

FLIPSIDE DISC 129117
FLIPSIDE DISC 129117

AUTUMN 2008

Before
it comes



to this!



TEETH AND OTHER
HEALTH ISSUES



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Contributors: Karen, David, Di, Moira, Charim, Tony, Dell, Hanny, Susie, Kath, Sash

Artwork: Sarene, Miranda, and John T(Frontcover)

Editors: Moira and Regina

Below is a letter from a reader in response to 'Dear Alcohol', published in the spring edition of Flispide

Dear B.J.E.

WOW ! Dear Alcohol.

What an amazing read this was not only for me, but for many that I have shared your letter with. The gift that you have to be able to share and put down in words has been admired by many. Over the years, I have looked for answers to my husbands alcoholism often being left confused, frustrated, angry and alone. 'Dear Alcohol' not only touched my heart, it gave me the insight to the real purpose it has in peoples lives. I believe 'Dear alcohol' has the strength to travel and send a message to many in society. B.J.E. hold your head high continue to walk the path ahead and thank you for having such an input into my life and the lives of many that will read your letter.

Karen Rhodes

Facilitator Connect Group

HOW TO FIX YOUR TEETH AFTER YEARS OF SUBSTANCE ABUSE

After many years of substance abuse and bad oral hygiene, your teeth just rot and fall apart.

Once getting clean, these teeth can effect self esteem, eating healthy etc.

When I decided to stop all the substance abuse, my teeth were affecting my recovery. With no money (or very little), how do I get them fixed? I found that being a substance user or being on pharmacotherapy, you can get a referral form from your GP or pharmacist to get dental problems fixed at the

**Special Needs Clinic North Richmond
Community Health: Centre Ph: (03) 9411 3505**

Sounds good, however, there is about a one year waiting list. I thought they were joking, typical addict, I want it now. O.k. so you wait on the list. In the meantime, for twenty dollars you can visit a public dentist. Ring in for emergency treatment whether your teeth ache or not. (For half my teeth, the nerves would have been dead anyway.) Tell them you're in pain all the time, when chewing both hot and cold food, and you will be seen in the next few days - ASAP. This is a great way to get the ball rolling.

The 12 months goes by, you have your treatment, there's less for them to do then, and they also assess whether or not and how quickly you need dentures. Then you go back on the waiting list. If it's deemed really important, you wait 3 months, when they can give you a voucher for a dental technician of your choice. I found this bloke beside Ripponlea station, where you just pay \$70 or \$80 out of nearly \$800 for epoxy teeth. This is the cheapest way. If you want to upgrade to grouse titanium you would have to pay extra, (about \$300 each top and bottom). These are stronger, thinner and lighter and can be added to. So, for about \$700 of your money, you end up with \$1600- worth of teeth, but, you can still get a standard set for \$70-\$80.

Good Luck.

Good Luck.

Dave R.

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ULTRA BRITE

Teeth, all of us have had them; some of us still do, but maybe not all, or even any of the original ones!

Why is this important to me; because some people judge you on your teeth; they effect how you feel & how you look; you need them to eat & chew, & they can cause a person a lot of pain when decayed/ing. We've all seen them on TV, in magazines & movies, these celebrities with perfect even white teeth that are so white that they almost glow in the dark! I must admit, I've felt jealous & if I had a spare 20 grand, I might consider getting my remaining teeth fixed & veneered. However, I am on a part time wage & struggle to buy food let alone fix my teeth to be able to eat it. I avoid nuts, steak & anything to hard or crunchy for fear of cracked teeth & extended chewing time.

As a person who had been a heavy alcohol drinker, cigarette smoker and daily drug user for many years, I did a lot of damage to my health. My dental health was neglected as I couldn't afford private dentists, and was often waiting years for an appointment in the public dental health system, which made me start at the beginning on a new dental care waiting list every time I moved. I did move frequently.

After numerous unsuccessful attempts at controlling &/or stopping my alcohol & drug use, I decided to go onto a methadone program.

No-one from the methadone treatment program told me that methadone inhibits your saliva flow which in turn increases your risk of tooth decay & gum problems. Had I known this, I may have made a different choice or been more rigorous in my dental hygiene routine.

