

FLIPSIDE 012911 ERIB2IDE01SdITE

SPRING FLIPSIDE NO.22



*The Black and White
of Waiting Times*

inside

- DETOX, DETOX, DETOX
- LITERALLY SAVING LIVES
- MY NAME IS MATT...
- I WAITED 40 DAYS ALL UP
- I HAD TO WAIT A MONTH & A HALF
- KNUMB LYRICS
- SICK
- EXPERIENCES FROM THE STREET
- I WAS TOLD TO KEEP DRINKING
- I KEPT USING WHILE I WAITED
- I WAS VERY AFRAID
- WAITING TIMES

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Next issue of FLIPSIDE is on Peers.
Have you been helped by your peers?
Been to peerbased rehab?
Got any peer stories. Please share them:
Send your articles, artwork or poetry to
APSU@sharc.org.au

DETOX, DETOX, DETOX.

"Bloody drug addicts! Alco's! Pill poppers! They should all be lined up and shot!"

How many times have you heard this?

If you have heard it at least once in your life, you're not alone. It is a common view in society towards drug and alcohol addicts.

People with drug or alcohol addiction are too often seen as lacking in moral fibre, as weak people that have no back bone or will power. They're bad. Just plain bad. There's nothing you can do with them.

In fact, in the last twenty years there has been a huge leap in knowledge of scientists in understanding the brain and understanding the nature of addiction. It has been shown that although taking drugs and alcohol is a voluntary action to begin with, an action which virtually every person will indulge in at one time or another, after a brain has become addicted, it has changed on a neurological level. The changes in the brain are not psychological but physiological, and once this has occurred it has all of the indicators of a chronic, relapsing disease.

Like hypertension or diabetes.

Society has been very slow to acknowledge

that it is a health issue and

should be dealt with by the health sector rather than the justice system. Many in society still believe that drug and alcohol addicts are just indulging their wanton love of pleasure. That they make their choices and they "deserve" the consequences.

Does someone choose to become a drug or alcohol addict? Do they think when they are young that it is something they've always wanted to be? Do they choose to lose their family, their homes, their dignity? Do they choose to give themselves the most agonising torturous detox time after time?

Actually, they don't, and science confirms this fact. Most people that have been through a detox do not ever want to go through that sort of unbearable pain. Unfortunately, they will go straight back to the substance that gave them that pain in the first place and do it all over again.

The reason for this is the brain has changed, and simply going through a detox does not change the brain back. The addicted brain

remains the same as it was prior to detox. The absence of physical withdrawal symptoms will not alter the obsessive compulsive behaviour of the addict. It takes much more time for the brain to heal and create new neural pathways. According to Norman Doidge M.D author of *The Brain that changes itself*, "All addiction involves long-term, sometimes lifelong, neuroplastic change in the brain. For addicts, moderation is impossible, and they must avoid the substance or activity completely if they are to avoid addictive behaviours. Alcoholics Anonymous insists that there are no "former alcoholics" and makes people who haven't had a drink for decades introduce themselves at a meeting by saying, "My name is John, and I am an alcoholic." In terms of plasticity, they are often correct.

This means that addiction is a disease that doesn't get cured through detox alone. **After only seven days the brain has not changed and according to Norman Doidge M.D it takes at least 28 days for new neural pathways to be formed.**

And this is the other point that will help us to overcome our addictions. *The brain is not a hardwired system.* It is plastic and can change according to our behaviours. The substance use has caused a switch to be flipped, and this can never be changed, meaning the addicted person will forever be *susceptible* to addiction, but if they completely avoid the substance for at least 28 days the brain begins to repair itself and begins to form new neural pathways. It's a matter of maintaining abstinence long enough to allow this to occur.

The key, he says, is during this time, feel the desire to take the substance or partake in the addictive behaviour, but don't act on it. Do something else particularly enjoyable like going for a walk, exercise, listening to music. Allow the feeling to pass without acting on it and the chance for overcoming the habit is greatly enhanced. This is particularly difficult because it is easy to talk oneself into the belief that just doing it once will help one to stop thinking about it all the time. The reverse is actually true.

The obsessive thoughts become more acute when the addictive behaviour is indulged.

