

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.

FLIP SIDE

SPRING NEWSLETTER

The Association of Participating Service Users

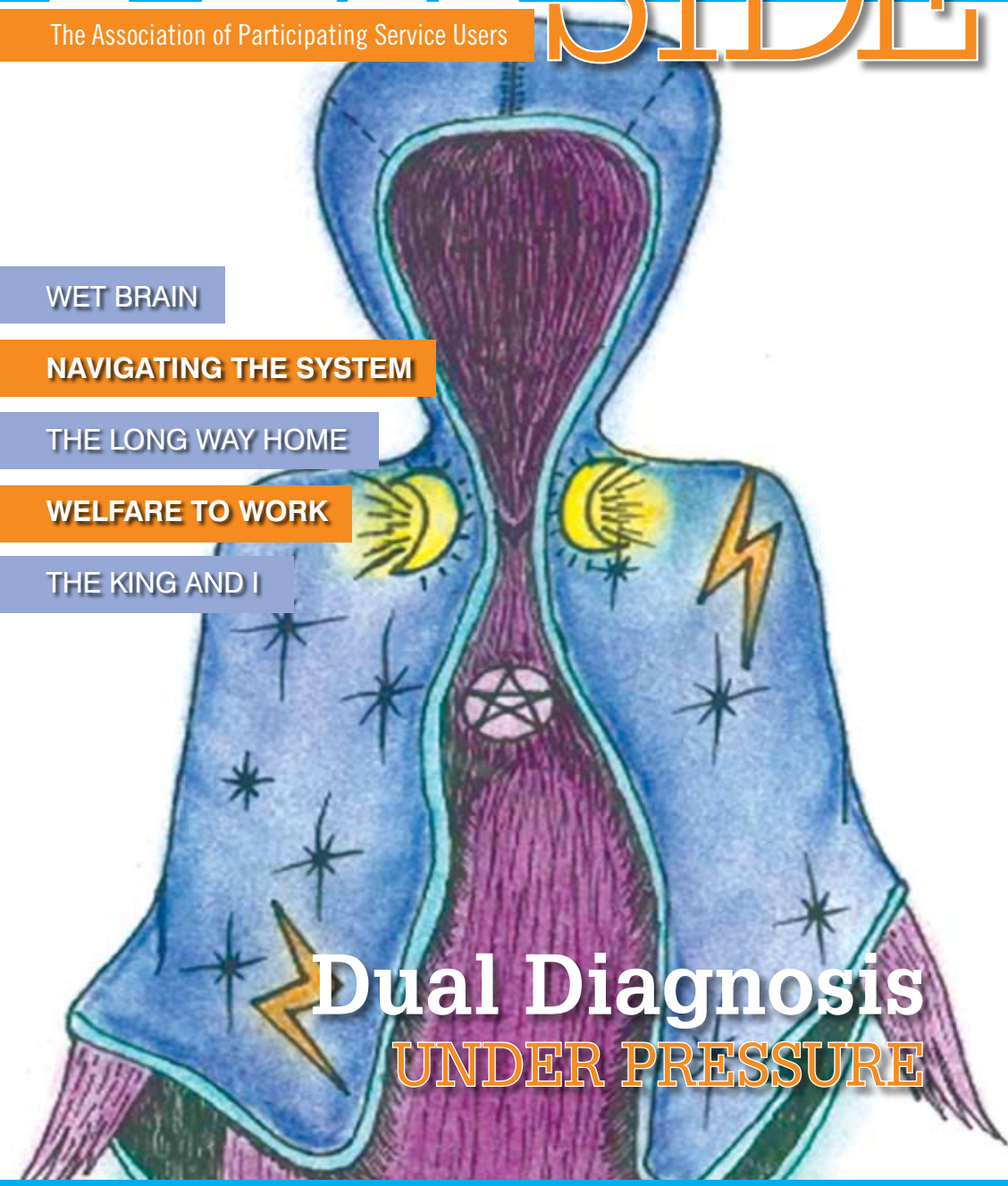
WET BRAIN

NAVIGATING THE SYSTEM

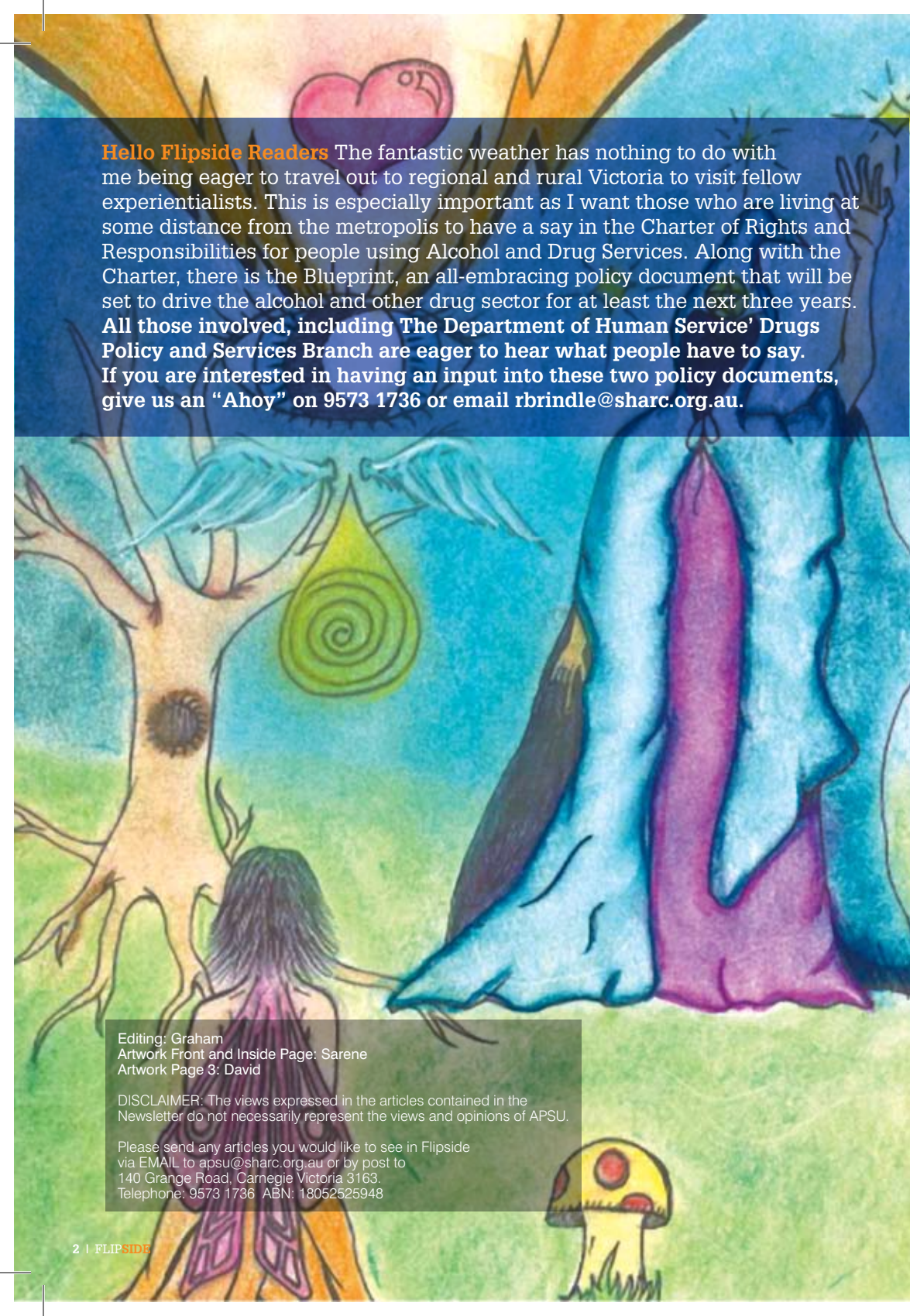
THE LONG WAY HOME

WELFARE TO WORK

THE KING AND I



Dual Diagnosis UNDER PRESSURE



Hello Flipside Readers The fantastic weather has nothing to do with me being eager to travel out to regional and rural Victoria to visit fellow experientialists. This is especially important as I want those who are living at some distance from the metropolis to have a say in the Charter of Rights and Responsibilities for people using Alcohol and Drug Services. Along with the Charter, there is the Blueprint, an all-embracing policy document that will be set to drive the alcohol and other drug sector for at least the next three years. **All those involved, including The Department of Human Service' Drugs Policy and Services Branch are eager to hear what people have to say. If you are interested in having an input into these two policy documents, give us an "Ahoy" on 9573 1736 or email rbrindle@sharc.org.au.**

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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.

Please send any articles you would like to see in Flipside via EMAIL to apsu@sharc.org.au or by post to 140 Grange Road, Carnegie Victoria 3163. Telephone: 9573 1736 ABN: 18052525948

'Jewel Prognosis'

Group up and running

EVER HAD PROBLEMS WITH SUBSTANCES AND MENTAL HEALTH ISSUES AS WELL? EVER BEEN FRUSTRATED WITH BEING TOLD, "WE DON'T DEAL WITH THAT HERE, YOU'LL HAVE TO GO TO THIS OTHER ORGANIZATION."?

APSU is assisting a group of people with the dual diagnosis of drug addiction and mental illness to start a Self Help Group which will provide a safe, inclusive, non-judgmental forum for people to share openly about addiction and mental health issues, in the one place, with other people who have and are living with dual diagnosis.

The dual diagnosis or "jewel prognosis" group is a non-hierarchical, supportive forum that welcomes anyone who has experience of dual diagnosis to come and join us, have a say, give and receive support, and overcome the stigma that surrounds these issues.

This group has the philosophy that along with the difficulties of having dual diagnosis, there are gifts that come also. We aim to celebrate our individual and collective achievements and triumphs and break down the isolation, shame and stigma that people often experience.