So where does that leave me: with bare gums, without teeth that could have been saved by a private dentist and were simply extracted by public health dentists, afraid to eat anything too crunchy or that requires

molars to chew, a plate that I waited 5 years for, smokers toothpaste to remove the stains (yeah right!), & spilling my coffee all over those ultra white, ultra bright blinding smiles on those crappy magazines. Moira

Alternative Part 1

Hello readers. I'm writing to inform you about dental health and alternative options whilst on methadone or 'beup'. I came off the 'done' myself about 18 mths ago and I've tried 'beup' as well, although I only lasted 3 or 4 mths, and mate you really have to look after your teeth whilst on either of them as they just decay so quickly due to dry mouth, which is a direct result of both the 'beup' and 'done'.

When I was on the 'done', I went through the Prahran Community Centre for the Methadone Dental Program, and I was lucky enough to get a really decent dentist and she told me about dry mouth, and how both the 'beup' and 'done' minimise the amount of saliva the body produces, which lowers your resistance to tooth decay and that's why we have such high dental problems with the population of pharmacotherapy clients. That's what they call you when you're on the 'beup' or methadone.

Anyway, this chick went on to tell me that I should be brushing my teeth as soon as I can after picking up my 'dose,' but if that's out of the question, I should carry some sugarless gum, a bottle of water, rinse my mouth out, pop a chewy and keep right on drinking water all day. Also, she encouraged me to floss twice daily, and brush twice daily with Cedral Tooth Protection as its cheaper than Sensodine. I just go to Priceline or BigW for those of you on a budget. What these particular toothpastes do is strengthen your teeth by building a protective coating. The other thing she encouraged me to do was use a mouthwash with fluoride in it. DON'T use the ones without fluoride because they're alcohol based and dry your mouth out so there you go.

Now I was asked by APSU

to look at alternative dental

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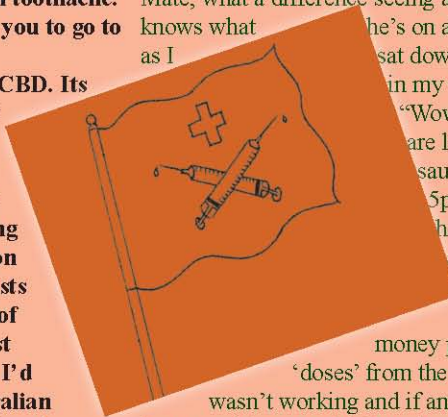
care. The only thing I could think of was Homeopathy and Naturopathy as being the practitioners that could help you with your dental health, but they'd be more for preventative which means taking in the big picture, advising you about diet and lifestyle changes like cutting out cigarettes or whatever changes need to be made. I'd imagine they'd also recommend vitamins drinks, more water that kind of thing, but when it comes to pain management I couldn't find anything. I'm a Reiki Practitioner myself and consider myself well versed in the bodyworks (Acupuncture, Trager, Reflexology, Reiki, Massage, etc) and they're not much help really with toothache. It would always be advisable for you to go to a dentist.

There is a Holistic dentist in the CBD. Its actually listed as Holistic Dentist PH:9662. 2288. I'm not sure about how much they charge and I do know that there's more around Melbourne. I tried ringing The Australian Dental Association here in Melbourne, but the dentists are registered under their name of the actual practitioner so you just have to do your own homework. I'd say probably look through Australian alternative health magazines. I found one situated in Carnegie through a advertisement in a alternative mag. Anyway happy brushing readers.

Alternative Part 2

As I said in the previous article I wrote for this newsletter, I was on the Methadone and came off about 18 months ago. Man, I learnt the hard way how little is known by most of the doctors that prescribe Methadone when it comes to Methadone withdrawal. I found that I had to kick doors down to get help, and fuck man, that's the last thing you wanna do when you're so weak you've hardly got the strength to stand. Anyway, what I did was reduce myself down to as low as I could handle, and I'd drop every 2wks like 1mg. When you get that low, you're not just physically weak but

mentally and emotionally also. You become so vulnerable, and the demons start coming out to reek havoc with you. I really wrestled with depression, and my doctor kept trying to push me onto anti-depressants, but for myself, I didn't want to go down that path. All I really wanted was someone to come and help with my children. My youngest was only 14 mths old at the time, plus my house was an absolute pig-sty. One day, I decided I needed a proper doctor who knew what he was doing. I went and saw Dr Sherman in St.Kilda. He'd been with me from the start of it all which was 20yrs ago, so it was fitting that I went back to him to finish my tour of duty with him (ha ha). Mate, what a difference seeing a doctor who knows what he's on about. As soon as I sat down, he looked



