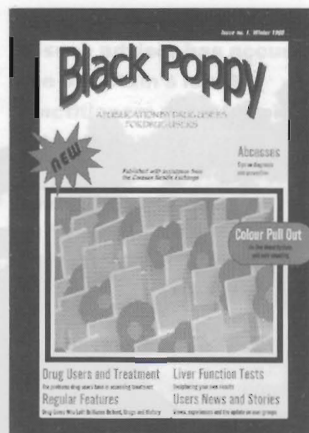


The voice of users heard

A new quarterly magazine described as "a kind of lifestyle magazine for drug users" has burst upon the scene. Issue No 1 of *Black Poppy* appeared at the end of last year funded by the Westminster Drug Action Team with support from the Caravan Needle Exchange based in Paddington, west London. The 30 page mag covers all the issues you would expect from a publication written entirely by users for users; problems of accessing treatment services, a number of health and safety-type features around injecting and liver testing; campaigning and political issues and users' personal experiences.

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Angered by what they see as the humiliation and discrimination of drug testing, members of the

Respect Users Union picketed the recent SCODA-organised London conference, 'Drugs: a testing issue'. Conference delegates were greeted by banners declaring 'Drug Testing Causes Discrimination - Just Say No' and were handed stickers and a yellow leaflet 'Stop Taking The Piss' stuffed into urine sample bottles. Respect said they had no official voice at the conference and had to track down the Press Conference and attend uninvited where they were thwarted in their attempt to question the keynote speaker Keith Hellawell.

In response, Roger Howard told *Druglink* that Respect tried to ask questions after the Press Conference, which had already overrun, had closed. He went on

to say bursaries were on offer to enable users' groups to attend, an opportunity taken up only by Transform. The aim of the conference, he said, was to raise the moral and ethical issues surrounding testing among those involved in administering the procedures and (like Release) dealing with complaints and concerns about testing, rather than to explore the experiences of the many groups in society who might be on the receiving end. "SCODA have many concerns about the idea of drug testing in the home by parents, in schools or at work where there is no risk to the public." Furthermore, while SCODA supported the testing of clients within drug treatment regimes, this would only be justifiable "where there was a demonstrable therapeutic benefit for the client".

World round-up

With heroin use apparently on the rise worldwide, it's the drug they invented to cure morphine addiction that dominates this issue's international round-up

After nearly 20 years of trying, the Dutch have finally launched an experiment to provide medical heroin to addicts. According to the *Eurometh* newsletter, the initial 18 month study involves 25 addicts each from Amsterdam and Rotterdam chosen from those who have been chronic users for more than 15 years and who have repeatedly failed in methadone programmes for more than five years. They will receive a dose three times a day which they have to either smoke or inject on the spot. The Dutch Minister of Public Health described prescribing heroin as a 'last chance' for long-term addicts.

The Australian *Herald Sun* (8 January) reported that heroin deaths were soaring in that country with more than 250 people dying from overdoses in 1998. Chief Inspector John McKoy, head of the drug squad, said while police did not condone heroin use, they were desperate to prevent more fatalities. "We recognise that heroin users are victims of the insidious heroin trade and, as members of the community, we seek to protect them from the ultimate penalty that many heroin users are now paying," he said.

Statistics from the Victorian Institute of Forensic Medicine show about 250 people died from heroin overdoses last year, a jump of 64 from the previous year. Of those heroin users who died in 1998, 85 per cent were male. Their ages ranged from 14 upwards and included 12 pensioners. Most overdose deaths took place at home (184) followed by deaths in cars (17) and public toilets (17). Deaths also occurred on church grounds, in prison and on the beach.

Police blamed the steep rise in deaths (from 49 in 1991) on the increased selling of better quality heroin (up to 80 per cent purity) at cheaper prices throughout the 1990s.

Across the Pacific to San Francisco, and the heroin death of rock star Boz Scaggs' 21 year old son Oscar, highlights the continuing appeal of heroin among America's young well-to-do middle and upper-middle classes, those who, according to Keith Hellawell, have the 'arrogance' to believe they can take drugs just because they can afford them. Writing in the *San Francisco Chronicle* Kevin Fagan believes that the current heroin fad "isn't the 'heroin chic' that gripped hollow-eyed celebrities in the mid-1990s, killing the likes of actor River Phoenix and grunge rocker Stefanie Sargent with overdoses. That wave was on its way out even as President Clinton denounced it in May 1997, replaced by an upsurge in the abuse of methamphetamine, or speed." (See this issue *Speed 3*, p.8.)

"In the depressingly predictable way of the drug world, this wave is the inevitable answer to the speed epidemic, inevitable, say experts, because epidemics of stimulant 'upper' drugs are always followed by epidemics of depressant 'downer' drugs. The main difference with this latest heroin wave is that the smack on the street these days has become so incredibly potent that users don't have to inject it, as they do low-grade heroin. Being able to smoke it or inhale it straight out of a bag means youths can use heroin and still pass through their privileged worlds without tell-tale needle "tracks" on their arms to give them away. At least for a while, that is — most, if they become hard-core junkies, eventually turn to syringes."

"Adding to the allure is the fact that heroin has become so cheap — \$5 a hit, down from \$100 in the early 1990s — that it now costs about as much to get high on smack for six hours as it does to buy a six-pack of beer. Heroin that would have been about 5 per cent pure a few years ago is now 60 to 80 per cent pure."

The National Drug Control Policy Office reports that the number of heroin addicts nationwide has shot up from 500,000 in 1991 to 810,000 today — more than 200,000 of that total being added in the past year alone.