Each weekly meeting will have a topic suggested by those present. Each person is given the opportunity to share briefly on that topic, after which each person is invited to share on what is happening for them at the moment. The facilitator of each meeting is rotated between group members, so that no one person is "in charge".

THE WEEKLY SUPPORT GROUP MEETINGS – HELD ON MONDAYS AT 10.30AM AT TURNING POINT, 54-62 GERTRUDE STREET, FITZROY – are just the beginning. This group also aims to have social events and celebrations, a phone line and a web page.



Too many of us try to deal with all of this on our own. So here's an open invitation to come and check out the support group meetings, share your difficulties, find and celebrate your gifts, and get involved as much or as little as you want to.

DON'T 'DUEL' WITH LIFE!

Understand and treat dual diagnosis

ACADEMIC and PERSONAL definitions and opinions are always varied when it comes to the condition known as dual diagnosis.

The presence of:

- (a) Addiction issues; coupled with
- (b) Mental illness, is often regarded as an 'acceptable' and simplistic explanation.

This needs elaboration!

- (a) Addiction as we know can either be active or in recovery; and is entirely different in each mode.
- (b) Mental illness implies 'negativity and disability'; and refers to the stages when our lives are impaired. During these phases we may require hospitalisation, treatment, counselling, pharmacology etc. Most of us, for most of our lives once diagnosed require ongoing treatment and this along with our 'labels' can be ever-changing and challenging!

I prefer to use the term 'mental condition' as often I have used my traits to advantage. In acknowledging that most of us with so-called psychiatric illness have in fact had healthy relationships, tertiary qualifications, responsible careers, families and have survived many life situations, the stigma can be better eliminated as we assimilate positively and are accepted for our functionality; although it may be different. Quite often we can attribute our perceptions as astounding gifts and have made substantial contributions to society due to these.

Attempts have often been made to measure dual diagnosis academically and scientifically using the 'chicken or egg' scenario – 'What came first?'. Does the addiction cause the mental illness, or does the mental illness

cause the client to 'pick up' in order to self-medicate to cope? I have found statistics on this to be extremely inaccurate. So far only very limited and simple case-samples involving depression and/or anxiety have been undertaken. Maybe some clients do realise what these causes and effects are; but for many of us this is not conclusive to our condition. Most of us with 'true' diagnosis have experienced combinations and believe there are 'deeper' genetic roots innate to our diseases.

Personally I feel inherently that they are independent concepts that can run on their own or can invite each other's participation and then fuel interplay. If they exacerbate one another the situation requires mandatory treatment and can be life-threatening, usually resulting in self-harm or attempted suicide. I can recognise in hindsight over 40 years of active addiction leading

to inaccurate mental treatment. I also recognize separate childhood and ongoing complex psychiatric internal torments. Consequently, my life situations and coping mechanisms resulted in chaos, confusion, fear, bad decisions, etc. When I surrendered and accepted my 'double disease' in my mid-40s, I began to install my 'personal program' relevant to my quality recovery!

One disease cannot be treated without considering the other and constant recovery maintenance entails qualified professional advice, ever-changing pharmacotherapy, discipline, abstinence from addictive substances, including alcohol, and a myriad of additional personal networks. Emotional growth by 'feel and deal' and confronting life issues will always be challenging; but, with support and encouragement, confidence builds along with trust and of

course faith!

Dual diagnosis I believe is more prevalent than statistics suggest. And I wonder about what will be projected by politicians and us to financially improve infrastructure and further specialise treatment for individuals. As a compassionate community I hope we are prepared to commit to prioritising and evolving to conquer all presenting complexities – so those who are active and recovering may get the best 'double care' available! It will not be responsibly addressed until the stigma is eradicated (as it should be) so that each 'victim' can safely, comfortably and happily live a productive life with their dual rewards – **self-exploration** leading to and culminating in **self-actualisation!** – true "jewels" to aspire to!

Dual diagnosis consultant,
Monica E. Walsh

The 'King' and I

I AM SITTING in my study looking out the window, the cool morning reminds me of some feelings I had when I was young and 22, that would last through to 27 when I left him – The King. I call him the king because I remember his big chair, he use to call it his throne. He would say, 'Hop out! That's the king's throne'. I would hop out and then he would sit down in it.

My mind drifts back to Monday mornings when I would get up early and go to work in hope there would be a taste of the magic potion waiting for me when I got home. In the beginning, taste is such a sexy word when used in the context of drug taking. I remember him saying in a dark warm calm voice that one simple word "taste..." There was no arguing, no fighting, just magic... Those times would soon pass.

When I first met him the cold mornings felt magical, I remember how resilient I was. I was resilient to the side effects of my first-time drug use and resilient to his abuse. I remember the feeling, walking to work. In the thick fog I would see my feet step one by one. Even now, I can feel the stockings on my tight slim legs; I remember what it felt like to wear black stockings with no socks. The cold air would make my legs tingle but I felt warm inside. The effects of the drug we consumed on the weekend were still in my system.