in my eyes and said "Wow your pupils are like flying saucers!" It was 5pm, and I'd had my 'dose' at 9am. He told me not to waste my money picking up my 'doses' from the chemist. It wasn't working and if anything it was just stretching my withdrawal out longer. I had my kids with me aged 8, 10, and 14mths. John looked at them, then at me and said "Wow Di, how are you coping?" I felt like crying. He was the first person who had cared enough to ask. It just made me feel human, not robotic which was how I'd been coping. I was not registering how I was feeling which was tired emotionally. I was all over the place. Physically I was so weak that being robotic was the only way I could cope, and fuck was I angry with the script writing Doctor I was seeing before I went and saw Dr Sherman. All that anger I had towards him was because he wouldn't treat me like a proper patient and hear the concerns I was voicing, and unfortunately for me, this contributed to me doing me detox really hard.

So back to being in John's office. After he said that my pupils were huge, he told me about an experiment he was trying out and would I be interested in participating in it. He felt it would help me with the horrible feeling of having no strength and with 3 kids, he thought it would be better for me to be able to keep up with my kids. He wrote out a script for the lowest dose of Tramal you can get. (Unbeknown to anyone, I was making arrangements to score because I didn't feel I could handle it, but I so didn't want to score.) Fairdinkum, so man when I took the Tramal and 20 minutes later I felt the energy starting to top up I was so rapt I started dancing like an idiot the same way

I use to after a

hit; that's how good it felt.

Plus, I knew

how close

I'd come to

using again,

and now the

threat had

vanished. It

was no longer

on my agenda.

The time to come

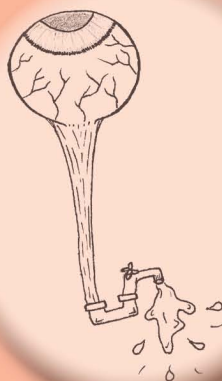
off the Tramal, was

after only 2 mths, just

until we (Dr Sherman and I) thought

I'd built my health up, and phycologically felt ready.

At the same time, I'd been seeing someone at TaskForce and she'd organised this chick to do accupunture and chinese massage on me which helped stimulate my endorphins. This is what detoxing from any opiate based drugs is about. You see, when you're putting opiates in your body, what happens is your body decreases the amount of endorphins it produces and releases into your body. This eventually stops completely. So when you stop taking the opiate based drugs methadone, morphine, heroin, 'beup', the actual withdrawal is your body screaming out for opiates. So, to help your detox along, there are a number of things



you can do like: accupunctue, seeing a Doctor that practices traditional Chinese medicine They have heaps of things that help. One thing I remember having was this box, which I'm not sure what the herb is called that you put in, but you lay on a massage table and they put this box on you with this herb inside, and set it on fire. It's not actually on fire. It just releases smoke and it heats you up deep inside to the core of the cold that you feel inside that makes you shake. So if anyone can get there hands on a Traditional Chinese Doctor, go for it. Plus they do accupunture and massage. There's also the little black box which sends out currents that stimulates your endorphin. I reckon coming off 'done' or 'beup' can be made easier by alternaive medicine and a good doctor. Di

QUESTIONS THAT YOU CAN ASK YOUR SERVICE PROVIDER

Too often all the power seems to be in the hands of professionals. Remember we have the right to interview the professionals treating us.

So, here are some questions that you may want to ask them :

What are your qualifications?

What are your personal beliefs about drug users?

What do you do with & how do you store any information gathered about me ?

Is this confidential? If this is not confidential, to who do you give this information?

Do I have any control over what information about me is shared with other workers, agencies &/or authorities?

What input do I have towards my treatment plan?

Can I change my treatment plan?

Is it going to cost me anything to use this service?

Can I change workers, & if so, how do I do that?

How do I complain if I need to?

Who is your boss & what can this person do for me?

If you can't deal with this, can you give me the right referral?

Maira

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"Not in the Mood for Outings"

Charin Naksook, Tony McBride, Dell Horey, Hanny Calache

A 29-year-old woman had a chipped tooth and severe pain. She did ring the dental emergency service but the line was busy. She resorted to private dentists for emergency. She said it cost her so much money. The chipped tooth has caused pain for three to four months and has got worse in the last four weeks. She has lost seven kilograms since she has to stop eating meat and hard fruits and veggies. She has her meals interrupted three or four times each time she eats. She said her daily routine is, "destroyed by pain". She has difficulty sleeping every night and takes Panadeine Forte up to four times a day. In terms of social life, she said, "I'm not in the mood for outings".

