river, he fell in!

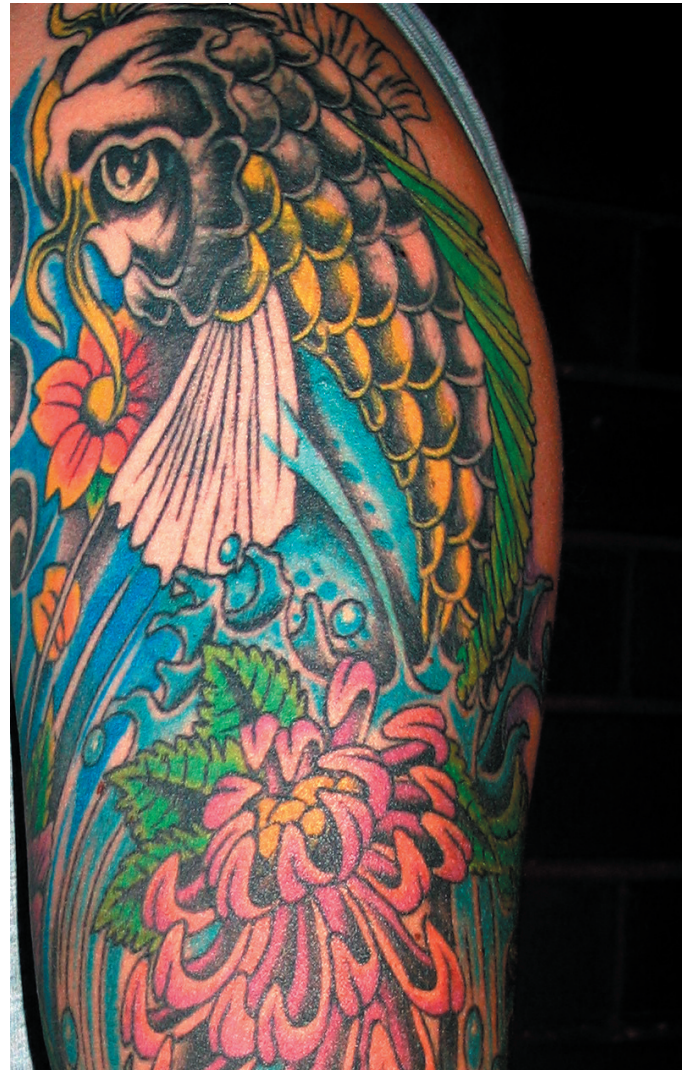
The inquisitive crocodile says he has to check this out. He walks into the jungle and finds the tree where the monkey is sitting, finishing a joint.

He looks up and says 'Hey, MONKEY!'

The monkey looks down and says 'FUUUUCCK, DUDE... How much water did you drink?'

SEND US PHOTOS OF YOUR TATTOOS FOR THE NEXT ISSUE OF FLIPSIDE. EMAIL TO apsu@sharc.org.au

TATTS ALL FOR NOW...



WHERE TO GO FOR HELP

If you are having problems related with drug and alcohol use and would like some advice on how to get help, here are some contact details for referral and support.

DIRECTLINE 1800 888 236

Keep in mind that there may be a wait to speak with a counsellor. While this is frustrating, the end result can be worthwhile. My advice is to hang on and let go at the same time. Good luck.

NARCOTICS ANONYMOUS INFORMATION LINE 9525 2833 / MEETING DETAILS 1300 652 820

ALCOHOLICS ANONYMOUS SUPPORT LINE 9429 1833
Hours of operation 9am-9pm 7 Days

PROFESSIONAL DRUG AND ALCOHOL COUNSELLING ONLINE
www.counsellingonline.org.au

FAMILY DRUG HELP 1300 660 068
A service for Victorian families providing support, understanding and information when you need it.

Association of Participating Service Users (APSU)

APSU believes that individuals who use alcohol and other drug treatment services are the reason the system exists; their needs, strengths and expertise should drive the system. APSU is run by people who use or have used services users, for people who use or have used services.

We invite you to join us in having a say. We need your help to give us all a fair go. If you would like to become a member, (at no cost), please fill out the form below.

Membership Application

I wish to become a member of APSU. I would like to:

- Receive the quarterly FLIPSIDE newsletter
- Be sent information about how to become involved.

Name

Address

Phone

Email

Signature **Date**

Are you:

service provider **service user** **family member** **other**

CONFIDENTIALITY STATEMENT

All personal details obtained by APSU will be kept confidential and will only be used for the purposes outlined above. Personal details will not be given out by APSU to other members.

Mail to: The Association of Participating Service Users, 140 Grange Road, Carnegie 3163.



WE HAVE MOVED:

FINALLY WE HAVE MOVED TO THE CHURCH, SO YOU WILL NO LONGER FIND US AT
1242 GLENHUNTLY ROAD, GLENHUNTLY.
NOW WE ARE JUST AROUND THE CORNER AT
140 GRANGE ROAD, CARNEGIE 3163