

HARSH REALITY

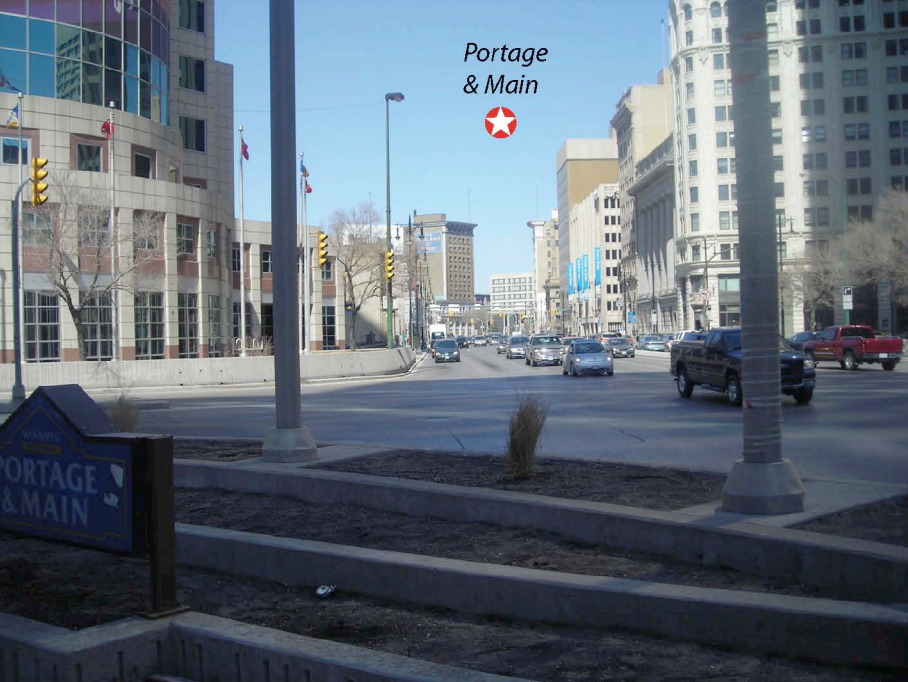
CULTURE BY AFFILIATION

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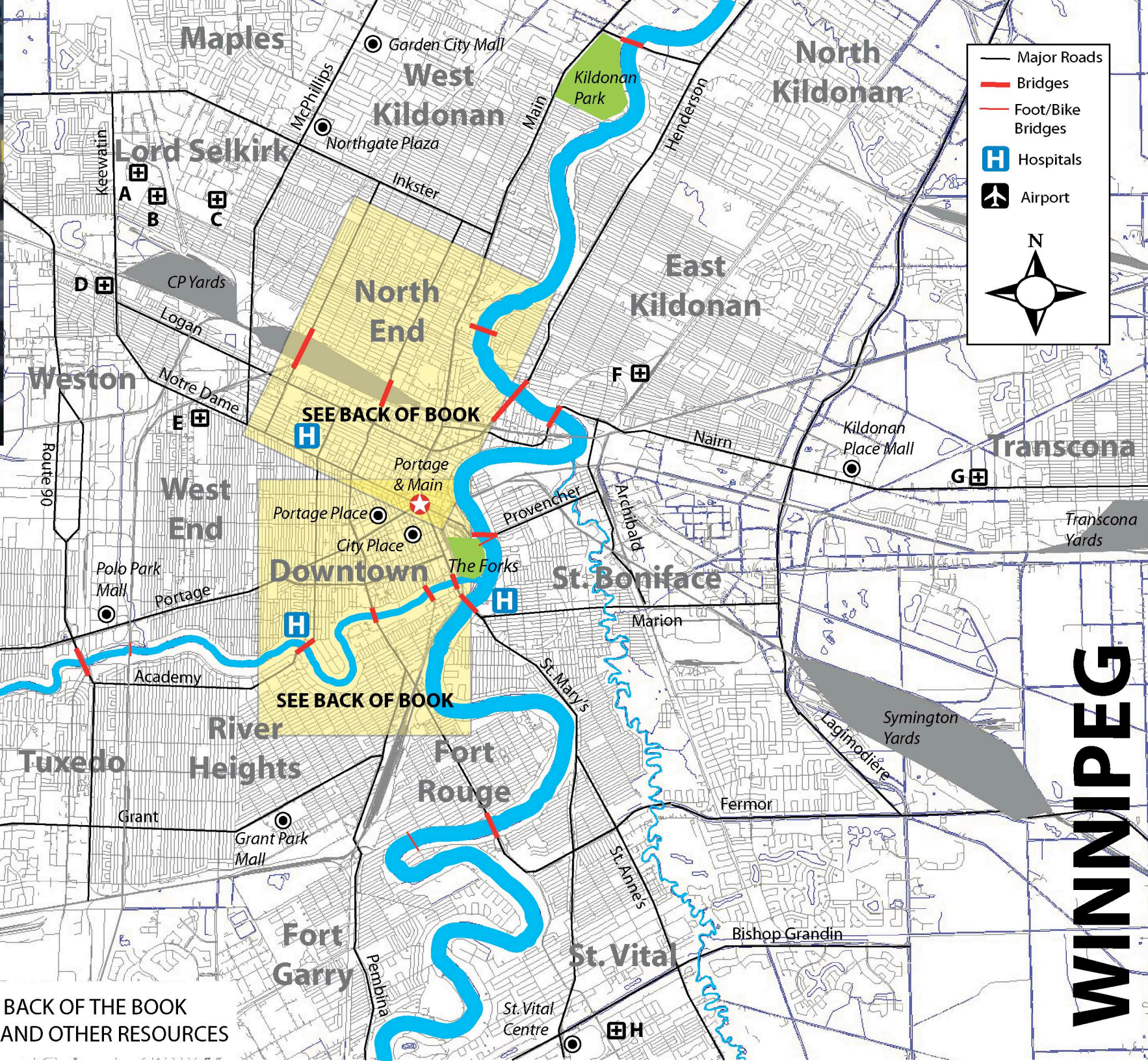
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CFCA2008





Portage & Main



- ### TEEN CLINICS
- A Nor'West Teen Clinic**
103-61 Tyndall Ave., 940-2020. Open Wed. 3-5.30pm for youth 12 to 21.
 - B Gilbert Park Resource Ctr.**
7-35 Gilbert Ave., 940-2020. Open every 2nd Wed. 2.30-5pm for youth 12 to 21.
 - C Sisler High Teen Clinic**
1360 Redwood Ave., 940-2020. Open Thu. 11am-4pm for students only., closed Jul/Aug.
 - D Nor'West on Alexander**
1810 Alexander, 940-2020. Open every 2nd Wed. 3-5pm for all youth 12 to 21. (closed Jul/Aug).
 - E Tec Voc Teen Clinic**
1555 Wall St., 786-1401. Open Wed. 9.15am-3.15pm, for all youth 21 and under.
 - F Elmwood High Teen Clinic**
505 Chalmers Ave., 667-8823. Open Tue. 4-8pm (except Jul/Aug, open 1.30-5pm) for all youth.
 - G Access Transcona Teen Clinic**
845 Regent Ave. W., 938-5555. Open Thu. 4-7pm for all youth.
 - H Youville Centre**
6-845 Dakota St., 255-4840. Open Tue. 4-7pm for area youth aged 14-20.

CHECK OUT MAPS AT THE BACK OF THE BOOK FOR MORE TEEN CLINICS AND OTHER RESOURCES

WINNIPEG

More Ideas for Youth by Youth

Kali Shiva AIDS Services

Supported by the Public Health Agency of Canada

The views and opinions expressed in this work are those of the authors, and do not reflect the policies or programs of the Public Health Agency of Canada

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Winnipeg, Manitoba

May 2008



DEDICATION

This book is dedicated to our friends, both living and dead. It began with a dream of a fairy tale ending, but alas life has not been so kind to us. And now some of you lie in your graves, alone and cold. How we miss you, how we wish we could still all be together happy and laughing. But it never was like that, it was much more complex. So this is for you dead friends. But it is not only for those that have departed it is also for those of you who wander the streets of our cities, knowing that the reaper is coming to collect. To you, be strong, fight and protect those around you, do not let them dance with death. And finally to those that live, protect yourselves, seek the change you want, remember those we have left behind, honor their memory. Their spirits are still among us in our hearts and mind. Happy Trails and Don't fall :)



Acknowledgements

This is the 4th edition of *Harsh Reality*. Each one comes with its own complex story, though a few things remain constant. Constructing a book like this involves a lot of talk about the past and the present. People don't want to or can't or do want to talk about issues that impact on them. There is always a pushy need for information using imprecise, nose-y questions that people can't answer. Rather than leading to understanding, the process may create confusion and impatience. Then waiting, and waiting, and waiting until the time is right, or a voice can break through the noise, or facts stay still long enough to be written down. It's an imperfect process.

We cast a wide net for this version in the attempt to reflect the issues and changes that are happening all around. Drug use is balanced by drug treatment. Physical health issues are balanced by mental health, recognizing that the prevalence of serious mental health problems for people between 18 and 25 is almost double that of the general population, yet young people are the least likely to try to get help. Legal changes impact on young people in complex ways. Different factors enter the environment where young people might be hooking up to party.

Is all of the information contained here true? Though we went to a range of sources, and consulted with academic and professional experts in some fields to verify the facts, in the end, *Harsh Reality* is a collection of factual

information, ideas, opinions, and stories in a wash of artistic expression. We can't foresee what you will find here - perhaps something might speak to you or even make you angry; Maybe a piece of information you didn't know before will pop out, or a resource that you or a friend needs. Or maybe you will talk about something you never talked about before.

Many of the contributors to *Harsh Reality* requested anonymity, and others agreed to let their names stand. The decision about identifying people was made on the basis of harm: if naming sources/contributors could hurt the author, the pieces are anonymous. They describe your experience; sharing them with readers reflects your generosity. Some of the images and text may look familiar to you. If you feel that your work has been used here without permission, please contact us.

Shayne Métraux is a well spring of ideas for *Harsh Reality*. His creative energy, intelligence and will have driven the development of four editions since 2001. He and the others who have been part of the *Harsh Reality* history carry a heavy weight for that experience.

Thanks go to the crew of the Youth Working Group, for their thought and commitment: **Marie Ruck, Samara Prystenski, Matthew Schact, Tashie McKay**. Thanks also to other contributors, who brought their stories and experience to this edition. **Aynai Ali** helped to make the link to young people who have

recently arrived in Manitoba, and construct a format for that experience to be included.

Paul Matczuk dipped into the well of his imagination again and created the major art and design work for this edition; artists from the **Graffiti Gallery** contributed individual pieces; **JD and Sam** caught things on film.

A million thanks to **Carrie McCormack** and Kali Shiva for wisdom, steadiness and patience through the production process. **Sunshine House** staff and volunteers allowed us to share their space, whenever we felt like it.

Professional and academic advisors assisted with the creation and correction of several major sections: **Dr. James Friel**, for nutrition; **Dr. John Wylie**, STI information, **Brent Buss** (LLB), law. We included scientific information that seemed relevant, especially if young people were the research subjects. **John Schellenberg**

contributed most of the “research roundup” sections, translating dense, dry stuff into a format that might make sense to you. He also made the maps with some help from **Matt Singer** and **Linda Larcombe**.

To be relevant and connected to the realities of young people in Manitoba means keeping an ear to the ground and paying attention to the details of experience. The things you might need to practice safer sex or protect yourself from HIV or STIs may have little to do with good information. For young people the issues and forces that pressure you require much more than a little book. But that is what we have to offer now.

Margaret Ormond *is an activist, clinician and writer who is not afraid to go anywhere or talk to anybody. She is the coil that binds this book together, though she's not crazy about this role.*



GENERAL DISCLAIMER

CAUTION: USE HARSH REALITY AT YOUR OWN RISK

Some Harsh Reality articles discuss words or language that are considered profane, vulgar or offensive by some people. Many articles contain frank discussion of controversial topics. Some subjects that are discussed have criminal applications in some jurisdictions. Others contain information on dangerous or otherwise risky activities.

Harsh Reality is not uniformly peer reviewed; while past readers may have corrected errors or removed erroneous suggestions, all information here is without any implied warranty of fitness for any purpose or use whatsoever.

Medical Disclaimer

The medical information provided in Harsh Reality is, at best, of a general nature and cannot substitute for the advice of a medical professional (for instance, a qualified doctor/physician, nurse, pharmacist/chemist, and so on). We are not doctors.

Legal Disclaimer

Harsh Reality contains articles on many legal topics; however no warranty whatsoever is made that any of the articles are totally accurate. Though developed in consultation with legal professionals, we are not lawyers. Law varies from place to place and it evolves over time sometimes quite quickly. Even if a statement made about the law is accurate, it may only be accurate in certain jurisdictions; as well, the law may have changed, been modified or overturned by subsequent development since the article.

The legal information provided in Harsh Reality is, at best, of a general nature and cannot substitute for the advice of a licensed professional i.e. by a competent authority with specialised knowledge who can apply it to the particular circumstances of your case. Please contact a local bar association, law society or similar association of jurists in your legal jurisdiction to obtain a referral to a competent legal professional if you do not have other means of contacting an attorney-at-law, lawyer, civil law notary, barrister or solicitor.

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Research Roundup

HEY!

These sections give info about recent research studies that have been done that involved youth in Winnipeg or might be interesting to you.

The maps at the front and back of this book also contain information about youth services and hangouts collected during a recent study.

Dangerous bacteria on the rise..... 32

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A Metaphor...

Here's the story: A man is fishing by the banks of a river. Suddenly, he hears someone yell upstream. A few minutes later, a body comes floating by him. He jumps into the river, drags the body out, applies CPR. The guy sputters, recovers, thanks him and goes away. The guy goes back to his fishing. A short time later he hears another yell, another body floats by and again he jumps into the river, drags the guy out, does CPR, etc... and goes back to fishing. After all, he's just trying to get away from fighting with his wife for a day. Soon there is another yell, another plunge into the river for another body, more CPR, another grateful rescue. The yells come quicker, the bodies come quicker. Finally he just stays in the river so he can fish the bodies out more quickly. Until he drowns, exhausted.

Alternative Ending #1: He's a smart guy. He thinks, how are these people getting into the river? So, he lets the bodies float by and goes upstream. There he finds a thug in a campground, robbing people and throwing them into the river. He shoots the robber and everyone is happy, except for the 10 guys who floated by while he was sorting it out. And the 10 other thugs who took off.

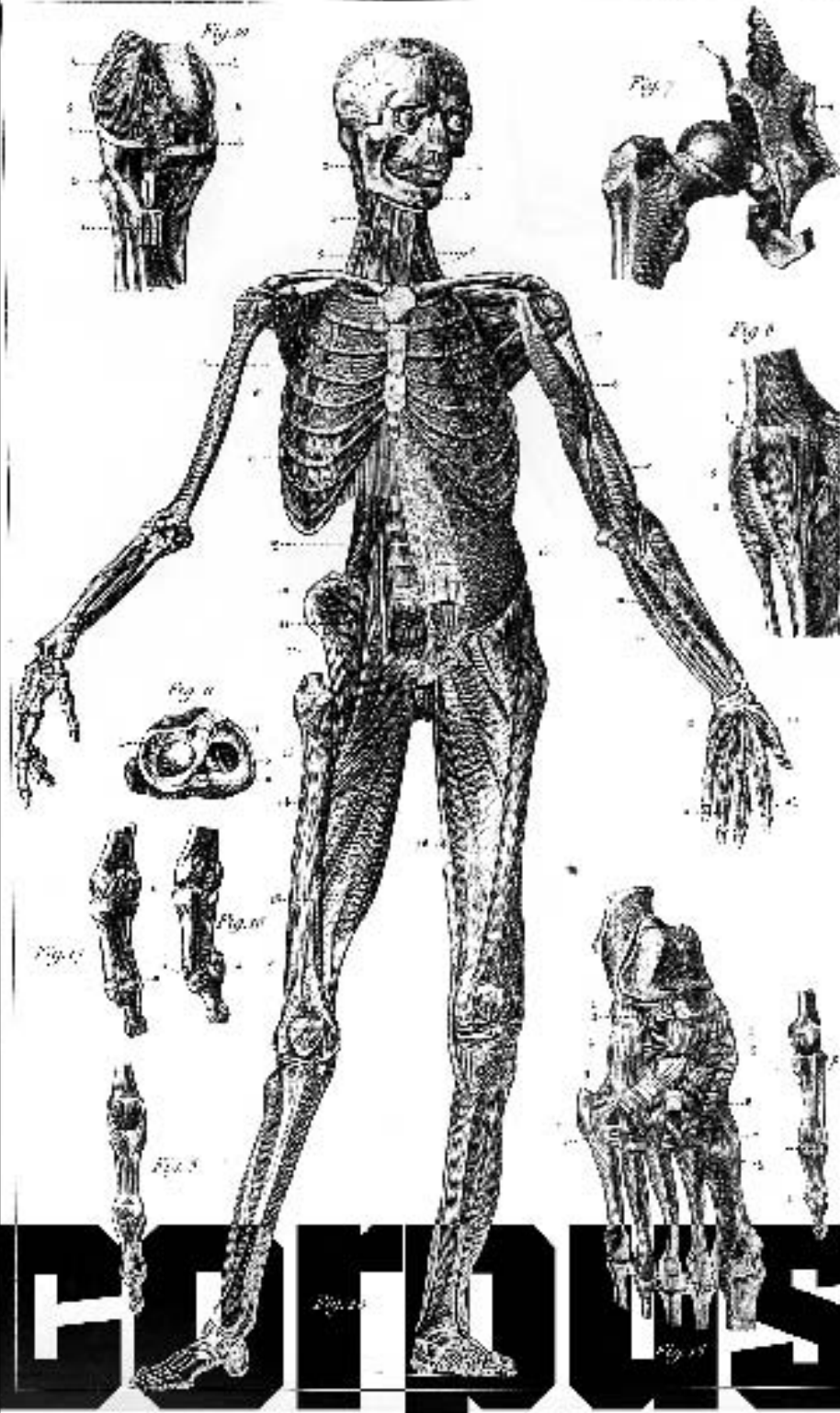
Alternative Ending #2: He's a smart guy. He calls his wife on his cell phone and tells her to come quick. He has forgotten that they are fighting. She talks to her friend on the phone and stops at the store before she leaves for the river. When she gets there, he tells her to go upstream to figure out what's going on. She tells him to fuck off and to do his own dirty work, and goes to visit her lover.

Alternative Ending #3: He's an ordinary guy. He starts yelling too. A stranger comes out of the woods, sees what's going on and helps him to pull the bodies out. The first guy says: 'Look, stupid, go upstream and see if you can figure out what's going on'. But the second guy, pissed off, won't go.

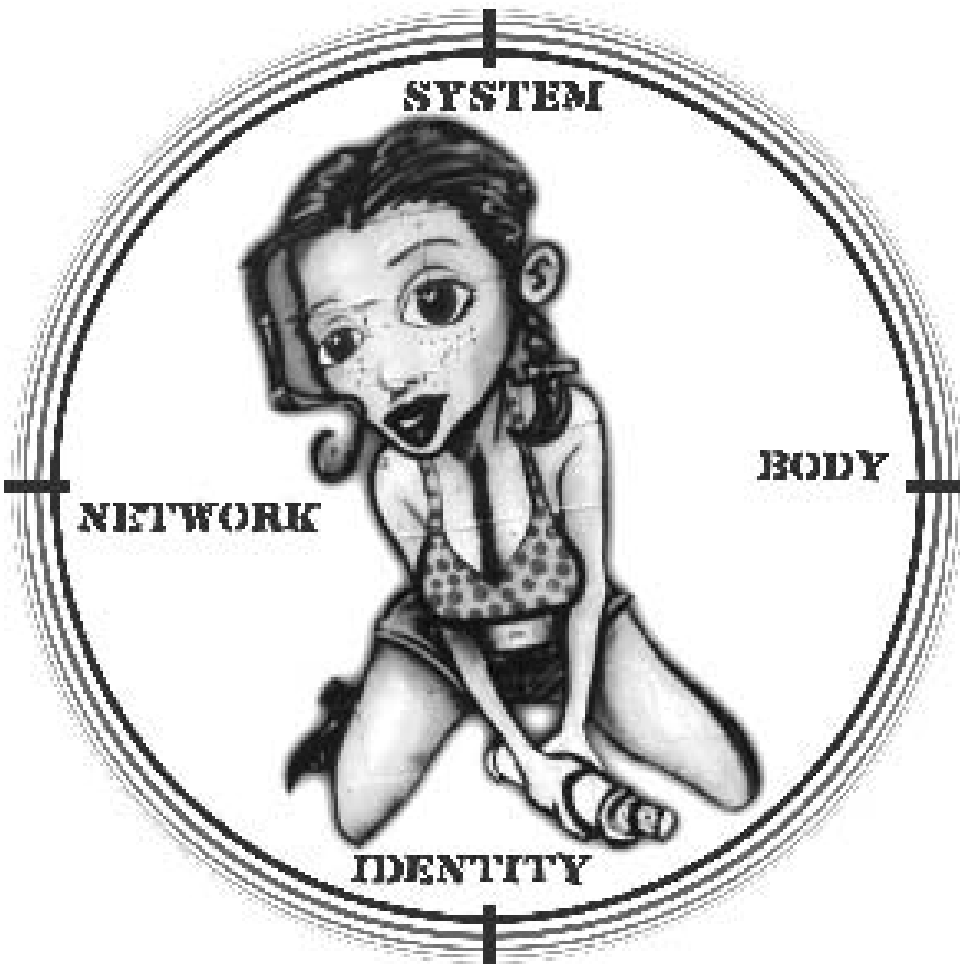
Alternative Ending #4: A bunch of kids are having a bush party. They hear the commotion and come to see what's going on. They have been smoking dope all afternoon. They find the whole scene hilarious but figure that it might be fun to get down with this crazy scene. So, four of them set out upstream. One stops to smoke another joint, one stops to pick blueberries but the other two end up at the place where the thug is pushing guys into the river. They have enough pot left to share with him. They do and he goes away. When they go back to tell the guy downstream, he calls the cops and they get arrested on dope charges. He goes home to his pissed off wife, confused and wet.

Jeez... Sorting out this mess will involve a lot of players: men who like to fish, with or without their wives, thugs, campers, ecologists, cops, kids on probation, dealers, CPR instructors, cell phone companies... Maybe they'll have a meeting to sort things out. They might not agree on the definition of the problem, but they might agree on who should do what. Then they schedule another meeting...