This is one of many stories from participants in the Dental Costs Study, a research project about people who have been waiting for public dental care in Victoria. On average, people wait about two years for treatment after they have told a dental clinic that they need treatment. The study was conducted in 2006-2007 by Health Issues Centre, in partnership with Dental Health Services Victoria and Dianella Community Health. Health Issues Centre is an independent, not-for-profit organisation that has been promoting consumer perspectives in the Australian health system for over 20 years. The study team talked to patients at the Dental Services, Dianella Community Health, Broadmeadows, and also analysed the data from their dental examinations. The interviews provided us with information about the participants, how they felt about their oral health and general health, the way they used health services and how oral health problems impacted on their health and everyday life. We also

1 The study was funded by the Department of Human Services Victoria, the Victorian Health Promotion Foundation and Dental Health Services Victoria. For details about the Dental Costs Study go to www.healthissuescentre.org.au/projects/index.asp

2. See 'Why is He Not Smiling: The Dental Costs Study Final Report' available at www.healthissuescentre.org.au

compared the costs of the proposed treatment plans to see if treating people early was more cost-effective.

The study produced a number of interesting outcomes². This article presented part of the findings on the oral health and general health status of people in the study.

People in the study

Two hundred forty six (246) public dental patients took part in the study. More than half had been on the waiting list for two years or more, and the rest on the waiting list for two to four months. (This allowed us to compare the costs of treatment between the two groups, as well as their oral health status and other factors). Over 70 per cent were born overseas, coming from more than 25 countries. Arabic, Italian and Turkish were the most common languages spoken at home other than English. Over half of the people in the study were aged under 65 years. There were more women than men. Most people had not completed high school. Some of their previous occupations include working as a tradesperson and in unskilled jobs such as labouring.

Oral health problems

It was found that oral health for overall study participants was very poor. Only nine out of 246 people in the study had healthy mouths. (This is defined as having healthy gums and at least 20 natural functional teeth - the minimum required for effective chewing. Significantly the oral health of the recently-joined group appeared to be worse than those who had been waiting two years or more, despite their younger average age. This reflected their very strong need for immediate care.

The evidence of tooth loss among the study population was high, and again unexpectedly was higher among those who recently joined the waiting list. This could partly be explained by their acute need, as above, but also perhaps by the increasing number of refugees using the service.

When the dentists examined their teeth and

planned the required treatment, the newer group had more extractions and more radical treatment planned than the longer waiting group. Again, this reinforced the degree of need for acute treatment. Further, given that they had fewer natural teeth than the longer waiting group, these extra extractions would worsen their oral health status (and chewing ability). In the future, they would probably require either false teeth or face dietary issues, with subsequent general health implications. Those waiting the normal period (two or more years) had more gum disease and needed more restorative treatment than the new group. So overall it would appear that people join the dental waiting list with very immediate and acute needs, but that up to a half of them cannot wait the full two years and go elsewhere to seek more immediate treatment. Those who wait have more long-term chronic gum disease.

In both groups most people had sought dental care prior to taking part in the study. About half of the new group had seen a dentist in the previous 12 months. There was high use of emergency dental care overall. More than 28% of the participants had used it at either public or private facilities in the past 12 months.

Impact of oral health problems

Problems with eating were common among study participants, and raise unease about the implications for nutrition and longer-term general health. Over 40% of the people frequently found eating uncomfortable, a third regularly avoided cold foods and more than one in five people reported that problems with their teeth or mouth led to frequently interrupted meals and an unsatisfactory diet. One in 12 bought special or different foods because of difficulty eating. Aching pain was often experienced by over a quarter of people in the study, with nearly 10% often finding it difficult to sleep because of problems with their teeth.

It is apparent that poor oral health does cost people who experience it. Apart from the physical problems it imposes, it affects them in other ways such as feeling self-conscious, embarrassed or tense because of problems with teeth. Some felt their poor oral health affected

their job prospects and/or their personal relationships.

Poor general health

Oral health status affects the way people choose and prepare food. These in turn influence the intake of an adequate diet, nutritional status and general health status. Adults with reduced chewing capacity (due to tooth problems) have less fibre and Vitamin C in their diet. Previous studies showed that having diet low in dietary fibre and Vitamin C linked to an increased risk of heart disease, stroke and cataract formation³; and also of cancers in the digestive system such as colon cancer⁴.