I walk fast. My hands are cold and I caress the spot on my arm where the king injected me. No marks, no lumps, no bruising, no pain, just pleasure, pure bliss. I

am breathless with anticipation, wanting the weekend to come quickly so he can do it again.

I remember feeling my heart and chest ache with passion. I have a similar ache now... for what reason? ... I don't know. Maybe it's because I am revisiting the experience with the knowledge I have today, the damage done. I remember the feeling of my work skirt; it feels like I have it on now.

I remember feeling so safe like he was my very own protector, my bodyguard. He protected people for a living; I thought he would take extra care of me. I used to think I would just die if he ever decided to leave me. My heart would swell and my chest tighten with that thought.

"That won't happen, I would tell myself. "I won't let it. I will feed him the best food if I have to steal it myself. I will satisfy his sexual appetite even if I have to sacrifice my own values and morals. I will starve myself to look slim. If he gives me enough magic potion I will be able to tolerate anything. I just need that potion to keep things the way they are."

"Now that I have a plan to work on, he will be so busy keeping up with me and my plan that he won't have time to leave me, the problem is... I'm really in love with the magic potion... not him!" For seven long years my plan was to make myself irresistible to him so I would taste the magic potion forever. The last two years were a struggle. At this time I wanted to meet my maker but held on to a fine strand of hope. I could only remember that there was hope.

I felt the potion eating away at my body and my eyes became hollow, my mouth dry and my expectations unrealistic. The essence of life is breath and my breath was foul. I was further from reality than I ever was but it was at this moment that I needed all the strength and wisdom available to human kind. I needed to be in touch with reality more than ever so I could realise what I was doing to myself. Killing myself.

I became addicted more than ever, my face was drawn and my bony hands always shook. I could smell the potion and would gag at the thought of him administering it to me.

The king became violent and I was stuck in a vacuum of addiction, sex and crime. I felt dirty and forgot who I really was. My arms were bruised, bleeding and lumpy. His gentle hands were now rough and he inflicted pain with every injection. My beloved magic potion turned into rock. Rock was more powerful and more magical than the potion itself. It became the new potion.

Life was not life anymore. It was an infinite frugal loop that stole my soul. Who was he to me? I now looked at him as having the hands of the Devil... he just kept chasing after the rock. I'd had enough, I wanted change.

Something happened and I had to leave. The plan went astray. I became pregnant and he refused me the potion. I wanted change but I wanted the potion more. I would yearn for it, beg and steal for it, but it didn't matter what I did, the king wanted an heir to his throne. So I was to have no more magic.

I had something growing inside me that I was forced to cherish. I could not cherish new life in this captive environment. I needed love and a safe place to be. If I were to keep this precious gift I would have to leave him, his magic potion and his fairytale Land of Oz.

In a not-so-gracious manner, I left his kingdom of darkness and headed to the light. I left behind me a path of destruction that would make any future contact almost impossible. In addition to leaving him, I sent him to jail.

I was by myself, no potion, no love, no beatings. I didn't know how to be, and I can't even remember how I got through that time. After nine months I brought into the world an innocent life.

How could I, a wrecked 27-year-old woman who had only known danger, violence, drugs, sex, rock'n'roll and manipulation now provide for something so precious? I didn't know what unselfish love was. I had been living a fairytale of master villains, wicked sisters, and I was in hiding from the law. Simply, I would have to learn how

to raise a child... so I did.

I look back. The magic potion that nourished me in the beginning could have killed me. Years later I still have not found the 21-year-old girl I was before I met The King. In a way that's a good thing, because that girl was prepared to throw her life away for a man and his magic potion.

And while my child saved my life, it took a lot of love and nourishment for me to be able to care for and love her in a way that is pure. I made some mistakes along the way and it's not all fairytales with the ending 'And they all lived happily ever after...' But it comes pretty bloody close.

What about the magic potion? It can be found anywhere and the magic for me is evil.

What happened to the King? I tend to believe he is still trapped in his fairytale kingdom taking the magic potion. But you make up your own mind.

I am now someone different; I am capable of love and peace and aspire to be many things.

Today I know what a good life is and I love my daughter with all my heart; I will protect her, and give her the tools she needs to love herself. Peace be the journey, my child.

Deb

DAYS THAT TUMBLE

Days that tumble, fall in chasms of woe
Days that roll as though God is always there
Days that smother me in fear
Who am I, what am I to bear?
Still and waiting for more

Seeking that lover to love me on the floor
Love me in the harsh light of morn
Be there, everywhere but leave me alone
Never appearing out of my dreams
Never accepting how it seems

Can I let go of madness, I feel
Can I let go of my fears, my guilt?
My pain, anxiety still running in my veins
Where is the quiet? Where is the sure?
The beach of my heaven, is it near?

Vices that took me to the nicest places I've been
I long for those days it seems, today
Tomorrow I will not care
I still feel pain billowing deep in my soul
It just keeps flooding back

Today seemed to tumble after the sun
Alone again, forever, whatever
It's back again, the tumbleweeds
My soul lost and dusty in a lonely street
Why is it so hard to be clean?