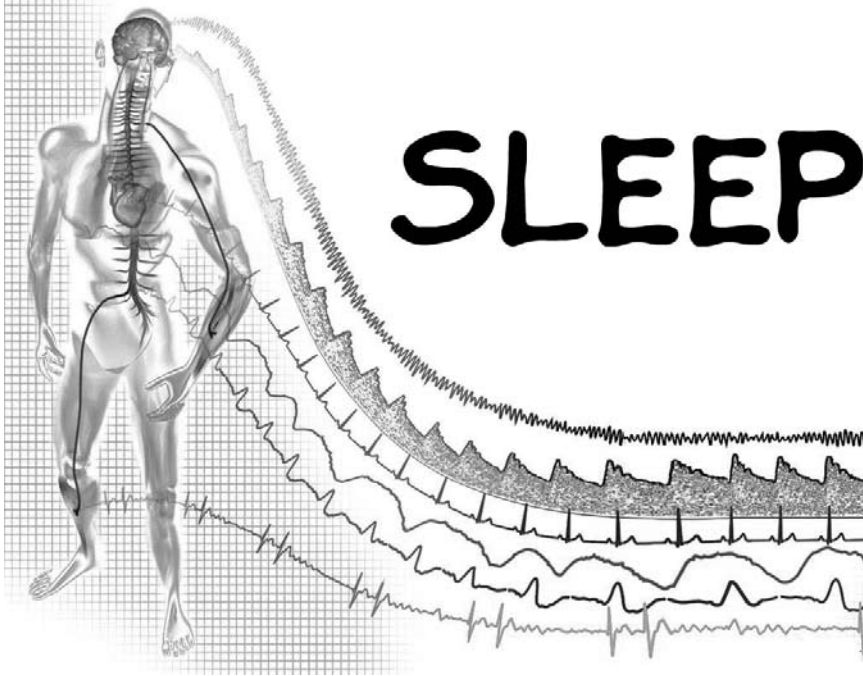


CORDOUS



The body is an intricate network of systems that performs a huge number of tasks. It is influenced by genetic make-up - what is inherited from parents - and in the relationship between the individual with the rest of the world - through experience. This section on “The Body” has been added, with information on some organs, the heart, lungs, brain, liver, because those areas are most directly affected by substances that you might be using. Sleep as a necessary function of a healthy body, may be altered by physical or mental problems, or by some substances that interfere with sleep in a way that could be harmful. What is put into a body - food, drugs, cigarettes, etc. - and how well or badly the body is used, affects how healthy you may be now and later in life.

SLEEP



In animals, the sleeping state is characterized by an absolute minimal degree of consciousness and decreased responsiveness to the surrounding world. Sleep is the fundamental anabolic process common to all life forms, plant and animal. Anabolic processes “build up” organs and tissues producing growth of cells, increases in body size, mineralization of bone and increase of muscle

mass. If you do not sleep, your body can enter a catabolic state that involves “breaking down” organs and tissues. Catabolic processes can be dangerous especially in combination with starvation, stress and illness. When you enter a catabolic state your body will start to eat itself for energy. (much like burning the furniture in your house because you are out of firewood). Besides the anabolic processes that go on when you sleep, sleep is also necessary for your brain to function properly. In fact, if the brain does not receive sleep, it will soon begin to shut down for short periods, called “microsleep”, in which you actually go into a sleeping state for a minute here and there.

Sleep Deprivation

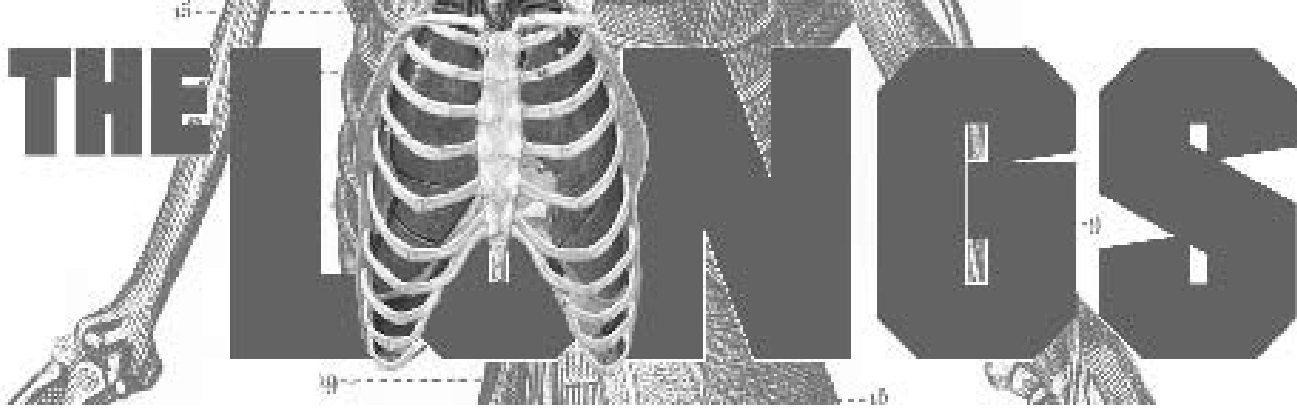
A researcher that studied sleep deprivation once said :

“In a way sleep deprivation studies help us to study the relationship between the brain and behavior in a very unique way by observing how a person’s behavior changes as the brain shuts down.”

One of the possible side effects of a continued lack of sleep is death. Although the longest a human has remained awake was eleven days, rats that are continually deprived of sleep die within two to five weeks, generally due to their severely weakened immune system. Lack of sleep also makes it

more difficult for the body to metabolize sugar, which can lead to cardiovascular problems, obesity and the onset of adult diabetes. One study stated that people who sleep less than four hours per night are three times more likely to die within the next six years. Besides the physical problems related to sleep deprivation, without sleep our brains deteriorate. Certain stages of sleep are needed for the regeneration of neurons within the cerebral cortex. Researchers have found that the language centers of the brain are affected in sleep-deprived people. People also have difficulties thinking of imaginative words or ideas. Instead they tend to choose repetitious words or clichés, and are less able to deliver a statement well. They may also show signs of slurred speech, stuttering, speaking in a monotone voice, or speaking at a slower pace than usual. They will also have a more difficult time reacting well to unpredicted rapid changes. Long-term memory is impaired and memory loss occurs. Interestingly, sleep-deprived subjects have been shown to have better short-term memory abilities than well-rested people. Since memory is associated with this part of the brain, it is already active in sleep deprived people. This could make it easier for new synapses to be created, thus forming new short-term memories more easily.





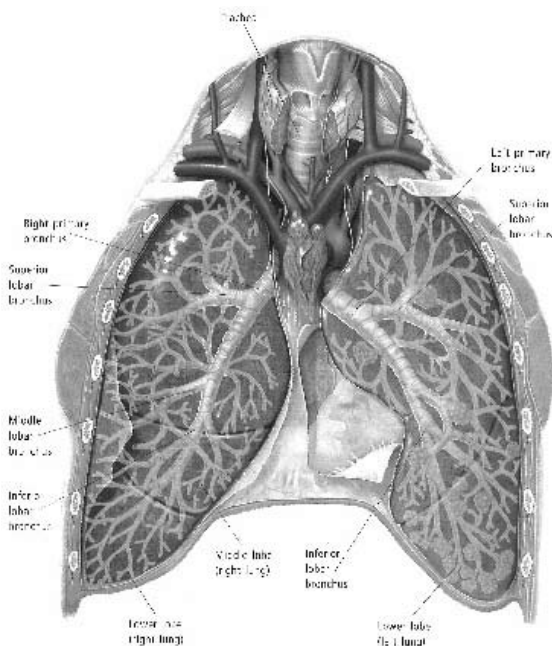
Respiratory System

The primary function of the respiratory system is to supply the blood with oxygen so the blood can deliver oxygen to all parts of the body. The respiratory system does this through breathing.

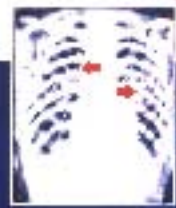
The lungs are the main organs of the respiratory system. In the lungs, oxygen is taken into the body and carbon dioxide is breathed out. The red blood cells pick up the oxygen in the lungs and carry the oxygen to all the body cells that need it, then pick up the carbon dioxide that is a waste gas product produced by our cells. The red blood cells then transport the carbon dioxide back to the lungs and we breathe it out when we exhale. The main function of the lungs is gas exchange. Gas exchange

takes 0.25 seconds or 1/3 of the total transit time of a red cell. The entire blood volume of the body passes through the lungs each minute in the resting state, that is 5 liters per minute.

Infections occur more frequently in the respiratory tract than in any other organ system. This is not surprising when you think of the heavy and constant environmental exposure to which the lung is subjected by breathing. Although most of these infections are in the upper airways, various types of microbial agents also injure the lung. In the upper airways, viral infections predominate. 80% of AIDS patients die of respiratory failure and over 60% of these have a pulmonary infection.



"Healthy looks" can hide
TUBERCULOSIS



the X-RAY will show it
before *you* know it

Christmas Seals Fight Tuberculosis

considered negative. If a raised, reddened area shows up within 48 hours, it is considered positive. In most cases, a positive test means that you have been in contact with an infectious person. **It does not mean that you have TB.** You are not infectious; you cannot transmit the disease to anyone else.

5-10% of healthy people infected with *M. tuberculosis* progress to active TB disease within a short time. The disease can affect almost any part of the body. Usually only TB involving the respiratory system (breathing) can become infectious or be transmitted to someone else. Talking, coughing, and sneezing are the main ways that the TB germ are spread into the air as little fluid droplets. These "droplets" are too heavy to travel very far, but when the water evaporates off of them, the dried "nuclei" are able to circulate easily in the air in confined spaces. The nuclei can be inhaled by other people, causing infection.

Tuberculosis (TB)

Tuberculosis (TB) is usually caused by the bacterium *Mycobacterium tuberculosis*. In 90-95% of cases, if healthy people are infected with this bacteria, the immune system deals with the infection, and it is kept under control, it does not progress to disease and you don't get sick.

A TB skin test ("the Mantoux test"), where a small amount of bacterial protein is "planted" under the skin on your forearm, is used to detect whether a person has been exposed to TB.

If the area of the skin test looks normal when it is checked after 48 hours, it is

So... the factors necessary for transmission of TB are:

1. an infectious person (who may/may not know they have TB)
2. close contact with that person (who you might not even know) - sharing the same breathing space or place
3. in a confined space - where there may not be fresh air circulating
4. over an extended period of time - more than 4 hours

Signs to look for include a cough that lasts longer than 3 weeks. There is no way to distinguish a “TB cough” from any other type of cough, ie. from smoking meth or crack. Other symptoms include night sweats (ie. soaking your bed with sweat) and unusual weight loss. You need to get checked out if any of these things are happening to you.

Most cases of TB can be treated successfully with medicine (antibiotics) if diagnosed early. This involves completing a course of medications over a period of several months. Not completing the medications can result in TB strains developing that are resistant to medication. People with weak immune systems, those living with HIV, the very young, and the elderly may need a different course of treatment for TB.

TB belongs to a class of diseases that are reportable to Public Health authorities. If you have TB, the authorities can force you to take treatment

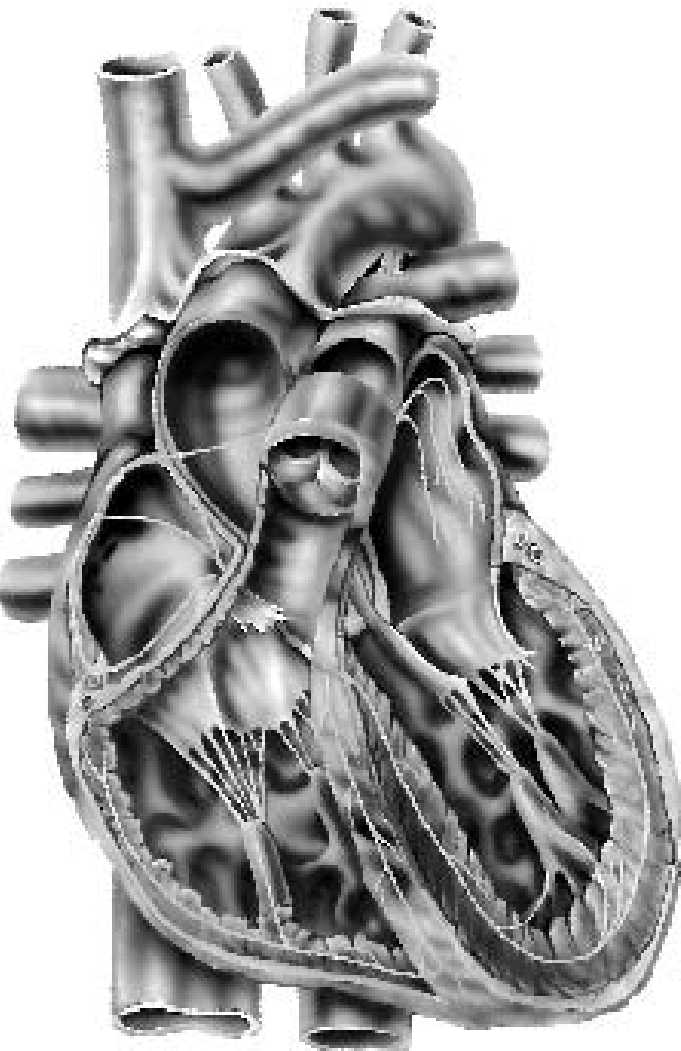


Did you know:

People with active TB are more likely to be low in vitamin D (“the Sunshine vitamin”) than the rest of the population.

There is some evidence that supports the use of ultraviolet light and high intensity air filtration systems (HEPA) in shelters for homeless people to reduce the transmission of TB.

THE HEART



The heart quite simply is a pair of pumps that weigh about one pound. These pumps constantly move about 8,000 liters of blood through your body everyday. As the blood travels through your body it picks up oxygen from your lungs and nutrients from your intestine, and delivers them all over the body. If the blood stops flowing for just a few minutes the body dies. Unfortunately, one of the first signs of heart disease is sudden death, but as you could imagine by this point it is too late to do anything about it.

HEART ATTACK!!

A heart attack occurs when the blood supply to part of the heart muscle itself, the myocardium, is severely reduced or stopped. This happens when one of the arteries supplying blood to the heart muscle (the coronary arteries) is blocked. The medical term for heart attack is "myocardial infarction" or MI.

If the blood supply to the heart muscle is cut off for longer than a few minutes, muscle cells in the affected area suffer irreversible

injury and die. As heart cells cannot reproduce, heart muscle damage from a heart attack is permanent. A heart attack can result in disability or even death, depending on how much and where the heart muscle is damaged.

The classic symptom of a heart attack is a crushing, squeezing pain in the chest. This chest pain is often accompanied by pains in the left arm and jaw, breathlessness, nausea, sweating and anxiety. However, heart attack symptoms are different for different people. Some individuals, particularly women, may experience vague chest discomfort or think they are having severe heart burn. Symptoms can come and go.

People often wonder if chest pain is the first symptom of a heart attack. While a firm diagnosis can't be made outside a hospital, chest pain (angina) is definitely a warning sign to get medical attention. Unless you are under treatment for angina and have medications to take, treat any chest pain as a medical emergency! Tell someone you are have chest pain and seek medical help immediately.

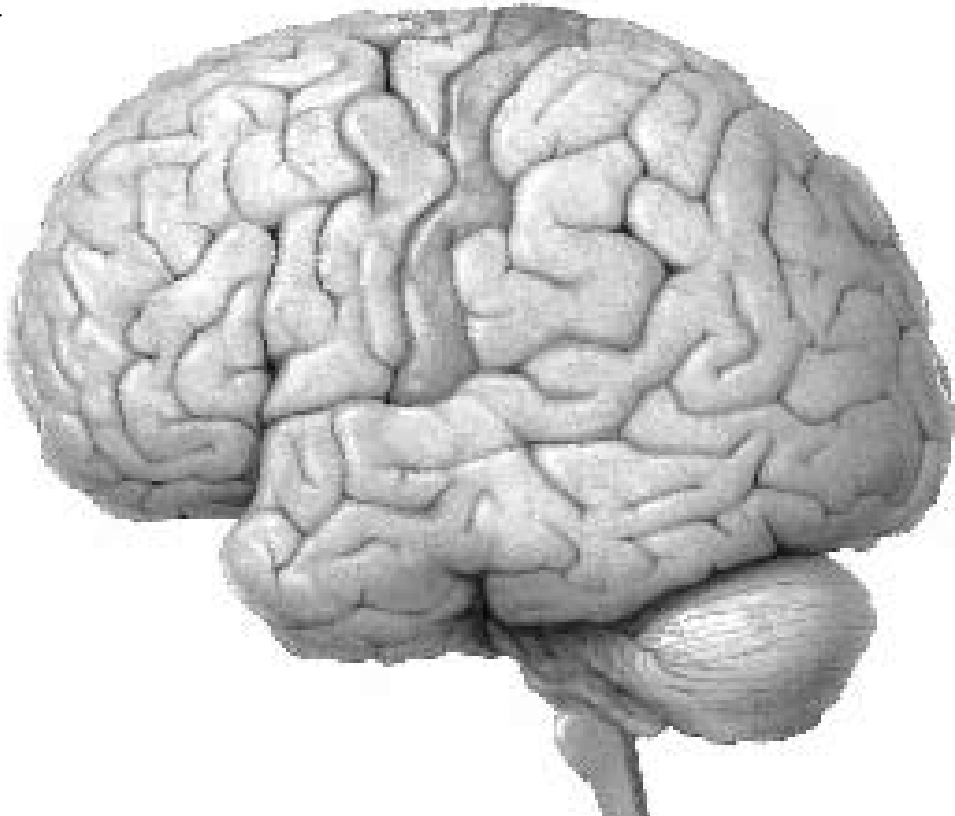
Many people do survive a heart attack. Heart attack victims have a far better chance of survival if they seek medical attention AS SOON AS chest pain, not relieved by rest or nitroglycerin, occurs.



THE BRAIN

The human brain is the seat of the human mind - the set of cognitive processes related to perception, interpretation, imagination and memory, of which a person might or might not be aware. Beyond cognitive functions, the brain regulates autonomic processes related to essential body functions such as respiration and heartbeat.

The adult human brain usually weighs between 1 and 1.5 kg (three pounds) in an average volume of 1,600 cm³. The male brain has approximately 4% more brain cells and 100 more grams of brain tissue than the female brain, although this does not mean that males are smarter. It consumes about 20% of the energy used by the body. This generates a lot of heat, which must be removed to prevent damage.



Stroke

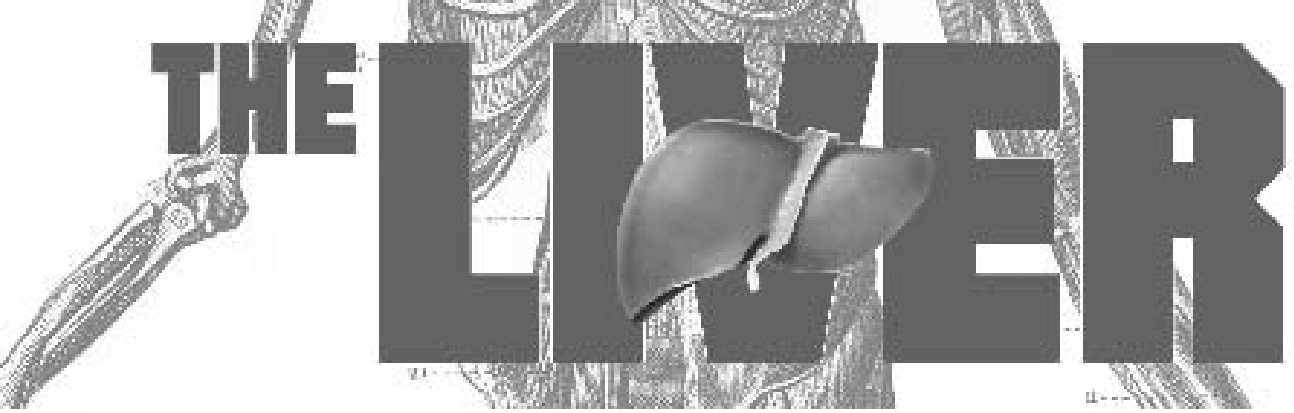
A stroke is a sudden loss of brain function. It is caused by the interruption of the flow of blood to the brain (an ischemic stroke) or the rupture of blood vessels in the brain (a hemorrhagic stroke). About 80% of strokes are ischemic.

The buildup of plaque (atherosclerosis or “hardening of the arteries”) is involved in most ischemic strokes. About 20% of strokes are hemorrhagic. A hemorrhagic stroke is caused by uncontrolled bleeding in the brain. The interruption of the blood flow or the rupture of blood vessels causes brain cells (neurons) in the affected area to die. The effects of a stroke depend upon where the brain was injured, as well as how much damage occurred. High blood pressure increases the risk of hemorrhagic stroke.

An aneurysm is a weak area in the wall of the blood vessel that fills with blood and bulges outward. It is similar in some respects to a bulge in the wall of a tire. High blood pressure or an accident can cause the bulge to rupture, resulting in uncontrolled bleeding into the brain.

Both ischemic and hemorrhagic stroke have happened as the result of drug abuse. Stroke has resulted from the use of cocaine, LSD and amphetamines (“speed”). Each of these drugs can increase blood pressure and cause blood vessels to narrow.

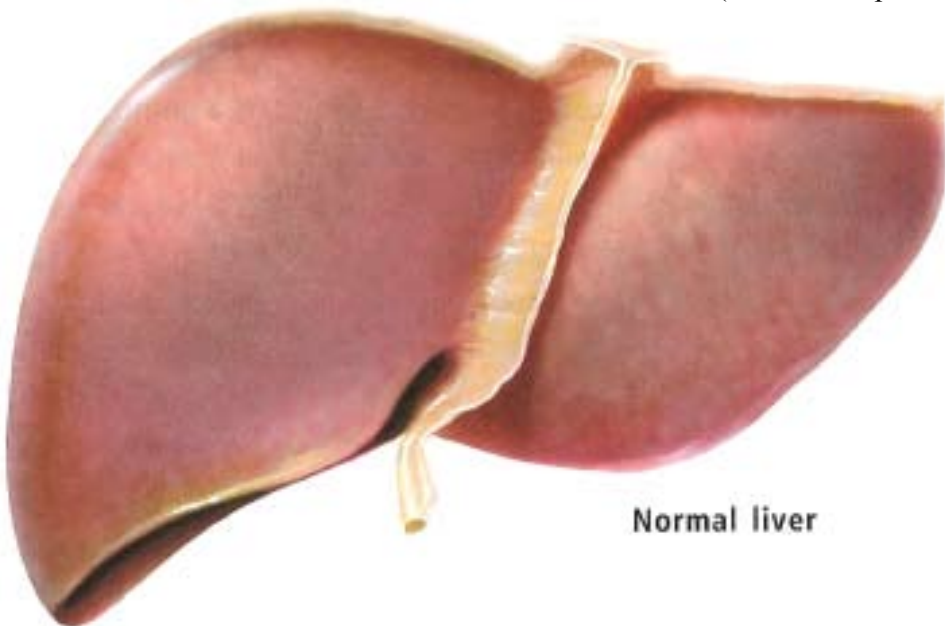
- Cocaine and “meth” increase blood pressure very quickly. As a result, small arteries can rupture, causing a stroke.
- An injected or inhaled substance can trigger a strong immune response. Over time, these extreme immune reactions stress the vessels, increasing the risk for stroke.
- Stroke can be caused by impurities in drugs that are injected. Some street drugs are cut with “fillers” such as cornstarch or talc. When injected, these particles can travel through the bloodstream to the brain. Once there, they can lodge in a small vessel, block blood flow, and cause a stroke.