I recently went to a seminar by Professor Currie, Director of Department of Addiction Medicine, St Vincent's Hospital Melbourne,

called: *Addiction is a brain disease and it matters! Neurobiology and the treatment of addiction in the 21st century.*

His seminar was very interesting in that he pointed out the fact that addiction was a brain disease, and that after detox, it remains the same. He then stated that because of this, funding detoxes is a waste of time and money, that the better approach to take was to fund pharmacotherapy treatment.

In other words, let's concentrate on just medicating addicts because it's cheaper.

I do not disagree with Professor Currie's statements of fact regarding the brain and addiction, but I do disagree with his answer. Pharmacotherapy can last for many, many years. **Instead of dumping detoxes, we should fix them.** Take what we

know regarding the brain and addiction and make detoxes that will work more effectively. **Twenty more days of detox could be the difference between overcoming an addiction and twenty years on methadone!**

Society needs to begin looking at the issue in a logical and, dare I say, sober fashion. Dealing with the facts about addiction and providing the best available options to people suffering. Pharmacotherapy is a helpful tool that should certainly be available as a part of a comprehensive service, but not at the cost of other tools.

Residential detoxes are currently enormously difficult to get into, and do not last long enough. Given what we know about the brain, it is fanciful to assume someone will be "cured" after a 5 – 7 day detox. But this doesn't mean we should give up on them!

Rather, society should aim for providing a longer, quality detox service recognizing the requirements of the brain needing 28 days to begin repairing properly.

The 28 day service should include support during the initial physical withdrawal, and after these symptoms have subsided, a safe place where the brain can begin to heal and start forming new neural pathways through exercise and cognitive behavioural therapy techniques.

The fact is that with the right help, people can and do recover. So let's start helping them do so.

LITERALLY SAVING LIVES

During the '80's and 90's I have had some interesting and often frustrating experiences with detoxes, or more specifically, trying to get into detox.

I've often had to wait 2 or more weeks to get into detox. Like many substance users, knowing that I would soon be in detox, I used more drugs more often, sometimes ODing during the waiting process. Sometimes I was homeless, living in squats without a phone or money to make a phone call to the detox to see when I could get in. The detox took my lack of resources to make phone calls as a lack of interest and therefore I was made to wait longer to get into detox. My experience of having to wait for long periods of time to get into detox, using substances even more while waiting and nearly fatally ODing, left me feeling hopeless, isolated, rejected, frustrated, despairing, ashamed and suicidal.

When a substance user decides that they want to get clean, they need help now, that minute, that hour, that day, not weeks down the track.

If a diabetic had to wait two weeks or more for a life saving injection of insulin, the press and public would be outraged and health services would be made accountable. Substance abuse is also a disease as recognised by the World Health Organisation, so why are substance users left to die, get arrested and generally forced to wait for long periods of time for basic life saving healthcare?

I believe that it is the systemic discrimination towards substance users as evidenced by dysfunctional laws, demonization and other negative portrayals of drug users in the media, that help to build and perpetuate the stigma, contempt towards substance user and substance users, and that this contributes towards the general publics negative attitudes towards and beliefs about substance users, and the lack of funding,

availability and accountability of AOD treatment services.

I also believe that more funding is needed to develop adequate, accessible and affordable detox and rehabilitation, advocacy and support programs, centres and services. Even if you are lucky enough to get into detox there is often a long wait between leaving detox and getting into rehab or a day program/support service. This is a particularly dangerous time for many people, including me, as often people use substances again during the gap between leaving detox and going to rehab etc.

Often people like me use the same amount or more while they're waiting but because they've just detoxed their tolerance is lower and they are at greater risk of permanent injury, damage, arrest or fatal overdose.

For me, it was like having a broken leg without a cast or crutches and being expected to run a marathon without falling over.

I realise that there are many people and services out there doing great work and send a big Thank You to them. Maybe if we all work and lobby together we can turn the tide, gain more funding, develop more accessible, affordable and effective services and facilities, and reduce waiting times for detoxes and rehabs, and in so doing, literally save lives.