Sue

'WET BRAIN' and thiamine solution

ALCOHOLISM is widespread in the community. Approximately two million people (13% of adults) are drinking at risky or high-risk levels¹. The Government currently has a Harm Minimisation Policy which has three aspects to it, namely reduction of supply of substances, reduction in demand, and reduction in harm – both to users and the community.

One of the harms that an alcoholic is at risk of is permanent brain damage. I think most of you have heard the term "wet brain", the colloquialism used to describe what is more formally known as Wernicke Korsakoff Syndrome (WKS). It is a disease that is not due to alcohol itself but to a deficiency of the B vitamin Thiamine. All alcoholics are at risk of becoming thiamine deficient, due not only to poor diet but also because thiamine is not absorbed or processed well with alcohol on board².

The symptoms can include confusion, ataxia (disturbances in walking) and eye and memory problems. Sounds a bit like being drunk³! Later on, if this is not treated, or even without these symptoms ever appearing, the person develops permanent changes in memory function (long and short term) and about 20% of people affected die from it³. I had an alcoholic friend we called "Pete Repeat" (RIP 2006). Perhaps his endless repetition of the same stories was due to WKS. That's the trouble, really – 90% of people with WKS are never diagnosed⁴.

So, what can be done? Well WKS can be prevented in many cases simply by giving thiamine. There are other factors involved that are harder to address but, for the most part, it is simply a matter of giving those at risk adequate thiamine to correct any deficiency^{1,3,5}. That's another problem, there's no routine test to show who's deficient and in need of thiamine⁶.

I said before that alcoholics are at risk of being thiamine deficient; so, let's just give all alcoholics thiamine. That to me would make sense, as long as the treatment itself wasn't worse than the risk of developing WKS. You know, a child gets an immunisation, experiences a few side effects at the time, but is safe from the risk of serious disease. Thiamine is incredibly safe, safer than penicillin, in fact³. So, what's the problem, why does Australia still have one of the highest prevalences of WKS in the Western world⁴?

For a long time, doctors have been giving thiamine injections to alcoholics when they were in detox, and when an alcoholic was seen in an emergency department. The government thought that WKS was enough of a problem that it introduced thiamine fortification in bread⁴, (but stopped short of adding it to beer, which may have been more useful).

Somewhere along the line, doctors came to believe that injectable thiamine was unsafe and that oral tablets of thiamine were sufficient to do the trick. Unfortunately, this doesn't seem to be the case. Thiamine is not well absorbed when there is already a shortage of it in the body, or in the presence of alcohol³, and although thiamine can cause shock and even death, this happens in fewer cases than when penicillin-type drugs are given³. The only known way to prevent WKS in those that are at high risk is by using injectable thiamine³.

Added to the perception that thiamine tablets are enough to prevent WKS in alcoholics or even perhaps because of it, there was a critical shortage of injectable thiamine in Australia a couple of years ago⁷. No-one seemed very upset by this. A few well-versed doctors did everything they could to obtain thiamine for their patients and to alert the relevant government and pharmaceutical bodies to the shortage. Although the crisis seems to have abated, there is less injectable thiamine around than there used to be. Hospital pharmacies don't seem to be going through it very fast, and few community pharmacies stock it. Detoxes often give oral thiamine instead.

APSU is concerned that the issue of WKS and its prevention has fallen off the radar, that significant and permanent harm is being suffered needlessly by those who have the disease of alcoholism.

After a period of investigating the current patterns of use of injectable thiamine in the community and reviewing the scientific literature, APSU is convinced that this is an issue for action. APSU has written to the relevant medical bodies requesting that clear guidelines be developed and disseminated for doctors regarding the use of thiamine in alcoholics. It is hoped that, with such guidelines, the use of injectable thiamine will increase and the disaster of permanent brain damage or death will be averted in many alcoholics. Perhaps then, Pete's story won't be endlessly repeated.

Check out the next issue of Flipside for an update.

Miriam

1. ABS National Health Survey: Summary of Results, Australia, 2004-05 (4364.0).

2. Agabio, R. (2005). Letter to the editor: Thiamine administration in alcohol-dependent patients. *Alcohol and Alcoholism* 40(2):155-156.

3. Thomson, A. D., Cook, C. C. H., Torquet, R. and Henry, J. A. (2002). Invited Special Article, The Royal College of Physicians report on alcohol: Guidelines for managing Wernicke's encephalopathy in the emergency department. *Alcohol and Alcoholism* 37(6):513-521.

4. Harper, C. G., Sheedy, D. L., Lara, A. I., Garrick, T. M., Hilton, J. M. and Raisanen, J. (1998). Prevalence of Wernicke-Korsakoff syndrome in Australia: has thiamine fortification made a difference? *Medical Journal of Australia* 168:542-545.

5. Lingford-Hughes, A. R., Welch, S. and Nutt, D. J. (2004). Evidence-based guidelines for the pharmacological management of substance misuse, addiction and comorbidity: recommendations from the British Association for Psychopharmacology. *Journal of Psychopharmacology* 18(3):293-335.