Your liver does over 500 jobs that you need to live. All the blood in your body must pass through the liver before reaching the rest of your body. If it is damaged you will get sick. If it stops working, you will die. Your liver:

- Uses protein from food to build muscles and hormones.
- Turns sugar from food into energy for your body.
- Stores and makes vitamins.
- Filters out harmful chemicals and changes poisons (like drugs and alcohol) so they are less likely to hurt you.

Drugs prescribed by doctors or bought over the counter (Tylenol, for example) can damage the liver as much as illegal drugs and alcohol. The normal function of the liver is limited by damage from infection or chemicals. This can lead to inflammation of the liver (non-viral hepatitis) or liver failure.

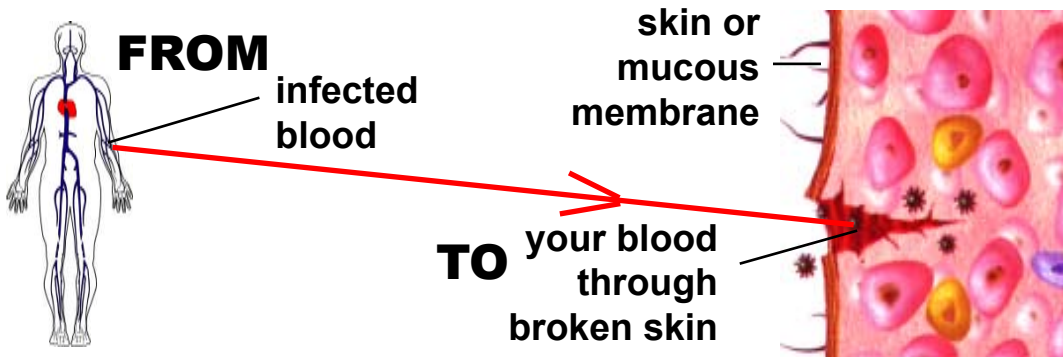


Normal liver

Hepatitis C

Hepatitis is a disease of the liver caused by a virus. There are many types of viral hepatitis, although right now in Canada the main concern surrounds the 'C' type. One of the reasons for this focus on HCV is that unlike the two other types of hepatitis 'A' and 'B', the 'C' type does not have a vaccine. This means there is no other way to protect people from it, except by sharing information about how hepatitis C is transmitted and protecting yourself from it.

THE DIAGRAM SHOWS HOW HEPATITIS C IS SPREAD:



When someone is infected with hepatitis C, different things will start to happen to their body. Here are the four basic scenarios:

Scenario #1: You might have very mild or no symptoms and then become immune to the virus without ever getting sick.

Scenario #2: You might become sick for several months, and then get completely better and become immune to the virus you were infected with.

Scenario #3: You might develop chronic liver disease, which means your body fights the illness for as long as five to six years, after which you become a carrier of the virus for the rest of your life. Being a carrier means that you can pass the virus to other people for your whole life, and you have a high risk of liver cirrhosis (scarring of the liver) and/or liver cancer.

Scenario #4: You might develop 'fulminant' liver disease, in which your liver fails and you die (this is very rare).

An antiviral treatment for hepatitis C exists but it is long, intense and only works well for some people. Some new treatments are in development.

Symptoms of Hepatitis C

Hepatitis has similar symptoms no matter which type you are infected with, being A, B or C. After being exposed to a hepatitis virus some symptoms may show up after 2 to 6 weeks, others may take as much as 10 years to appear. Some of these symptoms could include:

- ⇒ Yellowish color of the complexion and whites of the eyes.
- ⇒ Lack of energy.
- ⇒ Lack of interest in eating.
- ⇒ Sore joints / muscles.
- ⇒ Nausea.
- ⇒ Weight loss.
- ⇒ Diarrhea and constipation.
- ⇒ Dark pee, clay colored feces (shit).
- ⇒ Cuts and bruises healing more slowly.
- ⇒ “Projectile” vomiting.

It is important to remember that only 5-25% of people with HCV will show any symptoms at all, and the only way to tell for sure is to speak to a doctor about getting tested.



Did you know:

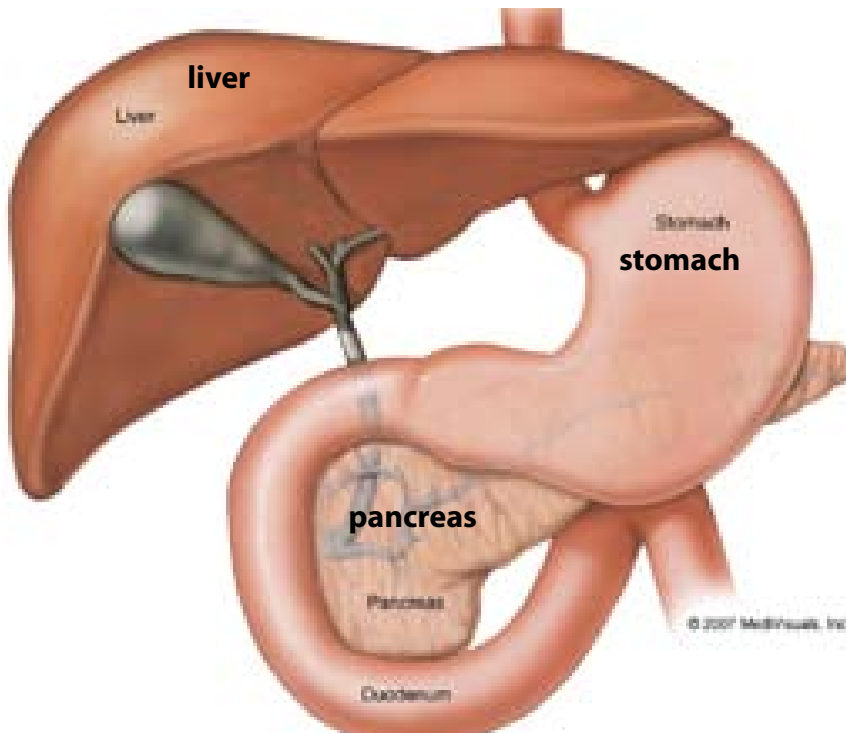
That 15% of people infected with Hepatitis C clear it entirely, even without treatment.



THE PANCREAS

The pancreas is a pinkish-grey organ that lies behind the stomach (see diagram). The pancreas has critical functions in digesting foods. It makes key enzymes and chemicals that allow your body to use or metabolize the foods you eat. Small clumps of cells in the pancreas called islets of Langerhans produce important hormones that control blood sugar. The two most important ones are:

- ◆ **Glucagon:** The amount of this hormone is controlled by the level of blood sugar, being released when sugar levels are too low. It causes the liver to release stored glucose into the blood stream, returning blood sugar levels to normal.
- ◆ **Insulin:** Insulin lowers blood sugar levels when they get too high and is released by the pancreas when there is a lot of sugar available, like after a meal. A lack of insulin means the body has to use fat for metabolism rather than sugar and can lead to a condition called ketoacidosis.



DIABETES

Diabetes is not infectious, meaning that it is not passed from person to person like chlamydia or herpes or HIV. Like these other diseases, it is possible to do things to reduce the chances that you will get it.

Many of you are close or related to someone who has had a leg amputated or become blind because of diabetes, or who talks about “watching my sugar.” What does it mean? Who should listen up? Talking about it involves food/nutrition, history, genetics, and money.

Most of the cases of diabetes in Manitoba are called “Type 2”. Before 1980, Type 2 diabetes only affected older people, and was not found in kids. Recently, it has been noticed in Aboriginal kids and mostly in Aboriginal girls. Some researchers see diabetes as a symptom of a bigger problem: the effect on health from rapid changes in the environment and the way we live. What’s going on?

Type 2 diabetes results from either a lack of natural insulin, made by the pancreas, or resistance to the insulin that is made in your body. In other words, what your body makes, doesn’t work anymore. Insulin is made by the pancreas to help with digestion of certain foods, mostly carbohydrates (sugars and starches). It helps to

break down the foods you eat so nutrients can get into the cells to grow, heal, and maintain the body. Without insulin or if there’s not enough, sugar molecules (glucose) float around in your blood causing trouble. This can result in problems with blood flow to the legs, brain, heart, eyes, kidneys. All of those systems can get damaged beyond repair. People end up having to have toes, feet, legs amputated, or their kidneys (filtering system) fail and they need dialysis or transplant. People go blind; their hearts fail. It’s a mess.

There are theories that explain why this is happening so much now. Some compare the way people lived in the past to how they live now. In traditional ways people worked hard to get the things they needed, including their food. People in the past didn’t go to stores, eat macaroni or McDonald’s. They ate what they caught, when they caught it. Sometimes there was lots; sometimes nothing. In North America, a traditional diet of many First Nations people before European migration was mostly fish, meat, wild plants and berries. One theory is that some people with different genetic traits (DNA) use food resources more efficiently, leading to rapid weight gain when there’s lots of food around, and the ability to survive when there’s no food around for periods of time - feast or famine.

We get energy from the food we eat in the form of calories from protein, fat, and carbohydrates.

Any food that contains starch or sugar, whether it's natural or refined, is a source of dietary carbohydrate. Common carbohydrate foods include fruit, starchy vegetables like potatoes and rice, anything made with flour including bread, pasta, cakes, anything that contains sugar and milk (which contains lactose, a type of sugar). Once these foods enter the digestive system they cause a rise in blood glucose, causing the pancreas to produce insulin to get glucose into the cells. That's okay as long as you use the energy up. If you don't balance off what you consume with what you use up (exercise, work), then the body will store the leftovers as fat in case you need it later. Some people believe that it's healthier to really limit the amount of carbs we eat, thinking that it's better overall to get energy from protein and fats. Most of us get about 50% of the daily energy from carbs of which about 15% is from added sugar. If you didn't add sugar to your food, you could really reduce the total amount of carbs in your diet, which is a good thing.

A Few Facts:

- Diabetes is much more common among the Aboriginal population, almost 5 times higher than in non-Aboriginals. It affects younger Aboriginals, and women much more than men.

- Aboriginal people with diabetes have very high rates of complications of the disease, including amputations, heart disease, stroke, kidney disease.
- Diabetes is the number 1 cause of blindness in Manitoba.
- High blood pressure and smoking increase the risk of diabetes complications
- Up to 1/3 of cases of diabetes are not diagnosed. So, what should warn you? Simple signs: a noticeable increase in hunger (polyphagia), thirst (polydypsia); the amount you pee (polyuria), with or without weight loss.
- If your mother was diabetic throughout her pregnancy with you, your risk of getting diabetes is 4 times higher than if she was not.

What can help:

(You might not like this)

- Eat better: Meat, fish, grains, fruit, vegetables, etc...Stop with the sugar.
- Get off your ass. Do things. Move around. There's almost never a time when doing nothing is good for you.
- Breast feed your kids. A kid who is breast fed for more than 12 months has only 24% of the risk of diabetes compared to a bottle-fed kid.
- Stop smoking cigarettes.

My Name Is Oliver

James McKay

Where do I begin? In 2001, when I was fifteen years old I was living in Berens River, Manitoba a small reservation up north on the east side of Lake Winnipeg. I was young and full of mirth at the time; life was my oyster.

I was at my deceased grandpa's house I told you about in my "Mind Fuck" story. I was asleep when my father Oliver James McKay fell into a coma due to diabetes complications one sunny day. I can't really recall some of the memories because my mind is ambiguous; all I remember was hearing about the incident and seeing him at the nursing station in a hospital bed. He was very weak. I never said a word.

After he got out of the nursing station he wasn't the same man I grew up; with he wasn't superman anymore; his sugar levels were unstable. My mom Beverly left me with him to look after him. The worst I can remember was his blood sugar was high and his eyes were bulging out of his head, and it shocked me to see him like that, so feeble. I took his blood sugar and left him alone, I walked down the hallway of my old home and I cried. Days past and he got better.

I got a summer job that June. On my first day my dad dropped me off at work but he was shaking. I asked what's wrong he said he was scared cause he didn't remember being in that coma. I told him it'll be ok, and I got out of the car and went to work.

I stayed with him at the time because he and my mom were separated. One afternoon he fried fish with ketchup and potatoes, before he flew south on Perimeter Airlines to Winnipeg for a doctor's appointment. After he left I feasted on rye bread and drank tea with lots of cream and passed the time watching WWF. In a few days he got back from Winnipeg with his test results: "Kidney Failure." It was news to me. I got home from work when I heard we were picking up and moving to Winnipeg because of my dad's illness. We moved by boat and settled just off of Roblin BLVD.

We lived civilly, normally. Once in a while, my dad was easily stressed and violent. One time we argued about something I can't remember. It got to the point where he broke his wooden Fender guitar against the door of our home. After that everything was peachy. Let's fast forward the story to when things became serious.

It was 2005 and we settled in a town house in Jig Town. There were dialysis complications and his lack of taking care of himself caused diabetes complications yet again. I flew out

to Berens River that summer of 2005 for a summer job to work, but when I got back 2 weeks later I noticed his fingers tips were black and rotting. He went in to the hospital for a while when I got word that they were going to amputate his fingers and his hand. I got scared and didn't want to see him like that, so I waited for a few days. I decided to see him one afternoon, so my mom drove us to the Health Science Centre hospital.

My heart began to skip beats once I walked through the door to his room and he broke down and cried. I will never forget that moment. The rest of the heart aching story I blocked out.: his leg amputation; him going blind. I remember the last time he could see. We watched the movie, The Green Mile by Stephen King and the next day he went completely blind. One night he screamed so loud in pain I could hear it all the way from my upstairs bedroom. Me and my mom ran downstairs and he said so subtle: "I can't breathe."

It was around 2006 when we settled in another apartment. At that time, my dad was so sick and

scared he didn't want me to leave his bedside. I supplied him with lorazepam to calm down and kept him asleep cause he was too afraid to be awake. He went away in March, 2006 and got worse then ever before.

It was on July 10th when he was dying and I was in solitary, afraid to face the moment where he would leave this fucken world. My Uncle pleaded with me to see him. I said: "I will go tomorrow," but it was an excuse that caused me to miss out on being there when my dad passed away that July 11th at 2:30 am. I missed the first wake service, but I made it to the funeral and held the burden of my mistake the rest of the way. I will never forget the time I asked my mom "What were Dad's last words?" she replied "My name is Oliver James McKay" - puph





by Matthew Schact

Some say running is an absurd past time, I would have to disagree. Back in elementary and junior high school I used to run track. I would run anything from 400 meters to several miles. My favorites were the 800m and the 1500m. I used to win medals and ribbons all the time and conquered track meets. I would love the sounds of my feet hitting the pavement and my breath real heavy, huffing and puffing. I took a break from running when I started to experiment with drugs and alcohol, also I started smoking. I am now 24 and I recently quit that kind of lifestyle, I still drink from time to time but not much. I started running again in the fall of last year 2007, about the same time I quit smoking. It helped me get through the cravings but also helped with my depression. I started running about a mile a week or every three days and I entered my first road race in years, the Sagkeeng First Nation Marathon. I swear to god it was the hardest thing I ever did in my entire life, but also the most rewarding. It was not a real marathon but a ten miler. After I finished (3rd) I could not walk for a week. I took a little criticism for my actions but in my own mind I knew it was worth it. I felt so good with myself and had a wonderful feeling of self-accomplishment. I knew if I could conquer that I could conquer any obstacle that life can throw at me. Unless I lost my legs of course. So I would say running has helped me in as many ways as I could think of and I believe for a young person or any person to get involved in running and or any kind of physical activity like sports or kick boxing is the most positive thing they could do. So be active and it will keep you healthy, strong, and most importantly happy.



HEY!

Rates of skin infections with antibiotic-resistant bacteria are on the rise in Manitoba

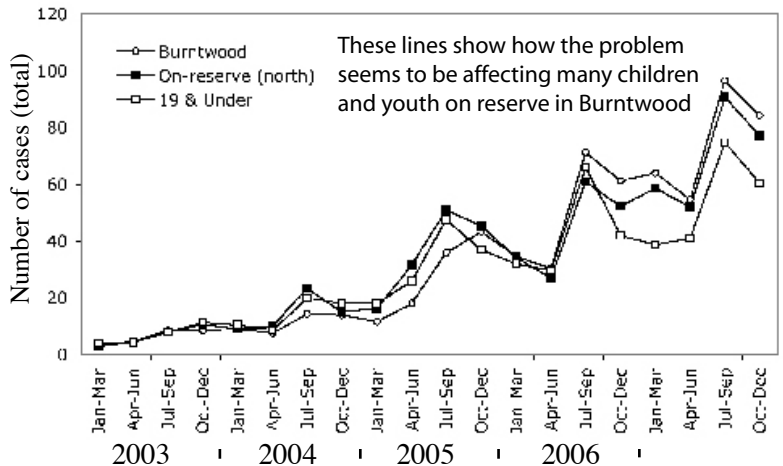
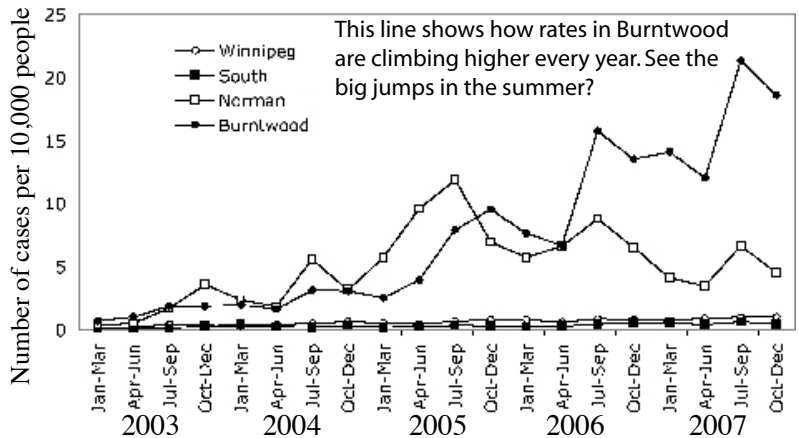
From: *Rapid emergence of MRSA among children and adolescents in northern Manitoba* - Larcombe, Waruk, Schellenberg, Ormond - Canadian Communicable Disease Review, Jan. 2007

In the past few years, many infections with a dangerous type of bacteria were reported among healthy people in the Norman and Burntwood health regions (see graphs). This bacteria is called MRSA (methicillin-resistant *Staphylococcus aureus*). It can cause minor or serious infections of skin and joints, and common antibiotics won't always work to cure these infections.

The type of MRSA spreading in northern Manitoba is similar to a type of MRSA that killed four previously healthy children in North Dakota and Minnesota in 1999. *There have NOT been any reported cases of fatal or life-threatening infections with MRSA in Manitoban children.*

However, it is important that people in northern communities be aware of the possible danger of these infections and be prepared to act quickly in case a minor infection suddenly gets more serious.

Symptoms of MRSA to watch out for include boils on or under the skin and inflamed joints. Skin infections **do not necessarily** need to be treated with antibiotics! In fact, overuse of antibiotics causes bacteria to get resistant! In many studies, people with MRSA infections were more likely to have taken antibiotics in the previous year.



ZIT...

OR IS IT?



Skin infections can be caused by many kinds of normal viruses and bacteria. Most just go away by themselves. MRSA* is one type of bacteria that can cause serious skin infections and can't always be killed by common antibiotics. MRSA can also get into your blood or lungs, make you very sick and maybe even kill you. If you have a pimple, boil or cut that doesn't go away or suddenly gets worse, please **SEE A DOCTOR!**

*Methicillin-resistant *Staphylococcus aureus* common and spreads easily from person to person. Washing hands with lots of soap and water is known to prevent the spread of MRSA.

Don't take antibiotics unless you really need to (Remember: they don't work for colds or any infection caused by a virus!). When you do take antibiotics, make sure you don't forget to take them and finish the whole bottle!

Health workers should be aware that MRSA infections might not respond to certain types of antibiotics, especially the '-cillins' (methicillin, amoxicillin etc.). YOU should be watchful if these infections take a sudden turn for the worse, including high fever, severe vomiting or having trouble breathing. It is CRITICAL that people with these symptoms associated with MRSA infections get to a hospital as soon as possible.

MRSA has also been on the rise in homeless people, among injection drug users and people in jail all over the States and in Victoria, Vancouver and Calgary. In 2005, MRSA caused flesh-eating disease in downtown Los Angeles. MRSA was responsible for the death of a previously healthy teenager in Ontario last year (he caught it in Texas). Problems with MRSA may get worse after a person has the flu.

Rates of MRSA are rising around the world. This is another good reason not to share rigs and make sure your skin is clean before you inject drugs!

Oh yeah, WASH YOUR HANDS!

Let's Have a Look at the Female Sex...

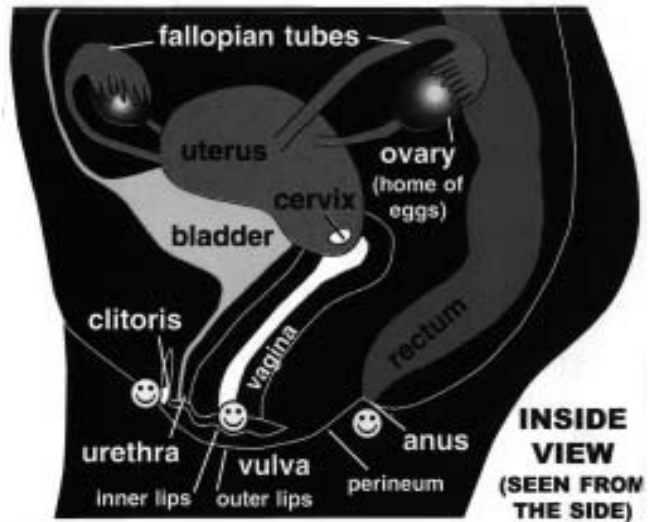
Once a month, the ovary releases an egg, which goes down the fallopian tube to the uterus. If the egg is not fertilized by a sperm, the lining of the uterus is released (menstrual blood). The blood flows from the cervix and then through the vagina.