Best wishes, MOIRA



flipside 4

My Name is Matt and I Wanted to Change My Life

My name is Matt and I was stuck in full-blown addiction. **I wanted to change my life, so one day before I scored, I went into a community centre and asked, "How do I go about getting off drugs?"**

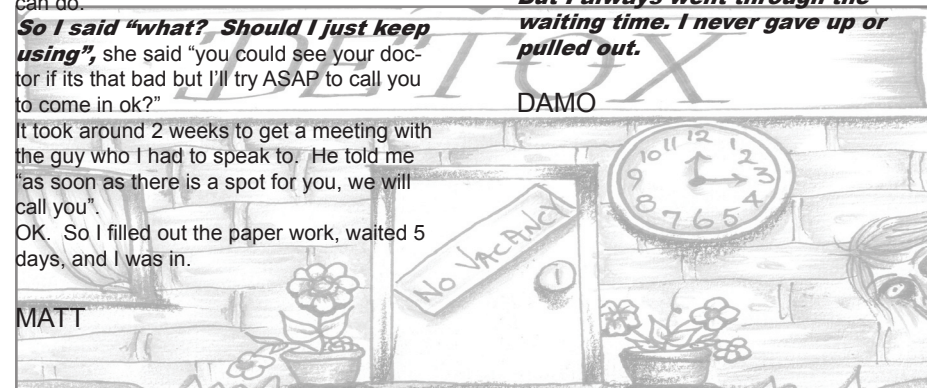
The lady told me to fill out the documents and someone would call me at home but she couldn't tell me when they were calling so she asked me to pop in everyday or to call. I asked if there was a quicker way than this and she said that this was all they can do.

So I said "what? Should I just keep using", she said "you could see your doctor if its that bad but I'll try ASAP to call you to come in ok?"

It took around 2 weeks to get a meeting with the guy who I had to speak to. He told me "as soon as there is a spot for you, we will call you".

OK. So I filled out the paper work, waited 5 days, and I was in.

MATT



Detox - Dyin' to get in artwork by John T

I HAD TO WAIT A MONTH TO A MONTH AND A HALF

everyday to get a phone assessment. **Then I had to wait a month to a month and a half to get in.** While I waited I just kept hanging around with mates and doing drugs and crime. I tried to keep busy playing basketball and footy but usually just did drugs. The daily ritual would be having bongs in the morning then try to get some 'morph' pills.

Before I checked in to detox I thought I'd have a 'taste' and ended up 'OD-ing'. I got to the detox 5 hours late; I was pretty messed up and they wouldn't let me in. They said the doctor had left and told me to come back next week. Then I got in.

Another time I was waiting to get into detox I had a different person assessing me every time. I rang and none of them wanted anything to do with me. I was living on the street, I just wanted someone to help me, but all I got was people fucking me around which just pissed me off even more. **I just kept trying to get in until I did.**

The whole thing was fucked!

STEVE

I waited about 40 days all up.

I went to a 14-day detox. I like detox units. They are good people and they know how to tell me to stop using drugs.

While waiting to get into detox, lets face it, I kept using drugs. What else would you do? **I waited about 40 days all up.**

Sometimes 3 weeks for an assessment then, about 10 days or something like that to get in.

Waiting made me angry and nervous, 'cause I wanted to get in straight away. Not have to wait.

But I always went through the waiting time. I never gave up or pulled out.

DAMO

flipside 5

KNUMB Lyrics

Artwork by Carlo

Days
Trickle into nights
I feel I'm on the way again
To the end
Wait
As the fading light subsides
I'm on the razors edge
Feed the pain

Needle within me
The grip of euphoric entice
Blessed are the one's who
Succumb to another's advice
Feel the embrace of the taste
As it enters my vein
Summoned by demons in my head
That drive me insane

And yet I feel so numb
Like the rest of you, I take
It's in you
It's in me
Like the rest of you
I'll take the oath
It's in you
It's in me

Wait
In a place I feel safe
Take me away
Oh Lord the pain
It's in my head
And it's in my legs
KILL ME NOW

Needle within me
The grip of euphoric entice
Blessed are the one's who
Succumb to another's advice
Feel the embrace of the taste
As it enters my vein
Summoned by demons in my head
that drive me insane

And yet I feel so numb
Like the rest of you, I take
It's in you
It's in me
Like the rest of you
I'll take the oath
It's in you
It's in me

SICK

I'm making myself sick again.
For what I need and where I've
been.
I'm feeling weak, I'm feeling sick.
I'm such a fucken hypocrite!