6. Sgouros, X., Baines, M., Bloor, R.N., McAuley, R., Ogunipe, L. O. and Willmott, S. (2004). Evaluation of a clinical screening instrument to identify states of thiamine deficiency in inpatients with severe alcohol dependence syndrome. *Alcohol and Alcoholism* 39(3):227-232.

7. Spedding, S. and Gaughwin, M. D. (2004). Letter to the editor: Critical shortage of injectable thiamine in Australia. *Medical Journal of Australia* 181(10):577-578.

Navigating the system

AS THE PARENTS of a 15-year-old boy who was showing signs of distress, manifested in substance abuse and violent behaviour towards himself and others, our first reaction was to visit our family GP, who had known our son since early childhood and treated him for various illnesses. He in turn referred us to an impressive sounding adolescent clinic that I mistakenly assumed to be part of a public hospital.

This assumption led me to associate it with more competence and authority than I might otherwise have done. We were assigned a young psychiatrist who diagnosed our son with serious depression and prescribed the medication Zolof as well as regular psychotherapy sessions. Eventually we were asked not to accompany or deliver our son to the clinic and instead to encourage his independence, which we did. We were also referred to a psychologist and this in hindsight turned out to be more of a social event for the therapist than anything more constructive.

Within 12 months, our son attempted suicide again and was hospitalised. When he regained consciousness he simply ran out of the ward and past the security guard – while struggling to hold up his pants, having had the belt removed along with his shoelaces. Both the police and ourselves were alerted of the fact and after a short search of the area I found him waiting to catch a train towards home. I alerted the hospital and they allowed me to take him home.

There was never any follow-up from any authority to check on his well-being! We alerted the private adolescent clinic he was attending and the response was to double his medication and the frequency of his therapy sessions. We struggled on but eventually our son refused to attend the clinic, claiming they couldn't do anything for him. After discussions with the clinician we resigned ourselves to our son's decision though he continued to take the medication under the supervision of our GP.

Along the way there would be changes in schools, a mentor, a stint in the workforce, another school, more psychologists, his association with a sociopath, a neurologist who seemed more interested in examining our son's penis, trouble with the police including being remanded twice, numerous court appearances, CBOs, a three-month stint in a rehab clinic, more psychologists, a diagnosis of borderline personality disorder, a period of relative calm, the emergence of hope and then, when we least expected it, suicide at the age of 21.

The first mistake my wife and I made was the total faith we had placed in the quasi-medical authorities. We didn't realise how imprecise, controversial and fashion-driven the practice of psychiatry or even psychology could be and therefore were not critical or enquiring enough. The next mistake was "magical" thinking that if we tried hard, worked hard and drew on traditional resources, somehow we would be supported and everything would work out. It didn't! It seemed more like a jungle, with all its connotations for the vulnerable, than the world I imagined I grew up in as a child.

There is some limited support and help out there in these troubled times, but there are no guarantees you'll receive it. If things start to go wrong for your teenager, you need to become an expert facilitator in order to navigate the system. The best way to start might be to join a family support group – picking the one that seems most relevant to your needs.

Jobe Kyme



The long way HOME

I BECAME homeless without knowing that this was happening. I didn't think of what was going on in my life in terms like "homelessness", more like "shit happens" through the haze of a morphine headache. A cycle of drug use, imprisonment, release, drug use, living rough, imprisonment and round and round had become the way I lived. As Tex Perkins sings, "This is not the way home".

Eventually, fear of going back to jail motivated some change. I thought that the way home was to fit into the mould of "husband", "father", "worker", "property owner", "member of straight society". This worked for a few years (at least I didn't go back to jail), but I just couldn't understand what it was all about. Was this life? To get up, go to work, come home only to do it all over again the next day? I just couldn't understand how my next-door neighbor could look so happy doing this in his life while I felt so alienated. I needed drugs to give the life I was living an edge, so continued using, keeping it as hidden as I could manage. This was not the way home.

In 1983, isolated and full of fear as the impact of my drug use in my life and on my family became undeniable, I stopped using and entered the process of "recovery" (to me this means finding meaning in my own life as I define it for myself). I can take very little credit for this as I didn't set out one day to stop using. Instead, I came into the pathway of people who had stopped, who demonstrated that recovery is possible, who were, in fact, "living proof". They had a genuine credibility to me, and the solutions they suggested were proven through their own experience. They began to show me how to find the way home.

This concept of "home" (or "homelessness") as a central theme in my life and in my work did not occur to me until a bit over two years ago, when I came to work at SHARC as the manager of the alcohol and other drug (AOD) supported accommodation program, Recovery Support Service (RSS). I discovered that many of the young people who access RSS had run out of other options. They often said to me, "I've nowhere else to go". With this came a growing understanding of the context of AOD supported accommodation. This isn't a simple "AOD intervention". This is an approach that provides the opportunity for people to not only have somewhere safe and supported to go, but to find where they want to go for themselves, to find and define meaning in their lives, to begin to find their own way home.