OTHER FACTS:

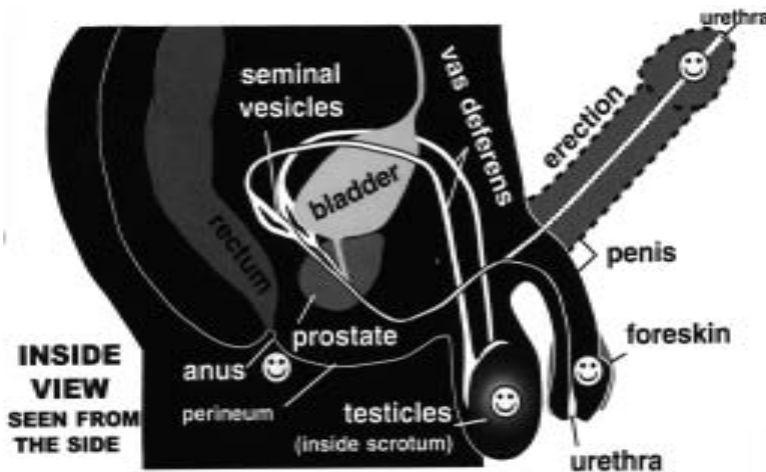
Perineum is the skin between the vulva and the anus.

Urethra = tube that pee comes out of.

Smiles show some spots that rubbing of licking might cause intense sexual pleasure.



And the Males...



The testicles make sperm, which go up vas deferens. Sperm mixes with semen made by seminal vesicles and prostate, and exits the urethra during orgasm.

OTHER FACTS:

Perineum is the skin between the scrotum and the anus.

Urethra is the tube that pee and semen[cum] comes out of.

Foreskin is sometimes removed by circumcision.

Smiles show some of the spots where rubbing or licking might cause intense sexual pleasure.

Research Roundup:

HEY!

Good bacteria protect your bits from STD and HIV

From *The Good Bacteria Study*, 2005 (Schellenberg, Ball, Lane, Cheang, Plummer)

Human beings are covered in bacteria. Maybe realizing this will freak you out, but it's true. Our skin, mouth, eyes, intestine and genitals are home to trillions of bacteria that all together weigh 3 pounds. These bacteria have health benefits for people. For example, when you have lots of "good" bacteria living in your body, there is less room for bacteria that cause diseases. These bacteria can also stimulate your immune system in ways that might protect you from getting infected with other bacteria or viruses.

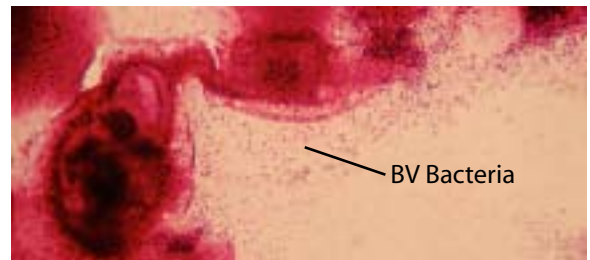
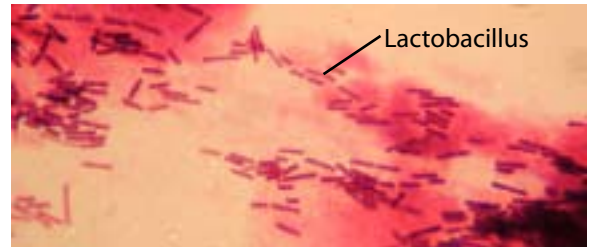
One type of bacteria, called *Lactobacillus*, lives in the mouth, the intestine and the vagina. This bacteria is in the same family as the kind that live in yoghurt. They produce acid and other substances that protect the vagina from infection with other bacteria and viruses.

When a woman does not have *Lactobacillus* in the vagina, other bacteria move in. This is a condition called BACTERIAL VAGINOSIS or BV. Many women with BV have no symptoms. Some symptoms might be fishy smell or thin, milky discharge. Antibiotics can be prescribed for BV, but it often comes back after the antibiotics are finished. Not very much is known about what causes BV or makes the "good"

Lactobacillus go away in the first place. Women with BV have been shown to be more likely to get infected with STDs and HIV.

The goal of this research project was to collect and study bacteria that live in the vagina. Some of you may have provided self-collected vaginal swabs in Dr. Lane's clinic in Summer 2005. We are studying vaginal bacteria to see if they might play a role in protecting women from getting infected with HIV and other STD like chlamydia, gonorrhea and herpes.

We found out that girls aged 13 to 18 who attended the clinic were more likely to have BV closer to their last period and closer to the last time they had penetrative sex (ie. penis going into vagina). This means that something about having your period and having sex might reduce *Lactobacillus* in the vagina and make a person more likely to have BV.



These are photos of vaginal swabs rolled on glass slides, stained and taken on a microscope at 1000X magnification.

LACTOBACILLUS

A.K.A. THE BACTERIA IN YOGURT

As mentioned in the previous article, the health benefits of good bacteria such as *Lactobacillus* are important to vaginal health and may protect you from STD and HIV.

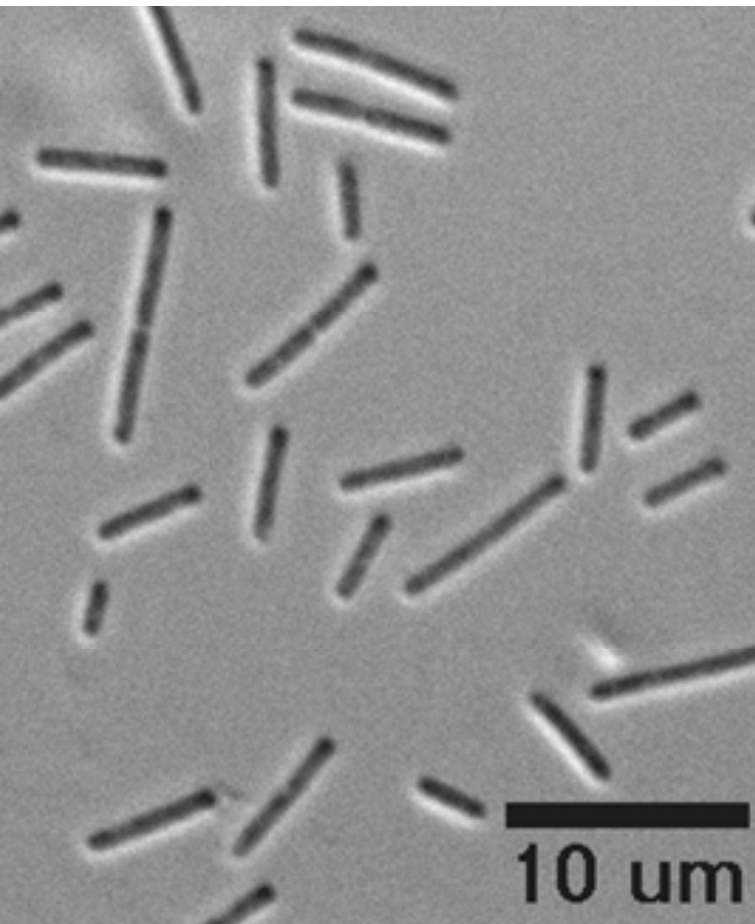
If you've seen any Activia commercials lately, you know that a lot of yoghurt companies are

putting bacteria called PROBIOTICS in their yoghurt. Probiotics are defined as "live bacteria added to food or drink that have a proven scientific health benefit for people or animals".

When you think about it, people used to eat a lot more bacteria in their food. Preserving food by fermenting with *Lactobacillus* has been going on for thousands of years, and used to be one of the only ways to stop it from rotting before fridges and freezers.

Your immune system "learns" how to work properly by dealing with normal bacteria in your body and in the food you eat. The lack of bacteria in the modern diet might be responsible for increased allergy and asthma in kids that is seen today, because the immune system can't tell what is dangerous and what is not.

If you're eating good bacteria, you might be less constipated and you might be less likely to get diarrhea. In the long term, you might be less likely to get cancer of the intestine. If you have inflammatory bowel disease (IBD) or Crohn's disease, eating good bacteria might reduce your symptoms.



Lactobacillus delbrueckii, used to make yogurt. One thousand of these bacteria could fit into the period at the end of this sentence.



I CARE ABOUT

NUTRITION



Notosh

Introduction

We've added this section for the same reason that we've included other stuff about the "Body". All of these issues get a bit weird when you look at the body from the point of view of component parts.



In some ways we are not much more than biological units with a mind, spirit, imagination thrown in for good measure. We get hungry and have to eat, though in some situations eating is not a big priority. We get tired and need to sleep, though sleep may not be a big priority for the same reason. Maslow put the physiological needs - for oxygen, water, protein, sugar, vitamins, minerals, sleep, etc. - on the first level of the hierarchy of needs. A lack of any of those basic things will lead to a very specific hunger for the thing that is lacking.

Most of the information about food/nutrition is boring. Broccoli is not very interesting and not likely to get you high. You may see yourself as too fat or too thin; the way you look might not be important to you at all. Eating well might seem like a stupid idea when you can't eat anything, good or bad.

With all of that said food/nourishment is the way to provide the basic stuff for your body to grow, repair, heal and maintain itself. This information might help.

EATING WELL ON THE STREET

Aim for two meals a day!

You need the calories. Try for at least one salad or two vegetables every day.

Eat an apple a day. Cheap proteins are eggs, beans and peanut butter.

Buy day old bread and with peanut butter and a glass of milk you have a complete meal right out of the sixties.

When you can afford to eat out!

Hamburger and milkshake will give you energy, protein and calcium.

Soft shell burritos or tacos provide energy and protein; add milk or chocolate milk and you have calcium, add real juice and you have vitamins.

Submarine sandwiches - pile on the vegetables for your daily salad.

Just having a cup of coffee? Fill it halfway with real whole milk for energy and calcium.

Buy a multi-vitamin!

Vitamins occur naturally in foods that are “nutrient dense” like vegetables, fruits, and grains. They occur very little in highly processed fast foods. So, a vitamin pill is a sort of “insurance” particularly when people do not eat much. Take a high quality multi-vitamin (buy the bottle that says “For over 50s” even if you’re young) on the days you do not eat. If you can afford them take one every single day. Take Vitamin D in the winter and sit in the sun at least ten minutes a day in the summer.

Pregnancy!

If by choice or chance you have a child, FOLIC ACID is most important and it must be taken BEFORE you get pregnant to guard against neural tube defects, not after you already are expecting. So if you are in the child-bearing age and even MIGHT get pregnant, take a multi-vitamin every day and make sure it has 400 micrograms of Folic Acid (read the label). Continue to take the multi-vitamin after pregnancy and increase your meals to at least three every day.

THE WORST FOODS

It doesn't really seem fair that some of the things that taste the best are the worst for your health, like chips, soda, bacon, cookies and alcoholic beverages. But that's the way it is! Try to cut down on junk and eat lots of vegetables, fruits and whole grains (oatmeal, whole-wheat toast, Shredded Wheat etc.).

Hydrogenated Fats: Vegetable oils that have been “hydrogenated” means that they have been artificially turned from liquid form into solid form to make transportation and food storage easier. A lot of these fats contain “trans” fat, which means they have been chemically transformed during the hydrogenation process. Studies have shown that how much fat in your diet isn't as important as the KIND of fat. Hydrogenated and trans fats are the worst. Avoid buying cookies, crackers, baked goods, hard margarine or anything that has hydrogenated oil on the ingredient list. On the other hand, liquid vegetable oils (corn, sunflower, peanut, flax) and soft margarines are “unsaturated” and a very important part of a healthy diet.

Saturated Animal Fats: This means the hard, white fat in meats like beef and pork. Lard used in making bannock or pastry is made from saturated animal fat. So are full-fat dairy products such as cheese, butter and cream. Animal fat also contains high levels of cholesterol, which is required by the body at low levels but becomes

harmful if excessive. Choose lean meats and low-fat dairy products whenever possible.

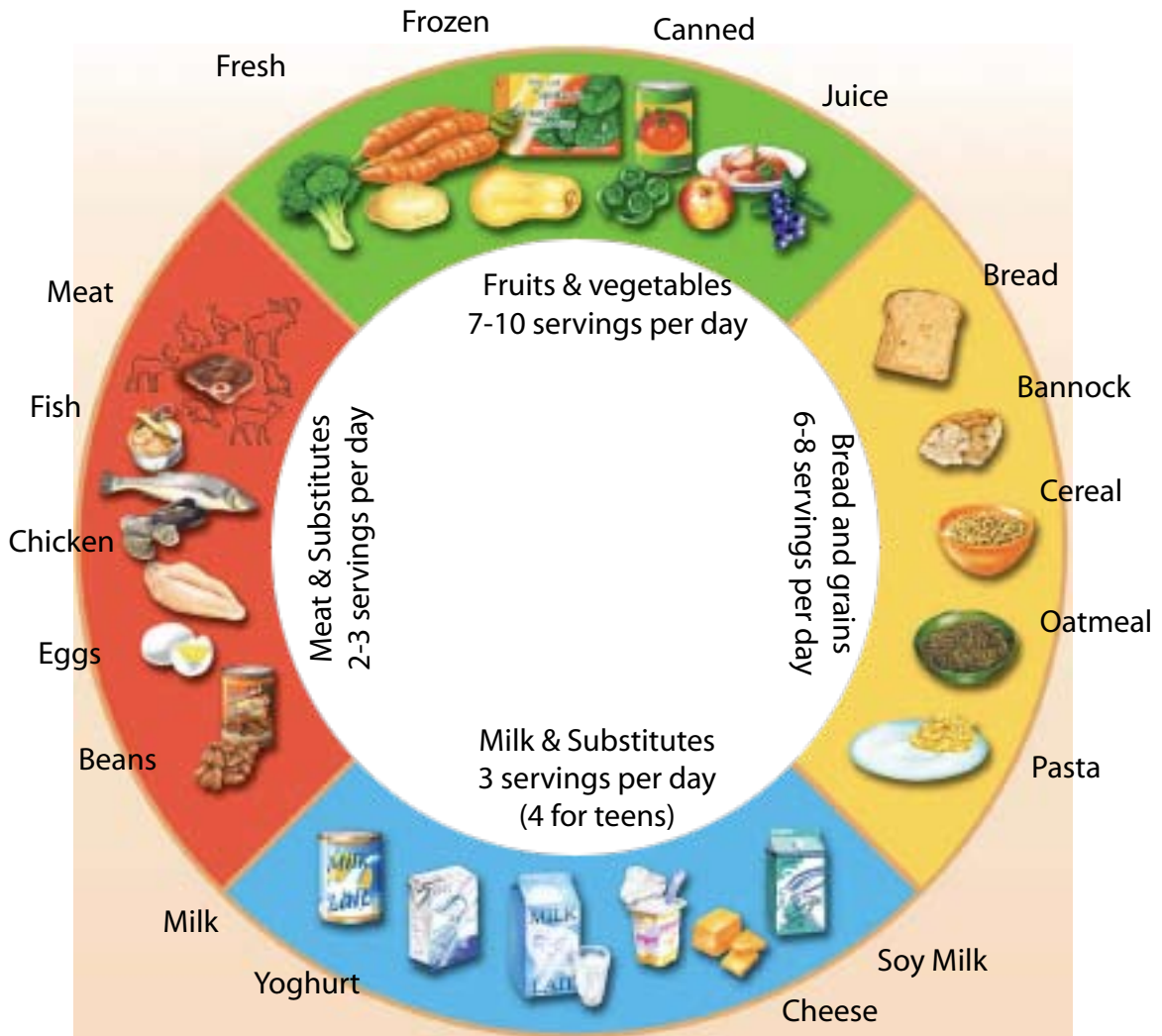
Nitrates: Many foods, especially cured meats such as bacon and hot dogs, use nitrates to preserve color and reduce growth of bacteria. Nitrate is harmless, but it can convert to nitrite, which can form nitrosamines, a powerful cancer-causing chemical, in your body. Whenever possible, look for nitrate-free preserved meats. When you do eat foods containing nitrates, have a glass of orange juice at the same time (for instance, orange juice with your morning bacon). Vitamin C is known to inhibit the conversion to nitrosamines in your stomach.

Alcohol: As you probably know, alcohol is really hard on your liver. Although some studies suggest one drink a day might be good for you, you can't drink much more than that before the negative effects on your liver outweigh any possible benefits. Of course, it is possible to consume alcohol safely, but even if you exercise caution in no other area of your diet, this is one area where moderation is the best policy.

Soda: Drinking soda is a poor way to get fluids. They are full of sugar or artificial sweeteners and often contain artificial colors and flavors. Substitute homemade soda by mixing sparkling water with fresh, 100 percent juice.

High-Fat Snacks & Chips: Even if they are made with vegetable oil, they should be minimized. Instead, focus on fruits and non-fat whole grains for snacking.

What you should TRY and eat every day...



Serving sizes:

One serving of meat, chicken or fish is about the size of a deck of playing cards.

One serving of eggs = 2 eggs

One serving of milk is 1 cup.

One serving of cheese is about the size of a cigarette lighter.

One serving of pasta or macaroni is about the size of a regular light bulb.

One serving of bread = 1 slice.

One serving of fruit juice is half a cup.

One serving of fruits or vegetables is about half a cup.



VITAMINS & MINERALS

Nutrient	Main function	Best food sources
Vitamin A	Healthy immune barriers and epithelial tissue, growth, reproduction, bone and red blood cell formation, vision	Dark green vegetables, milk, orange fruits, fortified foods, liver
Beta carotene	Antioxidant, source of vitamin A, immune booster, possible cancer prevention, vision	Orange, yellow, red and green vegetables and fruits
Vitamin D	Calcium metabolism, bone mineralization, cancer prevention	Fortified milk, fatty fish
Vitamin E	Antioxidant, anticoagulant, prevents heart disease/cancer	Wheat germ, vegetable oils, nuts
Vitamin K	Bone mineralization, blood clotting	Green leafy vegetables
Vitamin C	Antioxidant, immunity, antiviral in test-tubes, possible cancer prevention, increases iron absorption	Fruits and vegetables, especially peppers and citrus fruits
Thiamine (B1)	Energy metabolism, mood, nervous system	Whole grains, brown rice, fortified foods, legumes, pork, oysters
Riboflavin (B2)	Energy metabolism, antioxidant, possible migraine prevention	Dairy products, leafy greens, oysters
Niacin (nicotinic acid)	Energy metabolism, lowers bad (LDL) cholesterol, raises good (HDL) cholesterol	Poultry, red meat, fish, legumes, peanut butter, nuts
Vitamin B6	Protein metabolism, immunity, neurotransmitter synthesis (e.g. serotonin and dopamine), treats peripheral neuropathy	Meat, fish, poultry, eggs, potatoes, fortified cereals, peanuts, soybeans
Folate	Cell division, prevents neural tube defects and perhaps other birth defects, possible cancer prevention	Leafy greens, legumes, oranges, broccoli, cauliflower
Vitamin B12 (cobalamin)	Cell division, amino acid metabolism, nervous system, mental function	Fish, shellfish, meat, fortified soy milk, fermented soy products
Calcium	Bone mineralization, muscle contraction	Dairy products, fortified soy and rice milk, fish bones
Magnesium	Bone mineralization, active in more than 300 chemical reactions in the body	Whole grains, nuts, green vegetables, legumes
Iron	Makes hemoglobin which carries oxygen, makes energy in the mitochondria	Meat legumes, tofu, leafy greens, breakfast cereals
Zinc	Growth, immunity, wound healing, taste, sperm production, antioxidant prostate health	Oysters, meat poultry, fish
Selenium	Antioxidant immunity, possible prevention of cancer and viral infections	Whole grains from selenium-rich soils, poultry, meat, dairy

ANTIOXIDANTS

You may have heard about the health benefits of antioxidants, but do you know what an antioxidant is — and how they actually work?

Antioxidants are dietary substances including some nutrients such as beta carotene, vitamins C and E and selenium, that can prevent damage to your body cells or repair damage that has been done.

Antioxidants work by significantly slowing or preventing the oxidative — or damage from oxygen — process caused by substances called free radicals that can lead to cell dysfunction and the onset of problems like heart disease and diabetes. Antioxidants may also improve immune function and perhaps lower your risk for infection and cancer.

In your body, the antioxidant process is similar to stopping an apple from browning. Once you cut an apple, it begins to brown, but if you dip it in orange juice, which contains vitamin C, it stays white.

An eating plan containing plenty of fruits and vegetables, whole grains and nuts can supply all the antioxidants your body needs.

(source: American Dietetic Association, 2006)

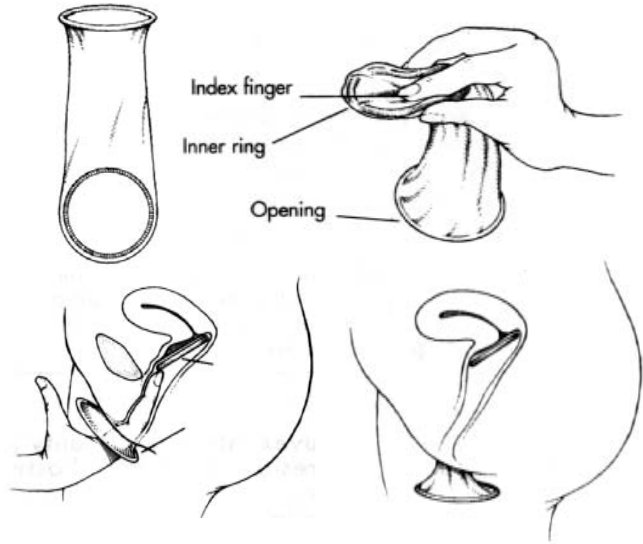


little broccoli
is really purple

**EAT
BRIGHT
COLOURED
FOODS**

Using Condoms & Safer Sex

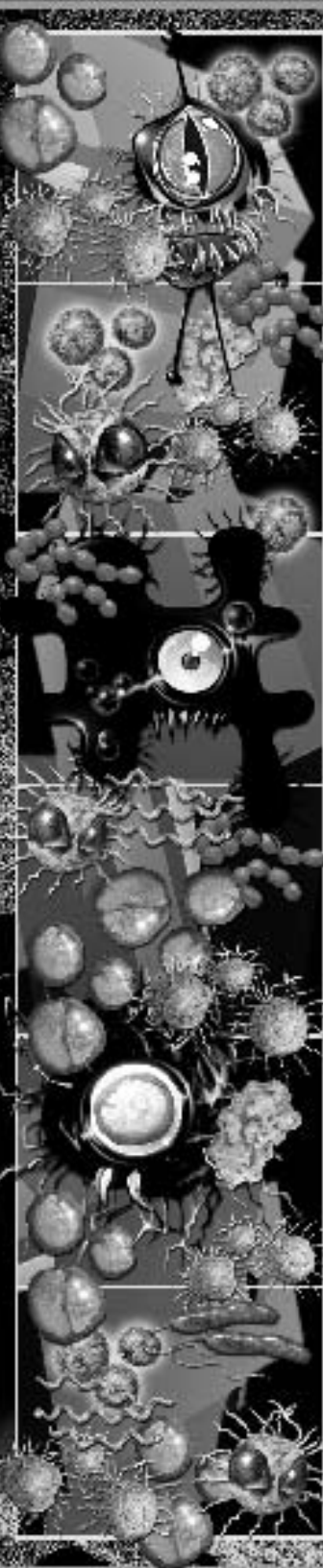
Condoms prevent germs from spreading. The **FEMALE CONDOM** can be put in up to 8 hours before sex. It has two rings – one at the opening and a loose inner ring that fits over the cervix. Squeeze the inner ring and push into the vagina [*pussy*] with your index finger. It can also be used anally [*up the ass*].