People in this study not only have poor oral health, but also poor general health. Despite self-rating their health as good to very good when compared to their peers, it appears that their general health may not be as good as they thought. A large majority (87%) had seen their doctors in the last six months, and more than half of these had three or more visits. More than one in ten had attended an emergency medical department in the last six months. It is not surprising when several people told us in the interviews that they live with one or more chronic illnesses such as heart disease,

3 Khaw, K.T. and P. Woodhouse, *Interrelation of vitamin C, infection, haemostatic factors and cardiovascular disease*. British Medical Journal, 1995, **310**:p. 1559-1563
Ness, A.R., J.W. Powles, and K.T. Khaw, *Vitamin C and cardiovascular disease: a systematic review*. Journal of Cardiovascular Risk, 1996. **36**:p. 513-521

Joshiyura, K.J., et al., *Fruit and vegetable intake in relation to risk of ischemic stroke*. Journal of the American Medical Association, 1999. **282**(13):p.1233-1239.

Joshiyura, H.J., C.W. Douglas, and W.C. Willett, *Possible explanations for the tooth loss and cardiovascular disease relationship*. Ann Periodontol, 1998. **31**: p. 175-183
Walls, A.W.G. and J.G. Steele, *Geriatric oral health issues in the United Kingdom*. International Dental Journal, 2001. **51**:p. 183-187

4 COMA, *Nutritional Aspect of the Development of Cancer*. 1998, Department of Health Committee on Medical Aspects of Food and Nutrition Policy, report No. 48: London.

diabetes and arthritis.

Conclusions and suggestions

People in this study are representative of a large population with high needs for dental and general health care. The level of care (especially the speed of providing care) that the community health service clinic was funded to provide was not adequate to meet their needs. Unexpectedly, many of those who joined the waiting list just prior to the study had poorer oral health than people who had waited for two years or more. It is highly likely that if they waited for two years or more for treatment, their oral health would worsen and there could be an adverse impact on their general health. This picture suggests that increased waiting times for treatment has a significant financial and resource impact on the public health budget.

The study recommends:

- greater funding allocation for general and preventive care
- more regular information for people about their place on the waiting list, and extra information about oral health care and pain management
- public dental services need to know more about the people seeking care from them, in particular any health literacy and cultural aspects that may hinder understanding of and the use of public dental care

Health Issues Centre acknowledges funding for this project from VicHealth, the Department of Human Services and Dental Health Services Victoria. The Centre also strongly thanks the participants and the staff of Dianella Community Health, and notes that this study is by no means an evaluation of Dianella's staff performance or the quality of services they provide.

NOT JUST AN ADDICTION

I used to work as a pharmacist. My favourite part of the job was always engaging with people accessing methadone & buprenorphine services at the pharmacy. It always amazed me how many of these people would get into the most drastic & dramatic situations, or just ignore really bad infections or lacerations on their body, most of which would put their health at serious risk. My boss explained to me how this was part of the life of a drug addict, & that addicts represented a large proportion of people accessing emergency services at hospitals. I reflected on my own experience with both drug addiction & emergency hospital departments & nodded my head in assent. My personal story is that I had frequent access to medical treatment, medical knowledge, stable employment & housing throughout most of my 12 years of drug use. 2 years ago, I still managed to end up underweight with anaemia osteoporosis, depression, multiple health problems & that was with private health insurance too! Talking about drug addiction & general healthcare; it's plain to see that you have to be really lucky or really neurotic to be able to take care of your health when your drug addiction has taken over. Some drug users report ongoing health problems for years even after they stop using substances. It's not unusual to see things like digestion, sleep/wake cycles, mood & immune systems to take a while to settle down into normal rhythms, & this is assuming we're taking good care of ourselves physically in the meantime. What do I mean by 'taking good care'? It's just the basics. Having 6 hours' sleep a night, eating regular meals (3 a day), doing regular exercise (1-2 x a week) & attending to any health needs as they arise. Most people go & see a doctor within 3-4 days of getting a cold that was getting