With this understanding came the recognition of the real worth of the partnership between us and the housing agencies (in our case both Hanover Southern and the Office of Housing), and the inspiration for us to take on the process of becoming a registered housing provider in Victoria so we can better provide longer-term pathways for the young people who are themselves the "living proof" that recovery is possible. There is a way home.

David

FROM WELFARE TO workplace

IN LIGHT of recent changes to welfare laws which encourage people on disability pensions and parenting payments to enter the workforce, I would like to share my own experience of entering the workplace after being on welfare and the implications this may have for others in my situation.

A recovering addict and 46-year-old single parent on a pension, I was living about an hour from Melbourne in an Office of Housing property when my youngest child turned 16. Although there were no welfare to work laws in place at that time, I believed that if I could return to school and eventually obtain employment, my situation would improve.

I enrolled in a Welfare Diploma course at T.A.F.E. and traveled an hour each way, four days a week to attend. During the three years it took me to complete the course I worked four hours each week night as well as completing two student placements in Melbourne. I needed a computer for study and could only get credit at 27% to buy one. I also borrowed money to buy a more reliable second-hand car.

When I received my diploma I was offered work at the alcohol and drug agency where I had completed my placement. I tried to get a transfer from the Office of Housing to a property in Melbourne, but they were most unhelpful. I had to make a decision to either stay in my secure housing (in an area where there were few employment opportunities) or to make the move to Melbourne and have a chance at a career. I chose the job and I made the move to private rental. I am still working for the agency four and a half years later in a position that could

have been tailor-made for me. It has been a privilege to work with people who are rebuilding their lives and those of their families.

Although I love my job and earn quite a reasonable wage, the transition from long-term welfare to work has meant that I no longer have secure housing and have to rent privately. I am also repaying quite a bit of debt from the past, so am unable to save for the future. Because I am now in my fifties I feel anxious about my future housing once I am unable to work full time.

When I enquired about private health cover, now that I don't have a health care card, I found that I would have to pay extra for each year since I turned 30. At 53 this is a lot of money, even though I was not employed until 2002. This issue needs to be addressed by the government.

Many long-term welfare recipients being forced into the workplace will be older and may be disadvantaged in ways that this government has not considered.

In particular, recovering addicts who have incurred debt or bankruptcy should consider the implications regarding their public housing should their income increase for a year or two. It may be that they will suffer long-term disadvantage if they are forced out into the private rental market with no resources should their employment cease. Recovering addicts are also unlikely to have much, if any, superannuation for their retirement.

I don't want to dissuade others in my position from entering the workforce, but the answer to poverty and long-term welfare dependence is not as simple as just helping people get a job. I believe that the welfare to work programs don't offer enough assistance in dealing with the issues of those who have suffered long-term disadvantage.

Anon

DIARY OF DETOX

Hi, I am a 46-year-old woman. I suffer from depression. I am also an alcoholic. This will be my seventh detox in five years and it is my aim to make this my last. Of course, that has been my aim after every detox! Some people say "here she goes again", others say "good on you for giving it another try".

DAY 1: Can't wait to get to the unit. Nauseous and shaking uncontrollably. Managed to abstain before admittance and got my first meds at 11.45am, which I desperately needed. This is going to be a very long, hard day. Can hardly do anything, feel like hell.

DAY 2: Managed to get six hours sleep. Awoke feeling nauseous and shaking at 6am; have to wait until 8.30am for first meds of the day. Sit outside shaking, drinking coffee and chain smoking till then. At 9am there's a group meeting, I put my hand up to cook dinner with another woman. We all share the daily chores. I enjoy cooking and hope this might calm me down a bit. Two new arrivals today and one was a woman I did my last detox with. Very happy to see her. We got on really well last time (January). Lots of counselling sessions, which are compulsory but very helpful. Finished with a talk from two men from AA after dinner.

DAY 3: Had a shocking night; crying, sweating, bad dreams, still shaking heaps. Staff are very supportive. The unit takes six women and six men at a time. Most of us are getting on really well. We are all supporting each other, telling our own stories, which helps greatly. We have a mix of addictions but that doesn't matter. We have a range of ages from 23 to 65, but that also doesn't matter. My depressions and anxiety are horrible today. Could easily check myself out, go home, get blind drunk and commit suicide. Tomorrow has to be a better day or I don't know what I will do.

DAY 4: Woke up craving caffeine, not alcohol. Now I know I am over the worst of it. Had a fabulous talk with the nurse today, sorting out post-detox support. Starting to smile more and cry less. Had a massage after dinner which was so relaxing.

DAY 5: Practising the relaxation exercises we have learnt, which are being more effective the more I do them. Have cooked dinner every night; prefer that to washing up! The food is fresh and fabulous. Feeling almost normal but very tired.

DAY 6: Ready to go home tomorrow. Finally feel up to handling life or at least have set plans in place to get more help, which I hope will help make this my final detox.