A **MALE CONDOM** is rolled on to the erect penis [*dick*]. Pinch the tip to leave a space for semen [*cum*]. Don't use oil-based lube (such as baby oil, vaseline or hand lotion). Oil breaks male condoms, but is safe for female condoms.

Using condoms during sex is often called **SAFER SEX**. Besides using condoms, safer sex can mean kissing, licking, sucking, masturbating, rubbing or any sex that reduces the exchange of body fluids. **Safer sex is NOT risk-free, but having safer sex can reduce your risk.**

STOS and BLOOD-BORNE PATHOGENS



LEARN MORE... about STDs, HIV & Hepatitis

by Gloria Fox

Most people don't know what the effects of STDs (sexually transmitted diseases), HIV and Hepatitis are and may not even know what they are. Even the names of the diseases they may not even know. People out there think that they can't get an STD. Well let me tell you it's very easy. A lot of people don't realize how easy it is. They think that they are free of STDs. Boy are they wrong! Some of the most common diseases in the world today are HIV/AIDS, Hepatitis B, Hepatitis C, Genital Warts, Chlamydia, Gonorrhea and Herpes. Many people who already have these infections may not even know. They might be afraid to know they have it, or they don't give a care. It is very scary. Someone can be out in the world not even knowing they have these infections. They might be sleeping with anyone and everyone and be passing to every person they come in contact with. And the people that do know that they have these STD will say to themselves "oh well, I'm going to die someday anyway" but don't realize that it will happen sooner than they think if they keep doing what they're doing. All these diseases are increasing in Winnipeg as each year goes by. There can be thousands of young people in their teens who are walking around with these diseases and don't know it.

This section talks about common diseases in Winnipeg that can be transmitted by unprotected sex (screwing or being screwed without a condom) or sharing needles for drugs, piercing or tattooing:

•**Chlamydia & Gonorrhea** are mostly spread by unprotected anal, vaginal or oral sex. They can be prevented by using condoms.

•**Herpes & Genital Warts** are spread by skin-to-skin contact with an infected person, often during sexual activity. Condoms will prevent the spread of these infections, but parts of the body not covered are not protected.

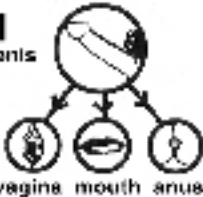



•**Hepatitis B & Hepatitis C** are infections of the liver. Hepatitis B is spread mostly through unprotected anal and vaginal sex and sharing needles for drugs, piercing and tattooing. Hepatitis C is mostly spread through sharing needles for drugs, piercing and tattooing. Using condoms and clean needles and gear will prevent the spread of these germs.

•**HIV/AIDS** destroys your immune system, and is mostly spread through unprotected anal or vaginal sex (without a condom) and sharing needles for drugs, piercing or tattooing. It can be prevented by using condoms and clean needles and gears.

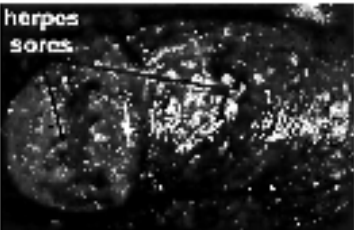

The Links between HIV, STD, Hepatitis B & C

HIV is a sexually transmitted infection (STI). If you already have an STI such as chlamydia, gonorrhea, herpes or genital warts, you may have broken skin, swelling or sores that make it **easier for HIV to get into your body.** As well, HIV is spread in the same way as the viruses that cause Hepatitis B and Hepatitis C. **If you have one of these viruses, you could have all of them.**

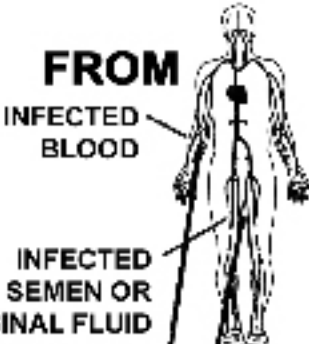
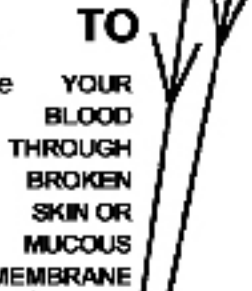

STD COMPARISON CHART #1

	Type of Germ	What does it infect?	How is it spread?	How is it prevented?
Chlamydia	BACTERIA- can be cured with antibiotics	*Genitals (penis/vagina) *Anus *Mouth/Throat *Eyes *Can spread to joints	*Sexual contact (oral, anal or vaginal penetration *Penis to vagina/mouth/ anus or Vagina to penis/ mouth FROM Infected Penis 	*By NOT having anal/ vaginal/oral penetration without a condom *Use male or female condoms * Have safer sex (without unprotected penetration)
	BACTERIA- can be cured with antibiotics	*Genitals (penis/vagina) *Anus *Mouth/Throat *Eyes *Can spread to joints	TO vagina mouth anus FROM Infected vagina 	*By NOT having anal/ vaginal/oral penetration without a condom *Use male or female condoms * Have safer sex (without unprotected penetration)
Herpes <small>Herpes Simplex Virus 1 + 2 (HSV-1, HSV-2)</small>	VIRUS- CANNOT be cured with drugs	*Skin on genitals/ mouth or anywhere on the body	*Sexual contact (oral, anal, or vaginal penetration) *Skin-to-skin contact FROM Infected skin or mucous membrane 	*By avoiding direct contact with infected skin during or just before an outbreak *Condoms can prevent herpes but parts of the body not covered may not be protected. The female condom may cover more of the genitals and protect better
	Genital Warts <small>Human Papilloma Virus (HPV)</small>	VIRUS- CANNOT be cured with drugs	*Skin on genitals/ mouth or anywhere on the body	 TO Any other skin or mucous membrane

SEXUALLY TRANSMITTED SKIN-TO-SKIN INFECTIONS

What are the symptoms?	How do I know if I have it?	How is it treated?	What about HIV?
<ul style="list-style-type: none"> *May be NO symptoms *Burning feeling when you pee *Clear or yellow stuff coming out of penis/vagina *Itchy feeling inside penis/vagina *Redness on tip of penis *Unusual bleeding from vagina or change of period 	<ul style="list-style-type: none"> *A doctor or nurse MAY take a swab from your urethra (pee-hole) *ASK ABOUT URINE TESTING. 	<ul style="list-style-type: none"> *Antibiotics can be prescribed to cure this infection. *You can be infected more than once. *If left untreated, it can lead to sterility (not being able to have babies) 	<p>Being infected with chlamydia, gonorrhea, herpes virus or genital warts virus can increase your chances of being infected with HIV. These infections may cause swelling, inflammation or sores that create a way for HIV to get into your blood. HIV can also be sexually transmitted. (see next page)</p>
<ul style="list-style-type: none"> *May be NO symptoms *Burning feeling when you pee *Greenish stuff (pus) coming out of penis/vagina *Itchy feeling inside penis/vagina *Redness on tip of penis *Unusual bleeding from vagina or change of period 	<ul style="list-style-type: none"> *A doctor or nurse MAY take a swab from your urethra (pee-hole) *ASK ABOUT URINE TESTING. 	<ul style="list-style-type: none"> *Antibiotics can be prescribed to cure this infection. *You can be infected more than once. *If left untreated, it can lead to sterility (not being able to have babies) 	
<ul style="list-style-type: none"> *May be NO symptoms *Outbreak of sore on or around the genitals or other skin  <p style="font-size: small; margin-left: 10px;">herpes sores</p>	<ul style="list-style-type: none"> *There is no test for herpes unless you can see sores *It is often diagnosed by the way sores look *A swab taken from an open sore can be tested for the virus 	<ul style="list-style-type: none"> *This infection CANNOT be cured. *Anti-viral treatments can shorten outbreaks. *Eating well, resting and exercising will prevent outbreaks 	
<ul style="list-style-type: none"> *May be no symptoms *Warts may be inside the body or too small to see *Warts appear as lumps on the vulva, vagina, penis, balls or other skin  <p style="font-size: small; margin-left: 100px;">genital warts</p>	<ul style="list-style-type: none"> *Always diagnosed by the way sores look *No blood or swab test for the virus 	<ul style="list-style-type: none"> *This infection CANNOT be cured. *Warts can be removed by chemical freezing or burning *This infection increases your risk of cancer so you should be tested regularly. 	

STD COMPARISON CHART #2

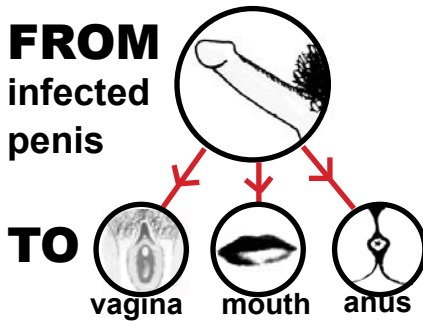
	TYPE OF GERM	WHAT DOES IT INFECT?	HOW IS IT SPREAD?
HEPATITIS B (HBV)	* VIRUS-CANNOT be cured with drugs	*Your liver- a very important organ, it stops working, YOU WILL DIE.	<p>*By infected blood, semen or vaginal fluid getting into your blood through openings in your skin or mucous membrane (even ones you can't see or feel)</p> <p>*By anal or vaginal sex with an infected person without a condom</p> <p>*By sharing needles for drugs/tattoos with an infected person</p> 
HEPATITIS C (HCV)	* VIRUS-CAN be cured with drugs	*Your liver- a very important organ, it stops working, YOU WILL DIE.	<p>*By infected blood, semen or vaginal fluid getting into your blood through openings in your skin or mucous membrane (even ones you can't see or feel)</p> <p>*By sharing needles for drugs/tattoos with an infected person</p> <p>*By sharing straws or bills for snorting cocaine or other drugs</p> 
HIV (Human Immunodeficiency Virus)	* RETRO-VIRUS-CANNOT be cured with drugs	*Important cells of your immune system are destroyed by this virus, and your body can no longer fight off diseases	<p>*By infected blood, semen or vaginal fluid getting into your blood through openings in your skin or mucous membrane (even ones you can't see or feel)</p> <p>*By anal or vaginal sex with an infected person without a condom</p> <p>*By sharing needles for drugs/tattoos with an infected person</p> 

SEXUALLY TRANSMITTED & BLOOD-BORNED INFECTIONS

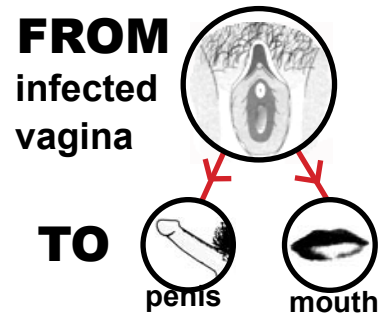
HOW IS IT PREVENTED?	WHAT ARE THE SYMPTOMS?	HOW DO I KNOW IF I HAVE IT	HOW IS IT TREATED?
<p>*By NOT having anal/vaginal/oral penetration without a condom</p> <p>*Use male or female condoms</p> <p>*Have safer sex (without unprotected penetration)</p> <p>*Use your own needle ONLY or clean your needles with bleach</p>	<p>*Many people NEVER show symptoms</p> <p>*They could include feeling tired and sick, not feeling like eating, pain under your rib cage on the right side, dark-coloured pee, light-coloured shit, yellow skin and eyes</p>	<p>*It is diagnosed with a blood test by a doctor or a nurse</p>	<p>*For most people HEP B goes away by itself within 3 to 16 weeks. You can be infected more than once.</p> <p>*Some people (10-15% of those infected) become carriers of the virus, meaning they can spread it for their whole lives and have a high risk of liver damage or liver cancer.</p>
<p>*Use your own needle ONLY or clean your needles with bleach</p> <p>*Research shows that Hepatitis C is not easily spread through sex, but having other sexually transmitted infections may increase the risk of spreading it through sex</p>	<p>*Most people with HEP C NEVER show symptoms</p> <p>*They could include feeling tired and sick, not feeling like eating, pain under your rib cage on the right side, dark-coloured pee, light-coloured shit, yellow skin and eyes</p>	<p>*It is diagnosed with a blood test by a doctor or a nurse</p>	<p>*Most people (80-90% of those infected become carriers of the virus, meaning they can spread it for their whole lives and have a high risk of fatal liver damage or liver cancer</p> <p>*For a few infected people the infection goes away by itself</p> <p>*Some treatments do exist but they do not work for every-body</p>
<p>*By NOT having anal/vaginal/oral penetration without a condom</p> <p>*Use male or female condoms</p> <p>*Have safer sex (without unprotected penetration)</p> <p>*Use your own needle ONLY or clean your needles with bleach</p>	<p>*Most people infected with HIV do not look or feel sick, with no symptoms at all for 7 to 10 years. Early symptoms are similar to a cold or flu</p>	<p>*It is diagnosed with a blood test by a doctor or a nurse</p>	<p>*This infection CANNOT be cured. Once a person is infected they can pass it on for their whole lives.</p> <p>*Several anti-retroviral drugs can help keep people with HIV well, but their effects are very powerful and their long-term effects are unknown</p> <p>*Eating well, resting and exercising are important to staying well with HIV</p>

CHLAMYDIA & GONORRHEA

How are they spread?



OR



Chlamydia and gonorrhea are sexually transmitted infections (STI) that are caused by germs called bacteria. These infections can be treated and cured with antibiotics. If these diseases are left untreated for a long period of time they can cause serious health problems, such as sterility (not being able to make babies).

Chlamydia and gonorrhea are both spread by sexual contact with an infected person, mostly through anal, vaginal or oral sex that is unprotected (without a condom). You will most likely get it from an infected penis to vagina/mouth/anus OR from an infected vagina to penis/mouth.

There are many symptoms from this disease but many people show **NO SIGNS AT ALL**. Gonorrhea is more likely to be more painful and bother guys more. Chlamydia is more likely to have no symptoms, be milder and easier to

ignore. Discharge from gonorrhea is green and puss-like, while discharge from chlamydia is clear or yellowish and mucous-like.

This is what **MAY** happen to you if you have been infected.

WOMEN & GIRLS

Burning feeling when you pee.

White, yellow or green stuff coming out of your vagina (pussy).

Itchy vagina or vulva (pussy).

Unusual bleeding from the vagina or unexpected change in your period.

MEN & BOYS

Burning feeling when you pee.

White, yellow or green stuff coming out of your penis (dick).

Itchy feeling inside penis, redness at the tip of penis (dick).

Can Chlamydia & Gonorrhea be prevented?

Yes, they can. Prevention means **reducing your risk** of getting an STI. You can avoid coming into contact with chlamydia and gonorrhea by NOT having anal or vaginal sex without a condom [*screwing or getting screwed in the ass or pussy without a rubber*]. Using condoms and having safer sex will reduce your risk of getting chlamydia or gonorrhea.

Herpes

Herpes is a skin infection caused by two types of Herpes Simplex Virus (HSV). The first type (HSV-1) causes ‘cold sores’ on the mouth, but can also infect other areas including the genitals. The second type (HSV-2) causes painful sores on or around the genitals, but can also infect other areas including the mouth. Both can be spread by sexual contact, but they are different infections with different symptoms.

Both types of herpes spread by direct contact (touching) of infected skin or mucous membrane (the ‘skin’ inside the mouth, vagina [pussy] or rectum [inside the ass]). HSV-2 usually spreads just before or during an outbreak of sores.

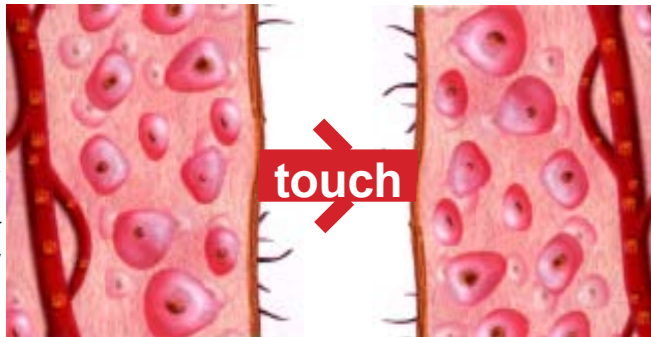
See diagram below to understand how herpes spreads.

Prevention means reducing your risk of getting herpes. You can avoid coming into contact with herpes by NOT having direct contact with infected skin just before or during an outbreak of sores.

Using condoms will reduce your risk of coming into contact with herpes, but parts of the body not covered may not be protected (scrotum [balls], lips of vulva [pussy]). The female condom covers a larger area and may protect more of the genitals.

FROM infected skin

On vulva, vagina or cervix [*inside or outside pussy*]. On penis or testicles [*dick or balls*]. On mouth or lips. On anus or rectum [*inside/outside ass*]. On other skin



TO other skin

ANYWHERE on a sex partner or other places on the infected person

Genital Warts

Genital warts is a skin infection caused by Human Papilloma Virus (HPV), which is very similar to the virus that causes all warts. This infection cannot be cured, but it can be treated and managed.

Genital warts are spread by direct skin-to-skin contact (see diagram on previous page). It can be spread by direct contact (touching) of infected skin or mucous membrane (the ‘skin’ inside mouth, vagina or ass). It is mostly spread through sexual contact with an infected person. Genital warts can be spread even if you can’t see the warts. Most people with genital warts will show no symptoms, or the warts will be too small to

notice, or the warts will be inside the body and not visible.

Symptoms of this disease may include:

- Having lumps on the vulva or inside the vagina
- On the penis (dick) or on the balls
- On the perineum (the skin between vagina and anus or between balls and anus)

Using condoms will reduce your risk of coming into contact with genital warts, but parts of the body not covered (balls, lips of the vulva) may not be protected. The female condom covers more of the genitals and may protect more.

A new vaccine for HPV (the “genital warts” virus):

Some types of HPV do not cause genital warts, but they can cause certain types of cancers in females and males. In Manitoba, about 45 women are diagnosed with cervical cancer and about 15 deaths are reported each year. Gardasil is a vaccine recently approved for use in Manitoba. It protects against 4 of the most common types of HPV in women, but not all types. The vaccine is usually given to girls before they start having sex, between ages 9-13 (in grades 4-8). Three shots are given over 6 months. The cost is covered by Manitoba Health. It is not automatically given - you and a parent/guardian have to decide and consent. Protection from these types of HPV lasts at least 5 years. Studies are going on now to determine if booster shots are necessary. Manitoba Health is recommending that the vaccine be given to other women between the ages of 14-26, even if they have already begun to have sex. The vaccine is not recommended for pregnant girls, girls under 9 years old or boys. Other vaccines are being studied for use in men, and might be available soon. Even if you get this vaccine it’s still really important that you get regular Pap smears to check for other types of cancers.

Hepatitis B

What is Hepatitis B?

Hepatitis B is an infection of the liver caused by virus. Hepatitis B is one of many viruses that can hurt your liver, including Hepatitis A, C and others. Like Hepatitis A but not Hepatitis C, a FREE VACCINE is easily available to prevent Hepatitis B.

How is it spread?

- Hepatitis B spreads when infected blood, semen [cum], or vaginal fluid [pussy juice] gets into your blood, through a break in our skin or mucous membrane (the 'skin' inside your mouth, vagina [pussy] or rectum [inside your ass]). Remember - skin can have tiny cuts or scrapes that you can't see or feel.
- Hepatitis B is spread by unprotected anal or vaginal sex.
- Hepatitis B is also spread by using drug injection equipment that has been used by another person (including needles, syringes, spoons, water and filters) It may also spread using needles for tattoos or piercing that have been used by another person, unless sterilized. It can also be spread through tattoo ink.

Can it be prevented?

- Yes it can. One way to prevent Hepatitis B is to get the vaccine. The vaccine is given with a needle in the muscle of your upper arm. It is given in three doses - a first dose, a second dose after one month, and the final dose after six months.
- You can avoid coming into contact with the virus by:
- NOT having unprotected anal or vaginal sex
- NOT using drug injection equipment or needles for tattooing or piercing that have been used by another person, unless sterilized. Also do not re-use ink for tattooing.
- NOT sharing razors or toothbrushes. There may be trace amounts of blood on them.



What is syphilis?

Syphilis is an STD caused by a bacteria that is shaped like a corkscrew (*Treponema pallidum*). The bacteria spreads from a sore on the infected person to the skin or mucous membrane of the cock, pussy, mouth or ass of a sexual partner. It can also pass through broken skin on other parts of the body. A pregnant woman can pass the bacteria to her unborn baby, who can be born with really serious problems. The usual way to get syphilis is by having sex with someone who has an active infection.

What are the symptoms of syphilis?

Symptoms usually show up 10-90 days after being exposed to it. The average is 3 weeks.

Early symptoms (Primary): There might be a sore or several sores on the penis, vagina, skin, mouth, or other areas. These sores are painless. These sores go away after several week, even with no treatment, BUT you are still infected and can still pass it on to someone else. You

might also have swollen glands in the neck and groin.

Later symptoms (Secondary): 4-12 weeks after becoming infected, you might have flu-like symptoms such as a sore throat, headache and fever. There might be a skin rash over the whole body, including the palms of the hands and soles of the feet. Other symptoms include warty growths on the genitals, hair loss and stiff neck. These symptoms will go away. These secondary symptoms might come and go over the next one to two years. BUT you are still infected and can still pass it on to someone else.