How did I let myself fall?
So far from anything at all.
A vision of what I used to despise,
The smoke in my head,
the clouds in my eyes.

I swear I never wanted this.
Pathetically perfect, twisted bliss.
I can't be what I have become.
Drowning in my sunken lung.

I'm tearing everything apart.
I'm wishing for another start.
I am making myself sick again.
I'm such a fucken hypocrite!

Kerry.

EXPERIENCES FROM THE STREETS

I am a 34-year-old male who has experienced life on the streets. I was put onto the streets when I was sixteen after spending my life in an Anglican orphanage.

I was then introduced to heroin.

At the time I thought it was a normal thing to do. Because of abuse I suffered in the home, I couldn't be around people at certain times. I found that the heroin allowed me to be around other people and for years I used heroin as a pain-masking agent and also to hide my flashbacks.

In 1995 I was lucky enough to be found one night by a Salvation Army outreach worker after overdosing.

This was the beginning of a new start for me. All of a sudden, I found myself being able to learn to talk about what happened in the homes. This allowed me to begin trusting people.

I found it hard to ask for help: such as going into rehab, because I thought it would be like being in the home again.

In 1996 a close friend committed suicide after being turned away from services time and time again and for another six years I used my abuse as a reason not to fit into society. I found that when I couldn't score I would fall into a depressed stage and I used heroin to mask flashbacks I was suffering.

I started to realise that I was just letting everything build up inside. It was at this point that I began to understand what I had been doing to myself.

Once the realisation set in, I was willing to get help.

At first, just speaking to someone about what had happened in my time in the homes was a huge step for me. Even so, I would now recommend to anyone having problems which are stopping them from living a fulfilling life, that just something as small as being able to talk to someone, even for just ten or fifteen minutes about what is making life hard, may be the first step back towards a pain free life. I found that I was able to then move onto making the next step towards my life free of drugs.

It is now 2008, I no longer live on the streets. I am now on the last stage of getting off the methadone; **although I am finding it hard to get into a detox or rehab, I am trying to stay positive.**

I still suffer from flashbacks to this day, but I now have the ability to trust enough to be able to talk about the feelings that come with the flash backs, instead of having to turn to heroin. I have realised that all drugs do is make the problem worse.

So I just hope that through reading my story, I can help someone else realise that the addiction can be beaten, and that over time life can be worthwhile again.

And yes, it takes time for change, but the wait is worthwhile, because the end product is being able to live life happy and drug free.

And it feels great to trust again.

P.S. (and if it doesn't work the first time!!!! Don't give up).

GRAHAME

I thought it was strange that I had been told to keep drinking

The first time I contacted a detox unit I was nervous and scared and didn't know what to expect.

When I called they told me I had to get assessed first. I thought, ok, in the next couple of days, but no. I had to wait 10 days and was told to keep drinking until there was a bed available.

I thought it was strange that I had been told to keep drinking and my best mate was more shocked than I was.

I don't remember much, because on top of that, I was swallowing handfuls of pandies forte.

After the assessment I had to wait another 10 days. In that time waiting for a bed I drank myself stupid thinking it would be my last.

I don't remember what happened but I do remember doing a lot of drink driving and somewhere along the line ending up in a detox unit.

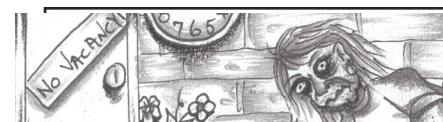
The second time I went into detox I was taking 6 xanax a

day and drinking heavily. I was in self 'de-struct mode' and racking up a lot of debt from my bottle a day vodka habit. I didn't really know what I was doing but I knew I was dancing with death.

Somehow I convinced the people around me that really did care about me that I was OK. In reality, I was just hanging in there. Then something clicked inside my head. I had a moment of clarity and in that moment I made a conscious decision that I wanted to live and not die and stop damaging myself.

I was in pain. A lot of pain. The alcohol was rotting me from the inside out and the xanax was making my brain a spaced out mess. Anyone that has given up or has tried giving up xanax will tell you how hard it is.

I've had a heroin addiction and for me giving up heroin was a walk in the park compared to the xanax withdrawal. I was not going to be able to



I Kept Using While I Waited

When I called the detox unit the first thing they asked me was: How much had I been using?