DAY 7: Glad to be home! I learnt so much and the staff were fantastic, but I hope to hell I never have to go through it all again.

NOW: Feeling fantastic and have not had a drink; lots of willpower, medication and support. Seeing an addiction counsellor, a psychiatrist, going to art therapy. Eating well, exercising and about to start training as a personal carer for the elderly.

Vicki

Pathways right on track, with thanks.

APSU and Moira would like to extend a big thank-you to everyone who participated in the Pathways project. The interviewing in New York and Melbourne is now complete, and the information collected is being analysed for the final results.

The initial findings of this project are available from APSU and will be published in the next issue of Flipside. Further analysis will be presented at an international level, so, to all those who participated, your input may well help other substance users and people in recovery all around the world, as well as here in Australia.

The input of everyone who participated is the heart of the Pathways project, and we couldn't have done it without you. Thank you so very much for sharing your time, trust, experience and wisdom with the Pathways team. It has been an honour and a privilege to work on this project with such amazing people as yourselves. May things go well with you.

Bye for now. **Moira**

You can lead a horse to water but you **can't make it drink**

WHERE DO YOU START WHEN ASKED TO WRITE SOMETHING THAT MAY HELP OTHERS FIGHT THE LIFE-THREATENING DISEASE OF ADDICTION?

Let's face it, it takes determination and a lot of guts to indulge in, resource and finance an addiction. In comparison, it takes a lifetime of patience, dedication, determination and guts to keep this disease under control to the point of rarely thinking about it. Yep, you ARE stuck with this one for life.

Recovery is entirely up to the person. Doctors, concerned family members and friends may tell you a myriad of things you should not be doing. Realistically, it is up to you to accept that you have a problem or issue to deal with and work positively and constructively towards dealing with it.

You can go by day by day, hour by hour, minute by minute or second by second if you have to. Eventually, you will get physically better.

Then comes the hard part... living and dealing with associated issues resulting from your illness. Personally, I found that educating myself on diet and exercise and practicing what I had learned gave me a sound basis to help me while wading through the myriad of challenges that I was confronted with. It is not easy. Walking costs nothing. You can do a little more each day and surprise yourself. There are services, however frustrating, to help you. In my day there was little. That on its own is another story.

It takes you, and nobody else but you. Good luck.

Alison



My first MONTH.

MY NAME is Michael Sgro, and it's been a real experience, first month in the job as CEO of SHARC in September. Time has certainly flown! The place is busy, enthusiastic, vibrant, and chaotic. There is drama and laughter, and always hope. Getting to know the place, at an operational level, has been consuming and challenging. The staff however has been really helpful and supportive in helping me through the maze.

SHARC is an inspiration machine. Staff, volunteers, and residents are passionate and act with courage and with respect, both with who they serve, and with each other. You get what you see here. My participation with SHARC has been an important part of my life, and goes back to its inception, nearly ten years ago. As inspired as I've been as a member of the Board, nothing has prepared me for this workplace.

My history is one in the building and marketing industry. The nature of the interactions and communications in that industry is suitably different to what happens here at SHARC. Here we care for our residents, our callers and those that participate in our programs. We care for each other in fact.

Personally, something powerful has happened to me as a result of being here. In early 2007 SHARC will celebrate ten years of being of service to the community, and I will celebrate twenty years of recovery from drug and alcohol addiction. It's a responsibility for those in recovery to be proud of their achievements. We all need to put lie to a notion that "once an addict always an addict". We are living proof that recovery is possible.

For too long we hid from the shame of alcoholism or addiction in the family or our personal pasts. The ongoing stigma, guilt and shame have in many cases dishonored and disempowered us. What angers me is that this stigma is one that we impose on ourselves. Therefore I declare publicly that I am as proud of myself as I am of our staff and program participants. This realisation comes from a challenge to speak openly about my addiction and for this reason alone, I am grateful to SHARC.

It is often noted that astonishing sources of energy are available to those who enjoy what they are doing and find meaning in what they do. We have that in abundance. This makes our workplace an enjoyable and vibrant one. I'm proud to be here.

Michael Sgro
CEO – SHARC Inc.

THE CHALLENGE OF DUALISM

Oft times when I am manic,
I almost have the world worked out.
I try to run and comprehend it,
Its future to decide, "No doubt".

When mania peaks in crisis
And twists my brain to pain,
It is then there lies the danger –
Addiction victim again!

I'm scared I could find myself
In a place that's not so good,
Where availability of substance
Could tempt me, "Yes, it could".

I strive to maintain control
Of my jeopardising moments, while
Anti-psychotic medication
Works my "sanity" to reconcile.

Because if I pick up wrongly,
Research has every time confirmed
That suicidal intentions
Are the result of what I've learned.

This double dose of "madness",
Trying to escape the reality of life,
Is the ultimate test of integrity,
Living on the blade of a knife.

But I know my instinctual self,
So I accept my challenge today,
And praise the miracle I'm still alive
To explain, educate, and be okay.

Monica