Latent stage (Tertiary): In this stage the disease is NOT CONTAGIOUS ANY MORE AND NO SYMPTOMS ARE PRESENT. Some people will not get sick any more, BUT some people will end up with serious damage of the heart, eyes, brain, nervous system, bones and almost every other part of the body. This stage may take years to develop and can be very difficult to treat.

How would I know if I have it?

If you have a sore on your penis or vagina, you should get checked for STDs. A blood test will be done to check for Hepatitis B and syphilis. Be sure to ask for the syphilis blood test if you are being checked for other STDs.

Is syphilis dangerous?

YES! If it's not properly treated, it can lead to other serious health problems. A pregnant woman who has syphilis can pass it on to her unborn baby. The baby could be very, very sick at birth. Having syphilis may make it easier for a person to get infected with other things, like HIV.

Can it be treated?

YES! Syphilis can be cured with antibiotics, like the ones used to treat other STDs. Even one day after beginning treatment, a person can no longer infect someone else. Sometimes the treatment has to be repeated. Because treatment needs to be monitored, you'll have to see a doctor or nurse more than once. Blood tests will need to be done to check to see if the bacteria are still present in the blood. People who also have HIV may not respond as well to the usual treatments, and may need different treatment for syphilis.

Can it be prevented?

YES! Using a male or female condom correctly every time you have sex can reduce the risk of getting syphilis. **BUT** if the syphilis sore or rash is on a part of the body not covered by the condom, you can still get it. And, if you have oral sex (giving or getting) without a condom, you can still get syphilis.

If I get treated for syphilis and cured, can I get it again?

YES! It's possible to get it more than once.

Do I have to tell anyone?

Syphilis is a reportable infection. This means that a Public Health doctor or nurse will want to talk to you to make sure that you have been properly treated and that you have the information you need. They will want to be sure that your sexual contacts have also been tested and treated, if they need to be.

(Source: Healthy penis, 2003)



std's & pregnancy

by Marie Ruck

Can you become infected with STI while pregnant?

Yes, if you are pregnant, you can become infected with the same Sexually Transmitted Infections (STI) as someone who is not pregnant. Pregnancy does not provide you or your baby any protection against STI. In fact, the consequences of a STI can be more serious, even life threatening for you and your baby if you become infected with an STI while pregnant. It is important that you are aware of the harmful effects of STI and know how to protect yourself and your children against infection.

Chlamydia and Pregnancy

Chlamydia is caused by the bacterium *Chlamydia trachomatis*, which can damage your reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can happen before you even know there's a problem. There is some evidence that untreated chlamydia infections can lead to premature delivery. Babies born to infected mothers can get chlamydial infections in their eyes and respiratory tracts. Chlamydia is a leading cause of early infant pneumonia and conjunctivitis (pink eye) in newborns.

Gonorrhea and Pregnancy

Gonorrhea is caused by the bacterium *Neisseria gonorrhoea*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract in both females and males. It can also grow in the mouth, throat, eyes and anus. If you are pregnant and have gonorrhea, you may give the infection to your baby as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life threatening blood infection in the baby. Treatment of gonorrhea as soon as it is detected while pregnant will reduce the risk of these complications.

Syphilis and Pregnancy

Syphilis is caused by the bacterium *Treponema pallidum*. It has often been called “the great imitator” because so many of the signs and symptoms are hard to tell from other infections. Syphilis can infect your baby during pregnancy. Depending on how long you've been infected, you may have a high risk of having a stillbirth (a baby born dead) or giving birth to a baby who dies shortly after birth. An infected baby may be born without signs or symptoms of the infection. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies may become developmentally delayed, have seizures, or die.

Genital Herpes and Pregnancy

Genital Herpes is caused by the herpes simplex virus Type 2. Most individuals have no or only minimal signs or symptoms. The most common symptom is painful blisters on or around the genitals or rectum. The blisters break, leaving tender sores that may take 2-4 weeks to heal the first time they occur. Typically, another outbreak can appear weeks or months after the first outbreak, but it almost always is less severe and shorter than the first outbreak. Although the infection can stay in the body indefinitely, the number of outbreaks tend to decrease over a period of years. It is possible for a woman who has the infection to pass it on to her baby when she gives birth. A baby infected with herpes at birth can develop severe retardation or even die. However this is extremely rare, especially for women with known, long-time herpes infections.

Research Roundup:

HEY!

Rates of STI are really high in Winnipeg street youth regardless of who you are or what you do!

From the *Respondent-Driven Sampling in Street Involved Youth Study, 2007* (Thompson, Schellenberg, Ormond, Wylie)

This study was done at the beginning of 2007. The purpose of the study is to find out if youth are willing to be tested for chlamydia and gonorrhea on the street instead of in clinics. We want to find out if more youth will get tested if we bring testing to them instead of waiting for them to come in.

We handed out cards to 20 people and asked them to give these cards to 3 friends. In this way, we recruited 160 people, about half and half male and female.

We want to know where and when are the best places and times to find youth on the street. We want to understand how youth move around in the city and the province, and how their involvement in social systems such as CFS, the youth centre and addictions treatment influences their risk for STI. We also wanted to know how

youth think of themselves and their health, especially regarding STI.

As part of this study, youth provided a pee sample that was tested for chlamydia and gonorrhea (and nothing else!). Most of those who provided sample hooked up with the Research Nurse to get their results and medicine if necessary.

In general, not many youth are using condoms. The overall rate of chlamydia and/or gonorrhea in this group was 15% (that's more than 1 out of every 7 people!!). This is much higher than for youth in general in Manitoba, and for other "street-involved youth" across Canada. A total of 22% of female participants tested positive for either chlamydia or gonorrhea or both, but only 8% of male participants tested positive. More than half of males had never been tested before compared to only 20% of females.

It was very interesting to see in this study that it didn't matter what group we looked at, all groups were equally likely to be infected with chlamydia or gonorrhea. Squeegee kids, panhandlers, sex trade workers and people living in group homes were no more likely to have an STD than those who are not in these groups. This means that if you think only a "certain type" of person gets these infections, YOU'RE TOTALLY WRONG!

The maps at the front and back of this book, have been designed to show some information from this Study- where people hang out, gather, etc... We put other points of interest on them too.

Who are you?

Youth were asked “Do you have a style of your own? What is it?” Here is some of what they answered:

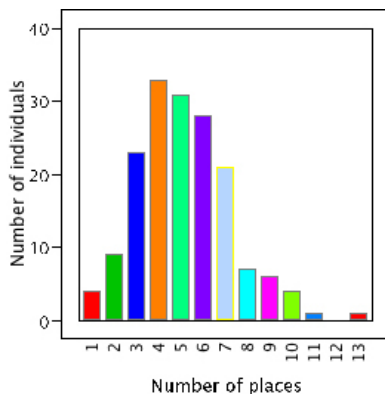
Aboriginal, friendly, always happy, an everyday kind of person, artistic, passive, too nice, average person, baggy, pot-head, rapper, Bashavill, sports freak, biker kid, casual, chilled out, criminal, ghetto gangster/casual, high class, hip hop, home girlk, hooker, I’m just myself, in the middle of skater/G, independent, Johnny. floater, laid back, pothead, leader, loner, medieval knight, mix-matcher street style, natural, party animal, Plain Jane, primitive, Punk/goth, Rapper, role model, scavenger, silent type, skater punk, snowboarder metal head, song writer, street kid, thug, brute, trashy, underground, unique, YORT, video game junkie

“What does your style mean?”

Sometimes get into stupid situations because I’m too nice - I’m trying to go somewhere in life with rap - risky stuff is fun - I don’t try to improve people, I’m just myself - like to chill, laid back, quick witted - I dress like a mom, if people have a problem with that they can go to hell - get by on my wits even if I don’t like it - dark, self mutilating as a way to feel better - tough, don’t get on my bad side - gentle, not judgemental, easy going - set my own goals, do my own thing - good manners, respect gets you places - comfortable, spontaneous, do things without thinking - smoke a lot of pot - hold high respect for females, guardian of friendship, I am a defender of honor/respect. - I don’t try to be something I’m not - boost of confidence from pot, skating calms me down - quiet till something happens, silent but deadly, fighter - very outspoken, observant, make do with what I have - trying to look normal so I am not noticed - partially in many different groups, versatile, easy going, ability to think critically - getting hooked out, slutty - into industrial rave music, techno, grungy



Youth in Winnipeg really get around! The map above shows where youth in the study said they were from (circles), and the places that they had travelled in the 6 months before the study (straightlines).



Youth are sleeping in many different places! This graph shows how many different places youth in the study said they slept in the 3 months before the study. Most of the youth interviewed had slept in 4 or more different places.

PAULY

by john daniel ormond

Sometimes, his mother would call him “lazy lefty”. “Pauly Cavendish, you are a lazy lefty,” she would say, in the watered down fashion that many mothers joke. This said, she would bounce away vibrantly, searching for something to clean around the house.

He was, on the whole, a lazy teenager, and yes, without any doubt, he was left-handed. But, he would argue, his left hand was not lazy. Nope. It puts in a lot of work, a lot of strenuous, time consuming exercise. This story takes place on one of those days where his left hand is working, on a day where he was proving his mother wrong. Contradicting her jokes, her motherly jokes, in such a morbid fashion.

Oh yes. In this hot summer day, his left hand was doing much work. The work was this: his left hand was dug into the crotch of his pants, furiously tending to his erection, while he watched the same porno movie he watches every day at around three o’clock, at the height of midday boredom, while his mother was out doing the household’s shopping.

Oh, he was definitely being lazy, and he was definitely a lefty. “But,” he thought to himself in the throes of passion, “my left hand isn’t lazy at all... mom.”

The phone had been ringing, and he was going to wait it out, but it kept on ringing, and he began to think that it might be something important. What, exactly, well... he obviously wasn’t in the right mind to consider. So, reluctantly, he decided to answer it.

The phone was actually only about half a foot to his left, and its proximity temporarily confused him. It took another ring, and with dying passion for the porno, he sighed, and with his right hand only, he grabbed the remote control and muted the moans and groans of the actors on the screen, and then with that same hand, reached over his body to grab the phone.

He picked it up on the tenth ring, and brought it back around to his right ear.

“Hello?” he said. He was experienced, and his voice gave nothing away.

“Pauly, I knew you were home. Why didn’t you answer the phone right away?” To Pauly, the voice on the other end was almost unbearably whiny, and he held the receiver a few inches away from his ear, to lessen the impact.

“I dunno, I was in the shower, I couldn’t hear it.” As well as being “Lazy Lefty”, Pauly was also called Moose by his friends, for his deep voice that sounded like Moose’s from Archie and Friends.

“I thought you guys had a phone in your bathroom,” implored the stern, scolding, high pitched voice at the other end of the line.

“We got it disconnected,” he said, lying. “What do you want, Jenny?”

“Well...” The voice softened, but remained urgent, or scared, or something ‘not right’, Pauly thought. “I have something to tell you.”

“What?” he asked, hardly interested. Girls don’t mean much to him, and he sought only the ones who gave him one thing. Luckily for him, there were many of those at his school. This was one of the few times a conversation between him and a girl had the sign of becoming something other than pre-sex chatter, and he didn’t like it. It was too clingy to him. Too intrusive. Too serious.

“Well...” she continued.

“Well what?”

“I’m thinking, I’m thinking! I... I don’t really know how to say this, but...”

“But WHAT?”

A sigh on the other end.

“Come on, Jenny, I don’t got time for this.”

“Well, I kind of... Fuck! This is hard for me to tell you, but... I... I have chlamydia.”

Pauly’s brow furrowed. Plus, his erection shrank, faster than it ever had, scurrying back into its den like a groundhog running from a lion. He tried to remember him and Jenny together, but his recollection of sexual experiences revealed themselves only in the form of abnormalities: overly hairy vaginas, or the rare occurrence of an exceptionally good blow job. Average sex for Pauly was like a walk through the park to get to school. You have to do it, but you don’t remember it. And yes, Jenny did serve as the park one day, he remembered now.



The word chlamydia struck him with a frightening force, like the word ‘death’, or ‘AIDS’. Chlamydia was foreign to him, save for a few acquaintances he’d known that had gotten it in the past. For all he knew, he could drop dead right there. Panic rooted itself in his belly, and his heart, and his dick. In the dead, shocked silence that followed, the porno movie played on, and he remembered his left hand, which was still resting idly on his limp penis.

“Eugh,” he said, and yanked his hand out of there in disgust. Jenny heard this. “Oh, gee, thanks Pauly.” The whine returned to her voice, more defensive this time. “Thanks a lot.” “How do you know you have it?” he asked, finally.

“Umm, because I went to the clinic, and the doctor told me I had it,” she said, in a shockingly bitter tone.

Pauly remained silent for a while, and then, when no laughter, no “Psyche!” came out of the silence, he moaned. “Whaaaat the fuuuuck?” he breathed out, in pure, honest disbelief.

“And, I have to say this,” she continued, but I’m pretty sure that you’re the one that gave it to me.”

“What do you mean I gave it to you?” he asked, taking the option to challenge. But of course he knew he had.

“Well, I didn’t use protection that night, remember?” she said, her voice childish. “And I have used protection ever since.”

“We didn’t even fuck, though,” he said, reflectively.

“I know that,” she said. She was embarrassed, but ready for this very question, and had at her side a little pamphlet entitled ‘Sex and Prevention: Chlamydia and Gonorrhea’. “It can be spread other ways too, you know,” she said, fingering the pamphlet, hoping he would ask her something about it.

After another silence, Pauly, somewhat timidly, asked, “Well, fuckin’... tell me about it.”

“O.K.” she said, and with a professional tone, cleared her throat before speaking.

Pauly winced at all the dirty words, as she explained that it is spread through any contact, whether it be “mouth to penis slash vagina slash anus”, or “penis to mouth slash vagina slash anus”.

He winced at the dirty words, as the movie in front of him played out these very descriptions. He looked to the movie for warmth, and comfort, something that he could cling to, and relate to, in the face of all this unfamiliarity. He watched it with pleading eyes, and had he spoken, he would have said to the t.v. “Do you fuckin’ believe this?”

“So,” he said, after she was finished, “what do I do? Do I just, fuckin’, like get AIDS and die or some shit like that?” He had lost all signs of wielding the upper hand, and he asked the question in a baritone bellow. He wanted something he could inflict pain upon, or whine to, or cry to, even. He was completely blown away with fright. But Jenny was gaining force, becoming more and more positive, the more questions he asked her.

“No, you don’t get HIV from chlamydia, although they are spread the same way. Basically, the doctor takes some tests and then gives you antibiotics, and it goes away.” Her voice was chirpy, and positive.

“What kind of tests?” he asked, timidly.

“Well, I had to get a pap smear. Do you know what that is?”

“Yeah, yeah, I know what that is.”

“I’m not too sure what they do to guys, but... oh, wait, I’ll check...” Another minute or so of anxious silence. Pauly watched the lesbian three way unfold on the screen, not recognizing any of it. “O.K.,” she said, finally. “It says here that... ‘your genitals may be examined for sores, growths, swelling or discharge. A swab may be taken from the urethra...’.”

“A swab may be taken from the urethra... what the hell does that mean?” Pauly hollered.

Clinical words, officially, frightened him

“Well, a swab is a Q-tip,” she explained, in her professional tone. On the other line, she might have been rolling her eyes, and smiling sympathetically, like a mother

“And what the hell is a urethra or whatever?” He was in a panic now

“You don’t know what a urethra is?”

“NO!”

“It’s the hole where your pee comes out of.”

“And they’re gonna stick a Q-tip in there?” he asked weakly, tears welling up in his eyes, blurring the dildo scene on t.v.

“No, not necessarily,” she said, with a lightness in her voice. “They can take a blood test... for other things.”

“Jenny, I gotta go, my mom’s home.” Pauly hung up the phone without saying bye, and scrambled for his remote. “Oh-shit-oh-fuck,” he whined. The tape wound to a stop just as his mom entered the room, carrying with her a fresh stack of Homemakers’.

“Hi, dear,” she said vibrantly, bending under the coffee table and replacing her old stacks of Homemakers’ with the new ones. “How was your day?”

“Fine,” Pauly said, with lowered eyes, holding his shirt over his loose belt. Then, as some liars do, he made an attempt at cutting any assumptions of his wrong doings at the source. “How was yours?”

“Good!” she said, and bounced out of the room.

Pauly scrambled to get the tape out of the v.c.r. and then ran to the salvation of his room, holding his pants up with his left hand, whimpering, cursing the entire universe under his breath.

JOHN ★ DANIEL

SAFER ANAL SEX.



PROTECTING YOUR HAIRY ASS...

BTJ.

Anal sex is when you put your penis, finger or sex toys such as dildo or anal beads up your partner's ass (anus). Anal sex is not for everyone. Some people really like it and others won't even think about it. A lot of people think anal sex is dirty and painful. Yes, it can be painful if you are too rough. That's why you always use a condom and a lot of lubrication when inserting penis or objects into an ass, and take it slowly because you don't want to tear or hurt the inside of ass, so it is very important to be patient and careful when inserting penis or objects into the ass, because inside the ass (rectum) is not as stretchy as a vagina. So it makes it easy to tear or hurt your ass. Before you insert anything into your partner's ass you should make sure it's clean.

Before starting anal sex to loosen the ass muscle you may want to play with it for a while. Put lube on your finger and slowly touch it and rub it for a while, then you might try putting one finger in and then two fingers, then you're probably ready to rock and roll.

Can I get HIV/AIDS or STD from anal sex?

Yes, you can. Anal sex is very risky for spreading infections. You should always use a condom when having anal sex, because it is quite easy to pass HIV and other STD through anal sex. Anal sex is considered high risk for HIV because it is easy for the virus to get from infected semen (cum) into small cuts inside your ass, and many, many people have been infected with HIV through anal sex. Other STDs such as

chlamydia, gonorrhea, Hepatitis B and syphilis can also be spread through anal sex, and skin infections such as herpes or genital warts are also easily spread through anal sex. Man, who wants to catch any of these on their hairy ass... Not me!

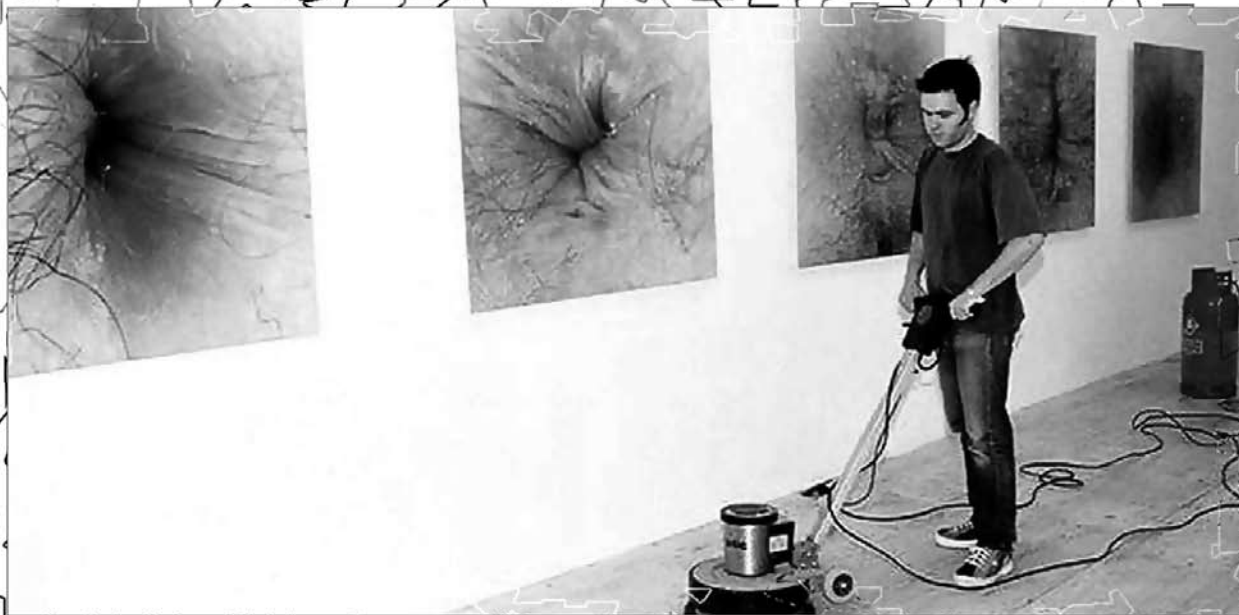
This is how you protect your hairy ass...

Yes, we all know by now that anal sex is high risk. Right! Good. The best way to protect yourself while having anal sex is to use a condom. Any penis or objects that have been up your partner's ass should be washed off with soap and water before being used for anything else, such as vaginal sex or oral sex, otherwise you might spread germs from the rectum into other parts of your body where they don't belong. So it is very important to be clean and use a lot of

lubrication, not just a drop, but a few drops so that the membrane inside your ass does not get torn. It is also better to use water-soluble lube so that your condom does not tear or break. But now it's up to you to be safe and careful practising anal sex. Be safe and have fun!

What Is Rimming?

Rimming is when you lick and kiss your partner's ass (anus). Yes, it feels good and it is very stimulating for both males and females. But rimming can lead to infections just like anal sex, because if you think about it, you are licking and kissing the part of the body where feces are shit out every day. So, you should take precautions or you may get a stomach infection, parasites, herpes, genital warts or Hepatitis A virus from your partner.



Can I get HIV/AIDS/STI from rimming?

Rimming brings saliva into contact with the anus, but there have never been any cases of HIV spread this way. If your partner is infected with a skin infection such as genital warts or herpes, you could easily become infected if you touch open sores or warts on his or her ass. You can also infect your partner if you have open sores or warts on your mouth. Herpes is easily spread during rimming, especially if there are open sores. It is also possible to ingest fecal matter (shit) while rimming, which means you can catch intestinal parasites or Hepatitis A if your partner has them. . (Hepatitis A is an infection that has some of the same symptoms as Hepatitis B and C, except that it always goes away by itself and never develops into a chronic illness. It is also spread by shit and saliva only,. instead of by blood and sexual fluids like Hepatitis B & C. See STD Comparison Chart #2 in this issue).

This is how to be safe while rimming...

The best way to protect yourself is to use a rubber dental dam, which you can buy at major pharmacies, or you can make your own with a condom (see box). A dental dam is basically a small sheet of latex that acts as a barrier between the vagina and anus and the mouth. It is mainly used when rimming or performing oral sex to avoid getting infected with HIV or STDs. The dental dam is becoming a more popular safe sex tool. The manufacturer's are now making

them in different colors and flavours instead of the plain old white or green ones that your dentist uses.