For how long? What do I want to get out of my stay? Is this my first time in a detox?

I had to wait 2 weeks for an assessment and while I waited I kept using and calling every day and I hoped they would say, "come in today". **While I waited for that call I just kept using and stealing to maintain my smack habit.**

Weeks went by, I got angry, and I felt like not going in at all. I lived the way I had been living for 4 more weeks. Then got in.

Lynda

get on with my life if I didn't kill the booze and xanax before they killed me!

So in my moment of clarity I called a 'detox' and told them of my predicament.

They were very concerned about the amount of xanax I was taking and told me that it was at a very dangerous level to be mixing with alcohol.

Even with this knowledge, they could not assess me for treatment immediately and told me to come over in about 7 days and "we can assess you then".

It is only now that I realize what danger I was in and that when I rang up asking for help that's when I should have received help. I consider myself extremely lucky to have made it through the 2 weeks before I started receiving detox treatment and not cause myself or someone else serious mental or physical damage.

SASHA

**I WAS VERY
AFRAID**

I had been on heroin for about 14 years. I was on methadone and having a taste when I could afford it. But it was coming up to 1999 and I became terrified that the millennium bug in the computers would somehow stop me being able to get my 'done.'

It sounds really stupid now, but I had withdrawn from methadone twice before and I felt like I had to be prepared for a detox of this magnitude, not have it unexpectedly thrust upon me.

So I decided I to do a rapid detox in September 1999. I did it off 80 mg of methadone and hoped it would be quick but afterwards it felt like I was a hundred years old and I lost my will to live. Physically, my body felt broken. My spirit also, was spent and I would just hope to die. Hope that a bus would crash into my car. Hope that the car I was in would explode. I started to believe that maybe I wasn't built to live without drugs. That maybe my body really needed them. Like a TV needs electricity.

As soon as my carer forgot to give me my naltrexone I was crawling out of my brown sweaty bed to get on. I was so tired of being forced to take something every single day, just to not feel really sick.

It wasn't any fun taking drugs. There was no joy in it. I wasn't smiling. I was doing it so that I wasn't lying in a bed shaking and spewing. I needed to keep getting up, going to work and looking after my kids.

The strange thing was, that although I knew taking drugs was the cause of my pain, I just couldn't stop taking them. I'd just paid \$8000 for a rapid detox, and here I was getting another habit again.

At least I was just back on the gear this time and the real hard methadone part was over.

I decided, for the first time ever, to ring a residential detox.

I sort of expected them to be really welcoming and impressed with me for asking for help. I thought they'd be going "beauty!!! Come on in.."

It just didn't occur to me that they would want an interview and there would be a long waiting list. Having to maintain that desperation for another few weeks was just almost unbearable.

Aside from just maintaining my drug use, I got it into my head that "this would be the last weeks that I will ever use", and my using actually increased in severity. Far from cutting down in anticipation of detox, I went harder. Much, much harder.

I now feel very grateful that I managed to live while waiting to detox. Of course, I didn't stop using after that one. There was another detox. And another. And another. But I did stop eventually. It actually is possible to do. **I just never gave up hope that one day I'd be free.**

KELLY

WAITING TIMES FOR TREATMENT SERVICES

Introduction

This is an extract from a report of a survey conducted early 2006 by the Association of Participating Service Users (APSU) of waiting times for residential treatment services in the Alcohol and Other Drugs (A&OD) sector. It concentrates on withdrawal services, where fairly accurate figures can be ascertained, as opposed to long-term rehabilitation services, where waiting periods are subject to more fluctuating factors.

The report will contrast the experience of service providers and service users with figures published by the Department of Human Services (DHS) in its March 2006 report of the Drugs Policy and Services (DP&S) Branch, and will attempt to account for discrepancies found in the survey. Although the survey was conducted between late August and early October 2006, it was the general view of those spoken to that the figures for this period reflected the situation in the recent past.

The report will look at ways in which figures that more accurately reflect the real wait for people seeking to use the services can be arrived at and possible ways in which service providers can influence this.

Background

The DHS Drugs Policy and Services Branch report for the quarter ending on 31 March 2006 states that information about waiting times is collected by all agencies funded by the DHS through the Alcohol and Drug Information System (ADIS).