worse. Some people in recovery go 2 weeks plus as their symptoms worsen, without addressing them. I read the other day that most of the health-related consequences of drug-dependence are not inherent in the use of drugs, but from living a chaotic lifestyle where survival must take precedence over health. In this setting, preventative healthcare (where we try to make sure all aspects of health are regularly checked, like servicing your car), is next to impossible. I think this is true to an extent, but only because the current availability of suitable services for the "average drug addict" is next to nothing. It's no doubt that depression often accompanies drug addiction, whether you are using, on pharmacotherapy or in early recovery. These feelings of worthlessness & hopelessness & the associated lethargy can make it difficult to make & keep appointments of any sort. I asked a friend today what she would have done as a using addict if she had a really bad chest infection. Her reply? "Have another hit of course!" Of course! Despite this, it's been shown that drug addicts are heavy users of medical care when it is accessible. I'd definitely be more inclined to stick to an appointment (depressed or otherwise) if I knew the place was close, cheap (or free), clean & the staff were genuinely kind & respectful. We're not wrong in the view that the medical profession, at times, can stigmatize drug addicts. In a study of injecting drug-users in Melbourne, 80% said they believed they were treated differently by health services (Crofts, Reid & Hocking, 2000). I've definitely experienced being denied healthcare for conditions unrelated to my addiction, because I was using drugs at the time. But we need to be careful not to stigmatise the healthcare system in return. It is agreed by both healthcare professionals & service users that a good relationship is essential to optimizing health and wellbeing outcomes for the service user. You need to find

people that you feel you can trust, or it will be impossible to tell them the whole truth about your situation & your history. If we can't be honest with the people we want to care for our health, we are actually compromising our own wellbeing. Knowing this, we can see it's definitely worth spending time to find a service and staff that you are comfortable with. So how do you find a good doctor/dentist/physiotherapist etc. who is more likely to understand & respect your unique beliefs & needs as a using or recovering drug addict?

One great way to find a suitable healthcare professional is to ask someone you trust, who is experienced in drug addiction. Other people's experiences (both good and bad) can help us to find services most likely to suit our needs. In 1999, the Vic government started funding the provision of healthcare especially targeted to street-based injecting drug users in Melbourne. These clinics are known as 'primary health care units' (PHCU) and include Access Health (St Kilda), The Living Room (Melbourne CBD) and Next Door (Collingwood). These units aim to provide services that target the complex needs of street-based drug users, including (but not limited to) needs directly related to their drug use. Access Health in St. Kilda employs community health nurses, duty workers, GPs, drug & alcohol counsellors, psychologists, an indigenous access worker, a health promotion worker and a sexual assault counselor amongst others. They published a study in 2005 of 817 patients who came into contact with the community health nurses at their centre. Of these, more than 75% were for physical health reasons. This is significant because, presumably, these service users could have gone to any doctor or medical centre to get these health needs met. They chose to attend the PCHU because of its free access to timely services in an environment where they knew they would not be judged & stigmatised. Despite successes like this, I was horrified to read an article relating to the

difficulties the Living Room Primary Health Service (PHS) had experienced in getting a suitable space to rent in the CBD. It wasn't a financial issue, as the state government had funded the service to be there. In the article 'Blacklisted in the City: How Stigma Affects Primary Health Care for People Who Inject Drugs' Gabrielle Bennett writes "Despite having looked for over a year, employing specialist rental consultants & having adequate rental funds at hand, the health service has been unable to secure a suitable rental space.". Then, when the people behind Living Room PHS (Youth Projects Inc.) partnered with a church who agreed to develop and rent a suitable space to Living Room, they were told the development was not supported by DHS. This was the very department that had funded the service in the first place. I was quite shocked to read this, initially. But it came to light that some 'important' people in the CBD didn't want these services to exist around their properties. They feared, quite ignorantly, that it would somehow bring more drug users into the area. In allowing a service such as Living Room PHS to exist, such people expect that somehow the problem of street-based drug-users will be "fixed". It's not that drug addicts have a right to be able to access health services that meet their needs, apparently. I doubt the government would be allowed to fund such services if it were purely in the interest of those who were addicted. This is not much of a surprise when we consider how drug addiction is still regarded in a broader social context. Despite the substantial amount of scientific research which has revealed otherwise, much of the public still sees drug addiction as a moral issue rather than a health issue with social consequences. Hence we still "punish" people & expect to "deter" them from having this chronic illness which is known to be brought about by complex biological, psychological, social & environmental factors. Somehow, our society still seeks to blame & discipline addiction out of us. Until this stigma is changed, it is likely that people with a drug dependence will not

be able to access equitable health services.