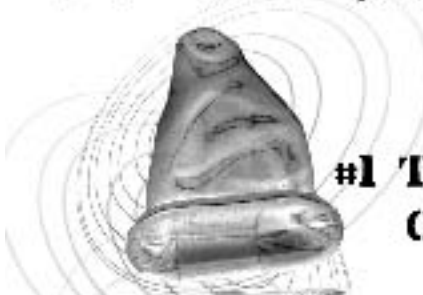
How do you use a dental dam?

Dental dams are not so hard to use. Most people prefer that the person performing oral sex should hold the dam in place so that the receiver can just lay back and relax. The best way to hold a dental dam is one hand holding one side and the other hand holding the other side, placing it over the vagina or anus. There are other ways, but this is probably your best bet.


How effective are dental dams?

Using dental dams are an extremely effective way to prevent infection from vaginal and anal secretions. There are a few important concerns which may reduce the effectiveness of the dental dam. Before you use a dam, lightly rinse it off with warm water. Dry with a towel. Then check to make sure the dam is free of holes or breakage. You can also check the dam before using it by holding it up to the light or seeing if water is able to pass through it. Finally, make sure that only one side of the dam comes in contact with the genitals. Don't get the sides mixed up. This is especially important if you're using it in the dark! A rubber dam should only be used once, otherwise you are totally defeating the purpose of using a dental dam in the first place. And only use water-based lubricants when using a dental dam. That's all for now, so be safe! •

MAKING A DENTAL DAM OUT OF A CONDOM



#1 TAKE THE CONDOM OUT OF THE PACKAGE

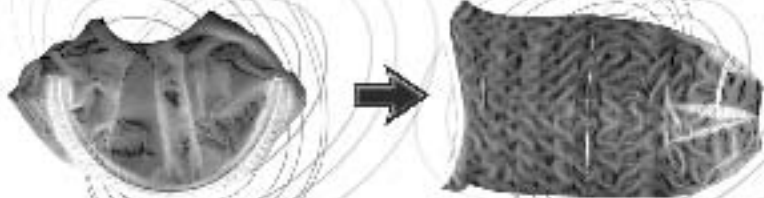


#2 CUT THE TOP OFF THE CONDOM



#3 CUT THE CONDOM LENGTH-WISE

#4 UNROLL AND ENJOY.



HIV & AIDS

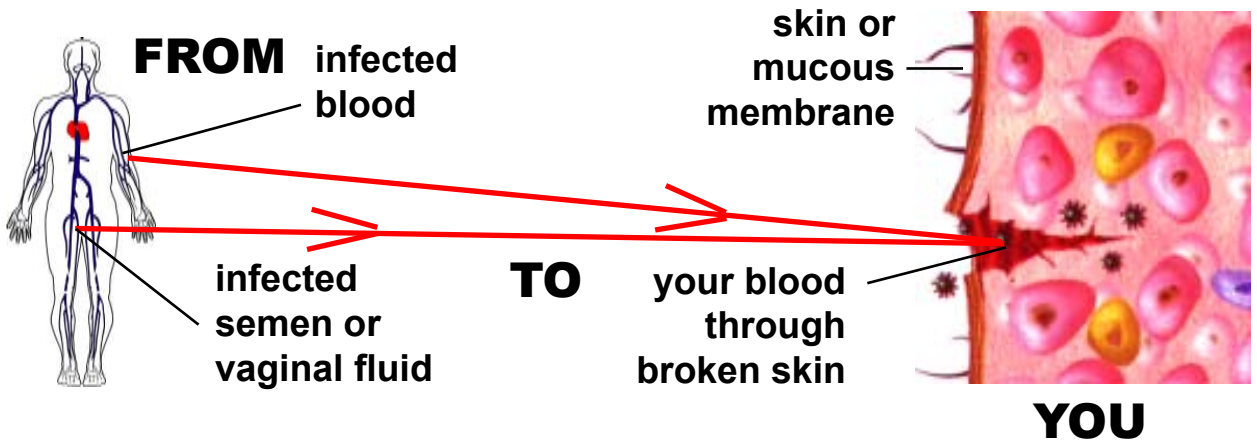
HIV is a virus that causes an incurable disease. HIV means Human Immunodeficiency Virus, which is a kind of germ called a Retrovirus. Sex and injecting drugs can spread these germs but they do not cause these diseases, the germs cause diseases. This may sound very confusing so let me break it down for you.

There is no cure and no vaccine for HIV. This virus leads to AIDS (which stands for Acquired Immune Deficiency Syndrome), an illness in which your immune system is destroyed and your body can no longer fight against diseases.

Many young teenagers out there today are afraid to get themselves tested because they don't want to know the verdict of their results. That is why this disease is hitting the younger people in Canada. It is increasing as each year goes by. This disease is killing a lot of young people.

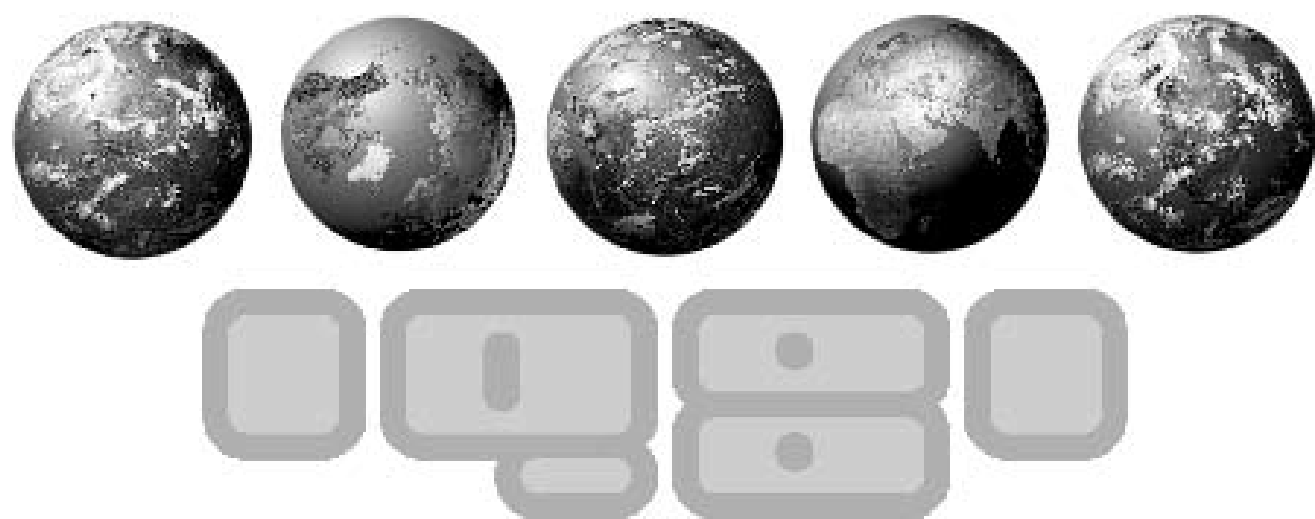
This disease cannot be cured. Someone who is infected with HIV can carry the virus and pass it on for the rest of their lives. Also, a person with HIV is increasingly open to severe infections and cancers. Many people with HIV die after being sick for a very long time. It can be treated using drugs called antiretrovirals. A healthy diet and meeting basic needs (such as nutrition, rest and exercise) is very important to staying well.

THE DIAGRAM SHOWS HOW HIV IS SPREAD:



This virus spreads when infected blood, semen and vaginal fluids gets into your blood. Even if you have a cut or scrape so small that you can't even see it, it can be big enough for HIV to get through. HIV/AIDS is spread in numerous ways, and these ways are as follows:

- Having unprotected anal or vaginal sex (screwing or being screwed without a condom)
- Sharing drug equipment that has been used by another person. It may also spread by using needles for tattooing and piercing that have already been used and not sterilized.
- From mother to child during pregnancy, birth and even breast-feeding. There is a 15-25% chance that a mother can pass HIV onto her child. New treatments for pregnant females lower this risk of transmission to babies.



By Shayne Métraux

In 1981, the first documented case of HIV occurred. Since then it has made its way around the world, infecting millions of people, and the count keeps on getting higher with no end in sight. To our knowledge never before has the human race encountered such an epidemic, and rates are expected to continue to rise over the next 25 to 30 years, unless a vaccine or cure can be found.

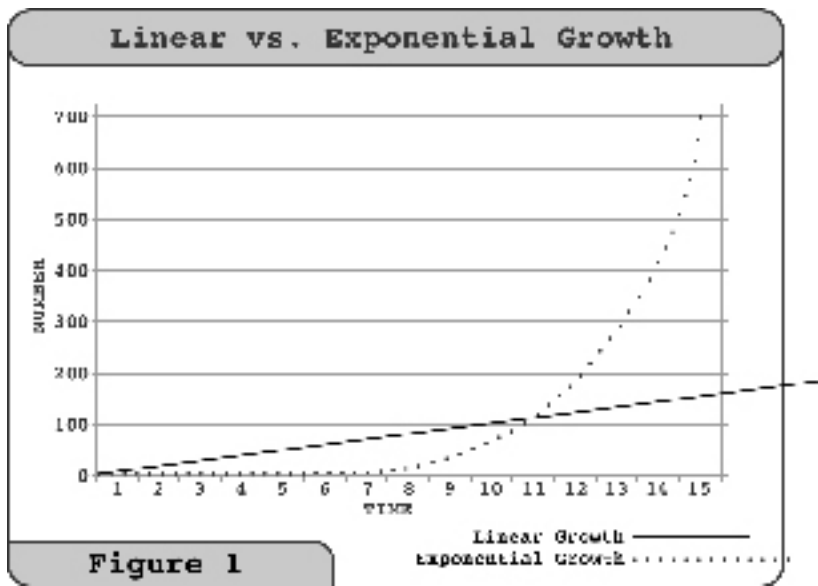
A look at what is happening in many developing nations.

In many poor nations HIV infection rate are as high as 1 in 3 people, and life expectancy for their citizens is expected to drop down to 30 years some time in the future. Understanding exactly how this happened has a lot to do with the following:

- cultural beliefs that resisted use of condoms;
- lack of resources available to their governments which made HIV testing and surveillance difficult if not impossible;
- an overall lack of knowledge and education about HIV;
- before the epidemic HIV did not seem like pressing an issue, compared to the many other problems that these developing nations face.

These factors, combined with many others, produced an environment where HIV could spread very easily, leaving tens of millions of people vulnerable and unaware of the epidemic that was just beyond the horizon.

It may seem quite reasonable to ask “How it was possible for people not to notice what was going on, and do something about it? After all this just didn’t happen overnight?” To shed a bit of light on this question we will have to take a brief look at how mother nature works.



Mother nature and exponentials.

HIV, like many other natural and biological phenomena, is susceptible to grow in an exponential rather than in a linear fashion. To gain an understanding of what this means, have a look at the graph in *Fig. 1*.

Linear growth (the solid line), is typical of things like the speed of a car as it accelerates or the amount of money in your savings account if you put some in every week. As you can see linear growth is basically a straight line on an upward slope that does not change steepness. It's rather a boring and predictable type of growth.

Exponential growth (the dashed line) is a bit more exciting, and would be seen in things such as the population on earth since the dawn of man and the growth of a bacterial culture. Notice how between time 1 and 7 the upward slope of the line is barely noticeable, and appears to heading nowhere fast, but after that the slope starts to increase until it quickly overshoots the solid line, and heads almost straight up. This is the nature of exponential growth, and if time 60 were shown on the graph, the linear growth line would have reached the 600 mark, while the exponential growth line would be just above 1,500,000,000. Now that's growth, and that's just how nature likes to work.

So returning to what has happened in places like Africa, you could see the pre-epidemic HIV rates would be like the dashed line between time 1-7, where things looked quite innocent and even manageable, but then in a sense things did change overnight, before people and governments had any time to react.

Taming nature's fury in Canada.

In stark contrast to third-world countries, HIV rates in developed nations are typically under 1% of the population. Here in Canada as of 1999, there are about 50,000 people living with HIV which is about 0.001% of the population, hardly epidemic proportions. The success of keeping Canada's low rates as a whole have been in part due to the availability of condoms, sexual education in schools, media campaigns, access to HIV testing and good surveillance techniques. But then again just like different countries in the world have prevented the spread of HIV or with varying degrees of success, different communities within Canada have also had varying degrees of success. If you have any doubt of this take a look at the situation that IV drug users in Vancouver's downtown eastside (DTES) face, where 40-50% of drug users are HIV positive, and 90% are Hepatitis C positive. A stark contrast to "typically under 1%".

A closer look at the meaning of high risk.

People often think that someone considered "high-risk", or "at-risk" for catching an STD or HIV make poor choices and don't protect themselves, but this is not what it means. What high-risk means it that the rates of STDs or HIV in their environment are much higher than what is typically found in the general population. This means that someone who does not use condoms or who shares needles in a high-risk environment have a greater chance of catching an STD or HIV, than someone who is not in a high-risk environment.

A very common way to define a person's environment is by looking at what social or political groups they belong to or interact with. The justification for this is that sexual partners and injection partners are very likely to be already part of their social group, or very close to it. So when someone becomes infected, the chances are they will pass it on to someone else in their social environment when protection is not used. Of course this is not always but I'll get back to this latter.

So because of the way people socialize and their tendency to want to meet like minded people, social groups are created. But more importantly people with the same behaviors and problems also tend to converge. And when these behaviors or problems included those that directly (i.e.: a lot of sex with a lot of people, lots of injection drugs use, etc...) or indirectly (i.e.: being intoxicated, low-self esteem, poverty, depression, identity issues, etc...) create situations that are favorable for transmission to occur, the social group's risk level increases.

Some common high-risk groups defined by social environment recognized by health providers are:

- IV drugs users.
- Men who have sex with men.
- Prostitutes and their clients.
- Street involved youth.
- Gang members.
- People in prison.

In addition to high-risk groups of people based on social factors, there are also “high-risk” geographical regions. These are areas within a province or city that have higher STD and HIV rates than average. Very often this occurs because of high concentrations of high-risk social groups found in that area. Although living in a high-risk geographical area, has less impact on your risk level than being a part of a high risk social group, it does still affect your risk level.

Bridging the gap.

I had mentioned before HIV and STD tend to be transmitted from between people in the same social group, but there is always the case where transmission occurs between two people that come from different social groups. This is more clearly demonstrated in the case of prostitutes and their johns, since johns are not necessarily part of their social group. When transmission occurs from a prostitute to a john there is an opportunity for the STD or HIV to move into a new social group. In other words the john becomes a bridge allowing STD/HIV to be introduced into new social group.

While it’s fairly obvious in the case above that the john acts a bridge between two different types of social groups, there are other less obvious bridges. A person who is a street-youth and injection drug user, a gang member who goes to prison and a IDU who changes who they inject with, a bisexual that has sex with both gay and straight people, are examples of bridges between two social groups.

Besides bridges between social groups there are also geographical bridges, which these occur with people who travel from place to place. Such as highly mobile street-youth that travel from city to city, people who frequently travel between a rural communities and the city, even a person who moves from one part of a city to an other all act as geographical bridges that allow STDs and HIV to move across the distances. In the case of geographical bridges they in effect also connect two social groups in different communities, whether they are neighboring communities, or across the country.

When STD or HIV has crosses a bridge into a new social group how well they will spread through the social group is directly related to:

- how often condoms are used.
- how often people switch or mix sexual partners.
- how often people have sex.
- if injection, piercing and tattoing paraphernalia is shared within the group.

If the safer practices are not regularly used in this new social group, they can spread very quickly though the group, and eventually the STDs or HIV will find a bridge to another social group, and so on. On the other hand if safer practices are regularly used with in the group the STDs or HIV will have nowhere to spread to, and are stopped dead in their tracks.

Conclusion

Now that you know a bit about the what high-risk means and a bit about how HIV spreads through a population, you should better understand why condom use, not only affects how safe you will be, but also those around you in your community and social environments. You should also realize that what current statistics say about who is a risk does not mean they are the only ones at risk, after all the statistics only show where HIV and STDs have already been, and not where they are going.

Don't even try to think that because of your social group or position that you are safe and can relax just a bit, because by doing so you make yourself and other very vulnerable. Just as people used to see HIV as a "gay disease", it left the door wide open for HIV to spread though straight populations. In fact heterosexual transmission is the number one mode of transmission for HIV in Manitoba.

While places such as Africa and Vancouver's Downtown Eastside where almost everyone who has taken a risk is infected with HIV or Hepatitis C, might seem so far removed from your life that they don't affect you, they do. There are bridges all around us that allow STDs and HIV to move into populations as of yet barely affected by them, and if safer practices are not used in these populations, mother nature will rule and the spread will be quick and painful., mother nature will rule and the spread will be quick and painful.

I AM HIV

I am cunning I am powerful
I stalk you! I watch you! I wait!
I am invisible, therefore you cannot see me

I am like a vampire, I need human blood
I love vulnerable people
Day time or night

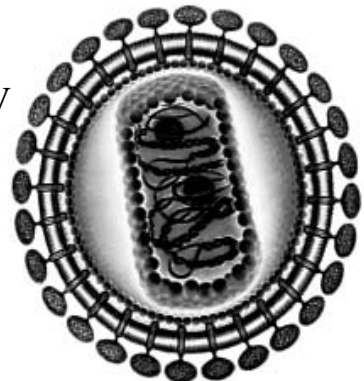
I want you to think you are safe so
I dance with you in night clubs and bars
I walk you home just hoping you will have unprotected sex,
I wait anxiously as you make that fix
Knowing that it hasn't been cleaned.
Do you think I care about your loved ones
Your children or your nation

NO

I have all the time in the world
I'll watch, I'll wait
All it takes is one mistake and I am in

Yes, some one has made a mistake
I enter with excitement
Now I can multiply

REMEMBER I AM HIV





old stuff/new stuff

These are the testing methods available now in Manitoba, and in most other provinces. Some are “old”, they’ve been used here for a long time. Others, such as anonymous testing and rapid testing, are “new” or have been recently introduced in Manitoba.

A couple of things are supposed to remain constant regardless of where, or why you get tested. **Pre-test counseling** is done before all types of testing to provide all of the information you might require before a test is done. The testing process is based on **informed consent**. This means that you must be aware that you are being tested for HIV, that you understand all of the relevant details, that you are not being forced or coerced by anyone, and that you are sober enough (not drunk/high) to “get” all the information straight. You are supposed to sign a special consent form, designed specifically for HIV testing. There are a couple of situations in which you can be tested without your informed consent - we’ll get to that later. Testing is supposed to be done in such a way to protect your **confidentiality** and privacy, and the documents should be retained private/confidential. In some cases, test results will be written into a chart; in others, they will not (see details below).

Name-based (Nominal) testing:

- A blood sample is sent to the Lab with your name on the test requisition and specimen. Test results are written in your medical chart. In standard testing, results are usually available in about 2 weeks.
- A positive HIV test result always requires that contact tracing be done. Contact tracing means that you provide the names of people who may have been exposed to your blood or body fluids in the past 6 months. This information is collected so that these people can be advised that they should also be tested.

Coded (Non-nominal) Testing:

- A blood sample is sent to the Lab using a code on the test requisition and the specimen. Test results are usually documented in your medical chart. This might vary between testing sites, in some places they might store the test result outside of your chart.
- Contact tracing will be done, as above

Anonymous testing: (ie. You don't have to give your name at all.)

- In Winnipeg, anonymous testing is available at Nine Circles Community Health Centre at 705 Broadway (tel 204-940-6000).
- In Brandon, anonymous testing is available at the RHA Public Health site in Town Centre Mall (A5- 800 Rosser Ave). Call (204) 571-8483 for information. The name of the person being tested is not documented. An anonymous code is given to each person being tested. The blood test is sent to the lab using the anonymous code.
- To get results you have to present the card, with the code.
- Test results can only be given to the person with the coded card. No information is collected to contact a person who does not return for results.
- The testing site will archive or destroy client documents after three months.
- No information is entered into a medical chart.

FACTS ABOUT HIV TESTING

- In 2003, 7 out of 111 (6%) of HIV positive cases were diagnosed in the 15-24 age group (youth). In 2004, 13 out of 112 (12%) of HIV positive cases were diagnosed in this age group. (Source: Manitoba Health)
- A study called “The Diagnosis and Care of HIV Infection in Canadian Aboriginal Youth” (2008) found this: Of the 26 youth surveyed who reported they were HIV positive, 8 (30.8%) indicated they had symptoms related to HIV/AIDS at the time of diagnosis, including 6 (23.1%) who were told they had AIDS at the time of diagnosis. Only 12 of 25 (48%) said they had ever seen a doctor after getting a positive HIV test result, and only 38% of Aboriginal youth who had tested HIV positive had seen a doctor within a year of their diagnosis.
- There are estimated to be between 15-30,000 Canadians who are HIV+ and unaware of their HIV status.

THREE SIMPLE STEPS



Add one drop of patient sample



Add four drops of wash solution



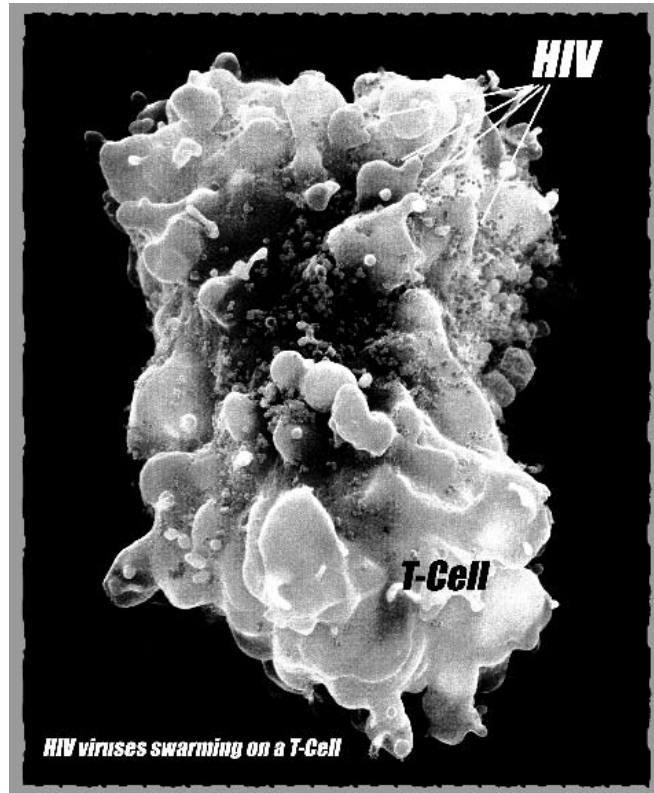
Read results in only 10 minutes

Point of Care testing (Rapid testing)

- Only available at Nine Circles Community Health Centre at 705 Broadway in the Wednesday STD clinic. Call 940-6000 for more information.
- This is a new testing method for HIV screening which provides rapid results from a finger-prick blood sample, usually in just a few minutes.
- Rapid testing methods have the same sensitivity as the usual method of testing. This means that the same results are found with rapid testing when compared to standard testing methods.
- Rapid tests are not available anonymously in Manitoba; it will only be done nominally or non-nominally (see above).
- The window period (6 weeks to 6 months after possible exposure) is the same with Rapid Test as standard testing. Rapid tests are not able to detect HIV infection earlier than standard testing.
- A negative Rapid Test **is considered final**. This means that if you are not in a window period a negative test result is correct information. Even so, in Manitoba, all rapid tests are confirmed with a blood sample drawn from a vein. You still have to return to the testing site in two weeks for “confirmatory results.”
- A positive Rapid Test result **is considered preliminary**, and must be confirmed with a blood sample drawn from a vein. You have to return to the testing site for “confirmatory results.”