It states: "Waiting times calculations are based on a unit of a working day and measure the number of working days taken from when a client is screened and identified as requiring a particular treatment type to the actual commencement of this treatment type. *Waiting times are not a measurement of the date of first contact with an agency to the date of commencement of treatment*" (author's italics).

It lists the waiting times for services in the three months to 31 March as follows:

- Residential withdrawal – 4.2 days, with 2.2 days for youth services.
- Residential rehabilitation – 11 days.

A representative of the DP&S Branch told the author that its figures were compiled on the same basis as other health statistics and reflected the information provided by agencies. ***The representative further said that about one third of reported admissions for withdrawal services were recorded as having a zero waiting time and this could possibly be due to misinterpretation on the part of agency staff who report the figures as to what was required.***

APSU believes it also might reflect a lack of understanding by agency staff of how the manner in which the figures are reported will affect the overall results.

The survey

All of the interviewees considered the department's figures did not match their experience.

While procedures at the agencies vary considerably – from drop-in assessment to assessment on admission – the majority of services make appointments for assessment, involving a waiting time, with a subsequent wait for a bed to become available.

While in some cases an accurate figure for waiting times was provided, in others the figure was an expectation of how long a wait was likely to be under normal circumstances. The figures relate to actual episodes of treatment and do not include people who ask for detoxification but are assessed as unsuitable – either because they are regarded as not at the appropriate stage of change, are simply looking for temporary relief from street life, are waiting for a rehabilitation admission and it may be best to delay the withdrawal until the two can be coordinated, or are seeking to withdraw from substances such as benzodiazepines where treatments other than short-term detoxification may be preferable. On average, there was an overall expected wait of 6.5 days for assessment and 9.8 days for admission – or a total expected wait of 16.3 days for treatment.

Service User experiences

A random survey of 18 people who have used residential withdrawal services were asked about their experiences and without exception reported they had experienced waits of 10 days or more – 23 days in one case – for treatment.

During this time all had been continuing to

use substances and 15 said they had at least partially funded their usage by illegal means such as drug dealing, theft, burglary, deception, etc. One reported being charged with an offence that could lead to a jail term while doing the rounds of agencies trying unsuccessfully to find one that could offer a bed in less than two to three weeks. In the end, the person resorted to a private service. None of the agencies the person had contacted had suggested that this was an option if private hospital insurance was in place.

Eleven others reported similar instances of involvement with police/courts/jail while waiting for treatment, either personally or by others known to them. It was commonly thought that magistrates regarded remand as a substitute means of detox.

Three reported knowing of cases where people on waiting lists had become ill or suffered accidents directly related to their drug use, and five said they knew of cases where people had harmed themselves or others.

Grahame
If you would like to see the whole of this report go to

www.apsuonline.org.au/betterdeal

Your wait...6 days or 6 weeks?

| | |
|-------------------------------------|-------------|
| Moreland Hall (03) 9386-2876 | – 2 weeks |
| Moreland Hall (Youth)(03) 9386-2876 | – 2 days |
| DasWest (03) 8345-6682 | – 3 weeks |
| DasWest (Youth)(03) 9689 5533 | – 3 weeks |
| DePaulHouse(03)92882016 | – 10 days |
| YSAS (Youth)(03) 9418-1020 | – 3 weeks |
| The Bridge (03) 9415-1158 | – 10 days |
| Windana (03) 9529 7955 | – 3.5 weeks |
| Windana (Youth)(03) 9793-2155 | – 6 weeks |

I have just completed a phone survey of every single detox in this state and the average waiting time to get in was 3 weeks. When I informed people working at the detoxes of the current official DHS figures (6 days), they expressed dismay and disbelief. They could not account for the enormous discrepancy.

The answer could be in the fine print. The waiting times data only includes working days and only includes days waiting AFTER the assessment has taken place. Given that drug and alcohol addicts do not stop being so on the weekend, and given that often the wait for the assessment is at least a week, it would seem strange to provide these figures as evidence of anything at all.

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 ☐

Language spoken at home.....

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.

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

Go to

**www.apsuonline.org.au
to find out more about
The Association of Participating
Service Users**

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