We do need to challenge the way society views drug addiction & we can start by valuing our own wellbeing. We say, 'I'm a whole person, not just an addiction', & we contribute to a resistance that may eventually turn the tide of how the rest of society views this condition.

Susie

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WAITING FOR TEETH

ABOUT 6.5 YEARS AGO I WAS ON A WAITING LIST FOR PARTIAL PLATE. I SUPPOSE I'D BEEN ON THE LIST FOR ABOUT THREE MONTHS WHEN I WAS HIT IN THE FACE A FEW TIMES AND LOST SEVERAL TEETH AND LEFT WITH GAPS AND BROKEN TEETH. I WAS ENCOURAGED TO MAKE A VICTIMS' OF CRIME APPLICATION, WHICH I DID. SHORTLY AFTER INFECTION SET IN WHICH WENT RIGHT THROUGH MY BODY.

I WAS ON ANTIBIOTICS CONTINUOUSLY WITHOUT MUCH RESULT. I HAD TO GO OUT EVERY DAY TO PICK UP METHADONE. I WAS IN EXCRUCIATING PAIN EVERYDAY; I ALSO LOST 1.5 STONE WHICH BROUGHT MY WEIGHT DOWN TO JUST OVER SIX STONE. THIS WAS NOT A GOOD LOOK. I WAS VERY ILL, AND IT WAS HARD TO FUNCTION ON A DAILY BASIS. I WAS VISITING MY DENTIST REGULARLY; THE ONLY THING THAT SEEMED TO HAPPEN AT THE DENTIST WAS MORE X-RAYS AT LEAST ON A FORTNIGHTLY BASIS.

TWELVE MONTHS LATER, I FINALLY GOT A LETTER REQUESTING I BE AT VICTIMS' OF CRIME COURT HEARING, WHICH I WENT TO ONLY TO HEAR I HAD TO WAIT ANOTHER THREE MONTHS WHILE THEY CONTEMPLATED MY CRIMINAL HISTORY AND WHETHER I WAS DESERVING OF PUBLIC MONIES. AT LAST THE NEXT HEARING CAME WHEREBY I WAS COMPENSATED FOR TEETH. 6 WEEKS LATER I GOT ALL MY TEETH OUT AND FALSE ONES PUT IN THE SAME DAY AT THE DENTAL HOSPITAL. KATH



VOICE FOR CHANGE LOBBY GROUP

Voice for Change lobby group was formed by APSU members with the idea and passion of giving other alcohol and drug treatment service users' a voice.

The Voice for Change is stating what is needed in the community to make changes in alcohol and other drug policy development, implementation and evaluation. We are a small group tackling big problems.

Our first agenda is detox clinic waiting times. The time it takes from assessment to intake on average is 16.3 days¹. This is unacceptable. We consider this a life and death situation. While people wait for a bed in a detox unit or clinic they are at risk of overdose, suicide or give up waiting and keep living a self destructive lifestyle that may include illegal activity resulting in criminal conviction or jail time.

We are asking people to please e-mail or phone us about your waiting time experience directly or indirectly:

PH: (03)9573 1700,

E-mail: rbrindle@sharc.org.au

¹ Betley, G. (2006) Waiting times for residential treatment services. www.apsuonline.org.au

APSU HAS A NEW WEBSITE.

GO TO

WWW.APSUONLINE.ORG.AU

AND GET INVOLVED

11 FLIPSIDE

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

THE FOLLOWING IS A RESPONSE
INSPIRED BY APSU SONGLINES AND
FOOTPRINTS FLIPSIDE PUBLISHED
SUMMER 2008

My FOOTPRINTS have been places
I'd never thought they would go
I discovered I didn't know
How to say 'No'
Now my FOOTPRINTS have taken a
different path
One that I didn't know much of
But seems to be working so far
My FOOTPRINTS follow me like a shadow
Everytime I walk forward to create more

I stand still sink in
I turn my head
Look Back
Then I stumble so I crawl
Trying to find my old place
But it has been replaced with something
more
Washed away without a trace
I lose the shame and stop the blame
I stand complete once again
I know my name
My FOOTPRINTS are my soul
They tell the story of who I am today
I look back no more
I walk forward
I stand tall
Leave behind any trace of the girl
Who's tears once stained the sand
I walk forward
I stand tall
ANON

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.