Testing of Bodily Fluids and Disclosure Act

This Act has been established for police officers, paramedics, firefighters, and “Good Samaritans” who come into contact with people who may have a blood-borne disease like HIV or hepatitis. A judicial blood-testing order can be imposed on a person if the police, medics or someone exposed believes they might have come in contact with a blood-borne disease. It also covers victims of crime who might have been exposed. Once an order for testing is issued, those who ignore it can be fined up to \$10,000 or face a jail sentence of six months. In other words, if an order is in place naming you as a possible source of infection, you can be forced to have an HIV test. The test results are shared with the person requesting the test.



Did you know:

There is an estimated 0.3% chance of HIV infection as a result of a direct, under the skin exposure to blood that is known to contain HIV. All other exposures, such as a bite, carry a lower risk. There has been only one documented case in Canada of an HIV infection acquired through a workplace exposure since the beginning of the HIV epidemic 27 years ago.



Life with AIDS:

An In-depth Interview

In the magazine of HARSH REALITY there was a lot written about drugs, mental health and STD's, now in Harsh Reality 2 the subject that I chose to focus on is AIDS. Why? We all know that people can live up to fifteen years or more with HIV, but does anybody know when a person is diagnosed as having AIDS? Does anybody know the HARSH REALITY from the mental anguish a person has to go through? Or the number of drugs that just seem to make you feel more ill, or just the painful experience of living with thrush, diarrhea, shingles and the enormous amount of weight loss.

I spoke to a friend and asked if he would answer some questions about his experience with AIDS and he agreed because he has surrounded his life in trying to help educate and make others aware of HIV/AIDS. On his request no name has been used.

When were you first diagnosed?

I was first diagnosed in March of 1994.

Does anybody in your family know of your diagnosis?

I told my family that summer on a camping trip back near where I grew up and their responses were extreme sadness, my father began to cry.

Do your friends know?

Well being HIV positive is a hard way of finding out who your real friends are, some went out of their way to gossip to the gay community about how I was dying of AIDS. But my true friends were there to help and support me.

When did you start living with the virus?

After almost nine years of being HIV+, I have finally started to live with the virus only because now I have been diagnosed as having AIDS. I want to teach as much as I can to others about the nature of the disease because a lot of people

are misled.

Are you angry about being HIV positive?

No, I'm not angry anymore. I am disappointed in myself for having made bad judgments in my life as to how I chose to live, and now it will cost me my life. Not being able to see my son or share his life, he is still a young man of only sixteen. He still has a long life ahead of him and mine will be likely ending.

How did you deal with your diagnosis?

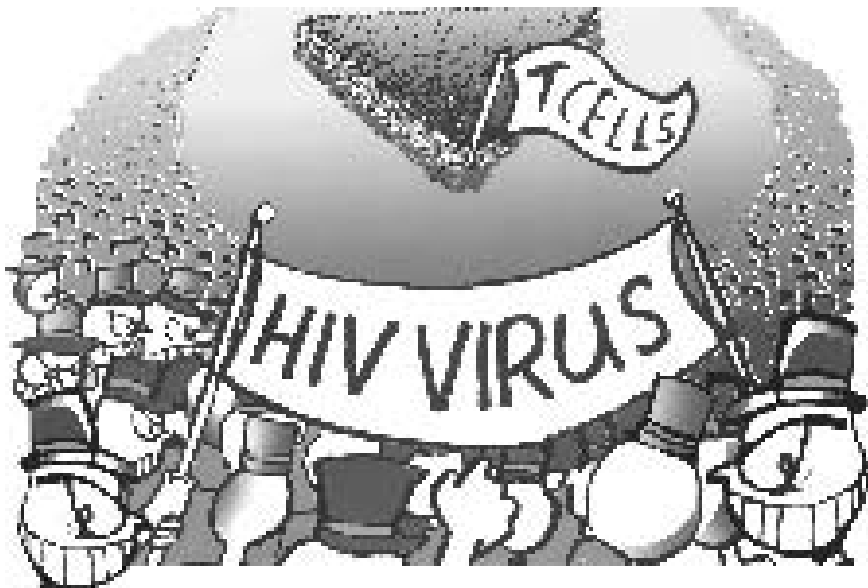
I drank very heavily, I got into the drug scene and continued in the prostitution field.

Now that you have been diagnosed as having AIDS, how do you deal with it?

I feel that my diagnosis has made me a little more careful, a little more thoughtful, a little more beautiful and a lot more restful.

What kind of support system do you have?

I have one of the best doctors and some of the most wonderful nurses at my disposal who will direct me to any resources available for my needs. That being physical, emotional, mental or spiritual. But I don't think they would die for me, at least I haven't found one ...YET hahahaha



Are you afraid?

Yes I am. Absolutely terrified, petrified, horrified, mortified and I frequently have nightmares about dying with all the grotesque physical cancers, ulcers and pain that go along with this disease.

How has HIV/AIDS affected your intimate life?

I must be very careful who I boink, mount, grope, lick, suck or have coffee with. I find that I have no energy for any hanky panky. If I do have a serious groping session then I usually find someone who is also positive or some poor sap who needs to get it on. And working in the field that I do I have a continuous source of condoms and lube. I have a big supply at home along with an assortment of whips, chains, handcuffs and high heels.

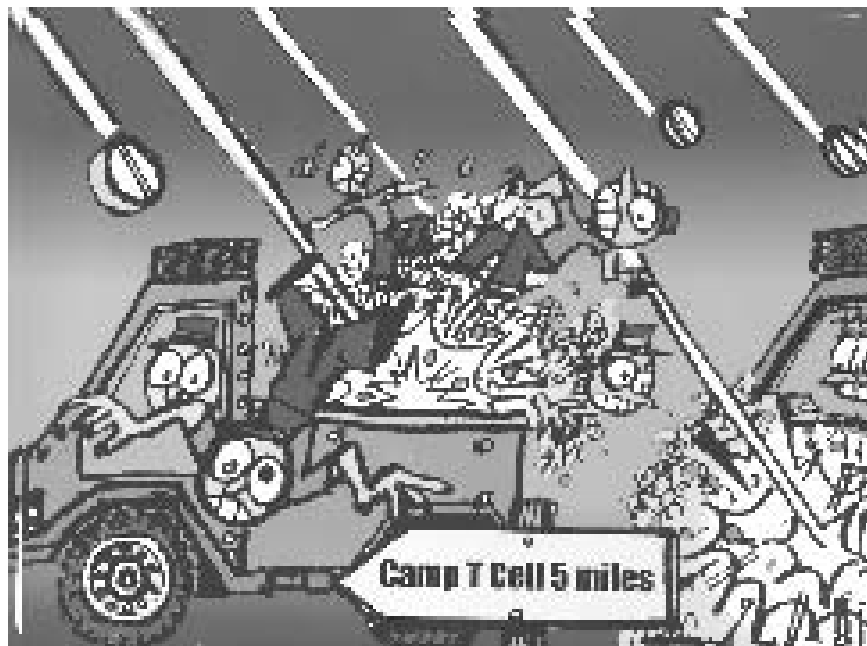
Do you have a plan for when you're very ill?

I plan to move away from family, friends and those close to me because I truly don't want them to see me waste away and die. Maybe I won't even recognize them and they won't recognize me. The thought of suicide always plays in the corner of my square mind and I feel that it is an option that I may choose to make when the time is right. I already have a friend who is willing to help. I call this person a friend because of the respect they

are giving me in having the choice to end my life the way I want. Don't assume that I will commit suicide, it's just an option that seems to go through my mind when this disease affects my body. No one really wants to die in pain and suffering. Not all terminally ill patients would consider suicide as a way of ending pain.

Day to day, how do you feel physically?

I feel if I stop moving I will die. I have night sweats that wake me up at night because my sheets are so wet it feels like I pissed my bed. I feel so cold but yet I'm sweating. One day I'll feel fine and then the next I'll break out in skin rashes that burn and itch. Sometimes they bleed if I touch them and it's hard to stop the bleeding. Other days my mouth will start bleeding and I'll wake up with a bloody pillow. The smell of a bloody mouth in the morning is truly an experience that must be savored to



really appreciate. Other days my mouth breaks out in open sores that don't bleed, but burn like it does when you burn your fingers on a hot stove element. I won't be able to eat for days at a time because it's too painful. The most frequent infection I get in my mouth is thrush, which is a white coating that covers the tongue, and that also prevents you from eating or even drinking water.

With some of these symptoms comes the pain in the muscles, where it feels like when you get a cramp in your toes and there is nothing you can do about it but suffer. I usually develop a very high fever along with all these symptoms and I take Tylenol, which tends to make me vomit. VOMIT, now there's something I really have a problem within the mornings. I can't stop puking for periods at a time and when I say time, I'm not talking about two or three minutes. I'm talking six to seven hours. Sometimes I won't even make it to the washroom and throw up where ever I may be. I once puked in a passenger's shoes while I was traveling on a Greyhound, he thought it was cool and actually gave me a handful of weed for it. SICK MAN.

It makes for a really long day when you have all these symptoms happening at once. I wish I could just die already. It's not easy because along with the physical symptoms, come the feelings of fear, sadness, loneliness and anger. where is my family when I'm this sick? They can't be there for me and that is something that I have come to accept. Which is why I plan to move

away from them when I become very ill because if they can only be there for me when I'm dying and sad in the hospital, then what is the point of giving them the opportunity to watch me die.

Sometimes it really hurts to breathe and when I cough or sneeze it feels like someone just gave me the boots to the boobs. Right now as you read this I have these painful lesions on my legs and my toenails have fallen off and can't grow back. So come summer I'll have to paint on toenails.

Boy, all these painful symptoms that are happening now, I can't wait for my face to start falling apart. That should truly be a sight to behold and have framed on a wall.

Do you face discrimination because of your sexual orientation or the fact that you have AIDS?

Well yes and no, because of my sexual orientation no but because of my diagnosis yes. I have been chased out of hotels. I have my own section in the hospital cause no one wants to sit near me.

What keeps you going?

People like your selves keep me going {HARSH REALITY}. It's the young children and young people that need to know about this fucking disease, they need to know how it twists your body until it's unrecognizable. Tell them that AIDS doesn't care who you are, it will make you suffer till death comes to get you. I share my life experience with people and hopefully some

one is listening. Once you're infected with this disease there ain't no turning back.

Do you have a living will?

I have filled out forms with my doctor that state my wishes in the event that I get extremely ill. I will look after myself up to the point where I can't look after myself, which is the point where suicide may become a part of my illness. I want to die with some dignity and I feel having someone clean up my shit and piss just does not cut it as dignity.

Where and how do you want to spend your last days?

I want to spend my final days in the mountains and along the ocean of B.C, smelling the roses, beer and shots that come by my table.

Do you have any special funeral arrangements?

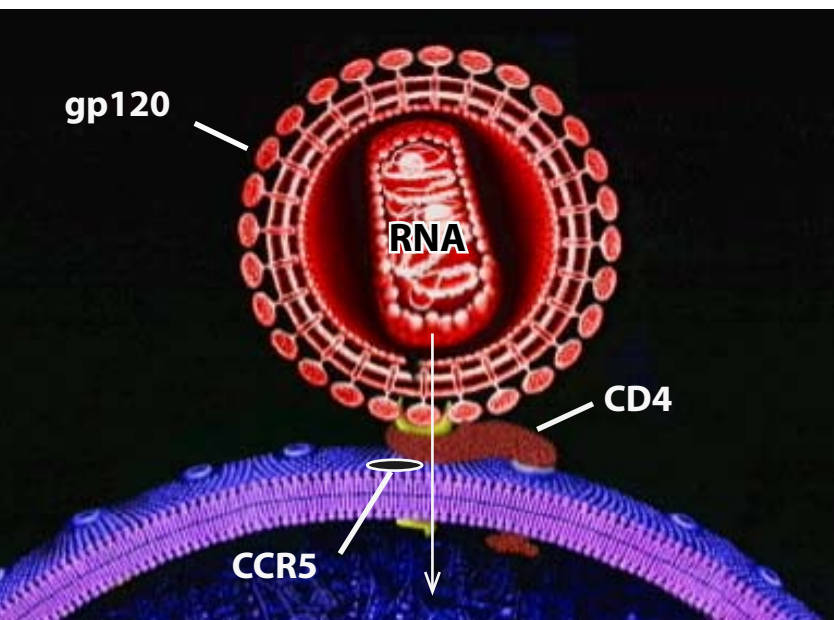
I want to be cremated and have my ass scattered high in the mountains.

Do you have any final comments?

I would like to wish the best for you all in your lives and hope that the work you do and will be doing, will benefit some other young person and maybe it will even help your own families. Maybe even your own children.

There is not enough young people in the field of educating other young people about HIV/AIDS, I feel that youth will listen to youth. I don't know why, it must be a cool thing or something but rather stupid.

Anyways you guys are amazing. Thank you for having given me the opportunity to offer some of my experience and hopefully it will give you some insight and knowledge for you and others. •



Did you know...

HIV infects and kills T cells, important coordinators of your immune system. The virus is covered in sugar-protein spikes called gp120, that bind to the CD4 receptor on T cells. Binding the CD4 receptor causes it to change shape and bind to CCR5 chemokine coreceptor. This allows the virus to fuse its membrane to the cell surface and release its genes (RNA) inside the cell.

DRUGS



Handwritten text: 2011

Handwritten text: SWOON

METH

THC



Small text at the bottom left: © 2011

INTRODUCTION

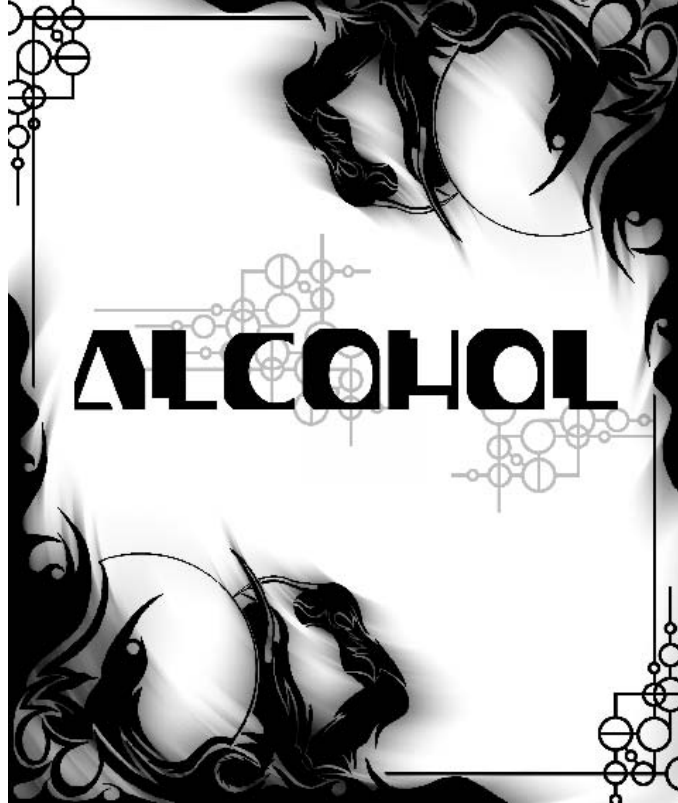
One of the basic principles of a Harm Reduction approach to drug use/abuse is to reduce the harm that might be connected to drug use itself. “Drugs” are NOT all the same. They have different properties. They act in different ways in the body and on the brain. Different ways of using may have different effects. The dangers of using alone may be different than the dangers of using in a group. And some drugs can be very harmful to some people. The intent here is to provide clear, accurate information about some of the substances that young people might be using now in Manitoba. Do you really know what you are doing?

Anti-retroviral Warning

There are dangerous interactions between some anti-retroviral medications (Drugs that are prescribed for people with HIV) and some recreational drugs, like “E”, methadone, crystal meth. Taken together, the combination can increase or decrease the levels of either drug taken alone. Before you party, check some things out. Good sites for well-researched information:

www.acria.org: UBC (Canadian source)

www.nida.nih.gov: National Institute of Drug Abuse (American source)



“Of the two thirds of the North American population who consume alcohol, 10% are alcoholics, and 6% consume more than half of all alcohol.”

Action (what it is and what it does):

Alcohol is a sedative hypnotic drug that affects people in a variety of ways. When alcohol is drunk, it is absorbed directly into the blood stream via the stomach and the small intestine. It is initially diverted through the liver, and from there to all the organs of the body. It is eventually converted into water and carbon dioxide, which is removed from the body by the lungs (you breathe it out) and the urinary system (you pee it out).

At low levels it may relax the person, making them more talkative and social. Higher doses can

result in slurred speech, loss of co-ordination, unsteadiness, impaired judgment and sleepiness. You are drunk. Higher doses than that can lead to alcohol poisoning which can cause brain death.

Unless a person has developed a high tolerance, a BAC (blood alcohol concentration) rating of 0.20 represents serious intoxication (most first time drinkers would be passed out by about 0.15). A blood alcohol level of 0.35-0.55% is considered potentially fatal. In Canada, the legal blood alcohol level for operating a motor vehicle is under 0.08%. The number of drinks is not a good measure of the degree of drunkenness, because of variations in individual body weights, gender and body fat percentage. Blood alcohol concentration is not a good indication of how drunk you are either. Individual alcohol tolerance varies, and can be affected by genetic or nutritional factors, use of other drugs, and long-term heavy drinking.

Continued use/heavy use

The liver gets the worst of heavy or prolonged alcohol use, because it is the main organ responsible for breaking down alcohol. High levels of alcohol in the body can result in low blood sugar levels. This may be really important for those people who are diabetic or have a family history of diabetes. The first stage of alcohol-related liver disease is “fatty liver”. This is really a side effect of the liver’s

job of breaking down alcohol and is an accumulation of excess fat in the liver. There are not usually symptoms related to “fatty liver” but it is often the first stage of other liver diseases like alcoholic hepatitis (inflammation of the liver) and *cirrhosis*, which is serious and irreversible scarring of the liver. 10% of those with cirrhosis go on to develop cancer of the liver.

Damage to the digestive system (stomach, esophagus, pancreas) caused by alcohol includes gastritis (inflammation of the stomach), stomach ulcers, enlarged veins in the esophagus, and tumours.

Long-term drinking can lead to nerve damage and shrinking of the brain called alcoholic dementia, with symptoms similar to Alzheimer’s disease. The poor diet and lack of vitamins (especially thiamine) that many heavy drinkers experience can lead to serious brain disorders. Some reports suggest that binge drinking can cause immediate damage to certain areas of the brain (frontal cortex) responsible for judgment and decision making.

As a depressant there are close links between alcoholism and mental illness, and a frequent connection to cases of suicide. It can interfere with normal sleep patterns and dream cycles. It relaxes the throat, sometimes increases snoring, and has been connected to "sleep apnea" (periods of time when you don’t breathe). Many people suffering from mental illness also have serious alcohol problems.

“Brewer’s droop” or "whiskey dick" is a temporary condition that really interferes with a guy being able to attain or maintain erection. Long-term alcohol use can cause shrinking of the penis and testes and is also related to menstrual problems in women.

Fetal alcohol syndrome and partial Fetal Alcohol Syndrome (FAS and pFAS) babies born to women who drink during pregnancy show signs of physical, mental, and behavioural abnormalities and is considered to be Canada’s #1 cause of birth defects. Each year in Manitoba, approximately 240 babies are born with FAS (CCENDU, 2004).

Withdrawal

There are several distinct syndromes connected to alcohol withdrawal. Some people merely get “the shakes.” Some go on to develop a syndrome with shakes, high blood pressure, restlessness and rapid heart rate. Others may be affected by serious seizures, even if they have no history of previous seizures or anything structurally wrong with the brain. Hallucinations (seeing weird things, or having the sense of bugs crawling on your skin) can occur. Delirium tremens (DTs) is the most serious form of alcohol withdrawal and can be fatal - you can die. Unlike withdrawal from drugs like heroin or morphine, which can be awful but rarely fatal, alcohol withdrawal can kill by uncontrolled seizures, unless a doctor properly manages it.



Marijuana is not a single drug. THC (tetra-hydro-cannabinol) is the chemical usually mentioned as marijuana's "active" ingredient, because it only exists in the marijuana plant. THC is really similar to a natural body chemical called anandamide, involved in pain control, memory and cognition, motor function, nausea/vomiting and eye pressure. The concentration of THC in pot can really vary and depends on lots of factors like growing conditions, plant genetics and post-harvest processing. A joint might have as little as 3mg of THC or as much as 150mg or more. Cannabinoids (like THC) have really low toxicity. This means that lethal doses in humans are not known to happen - ever.

When smoked it is absorbed fast and delivered to the brain almost as soon as the joint is finished. Taken other ways (eaten, baked into stuff) its effect is much, much slower and less intense. THC is not physically addictive, but tolerance does happen. This means that the more you smoke, the more you need to get high. If you stop for a while or cut down, a smaller amount will get you high. Some withdrawal symptoms are likely to happen when you stop. THC can be detected in pee for a really a long time, from 6 to 60 days depending on a whole lot of factors (test kit, your body weight, fat stores).

Short-term effects

Usual effects include an overall sense of well-being (high), relaxation, stretched out perceptions of time and distance, intensified sensory experiences (the munchies, music sounds great, colors are brighter...you know), laughter, talkativeness and increased sociability.

It can cause an increase in heart rate lasting up to 2-3 hours; and a drop in blood pressure. Some people get really dizzy when they stand up. Big drops in skin temperature happen. These things are not issues for healthy people, but for people with heart or lung conditions, pot can cause problems. For some reason, some people are especially sensitive to THC. It can cause panic and anxiety, feelings of depression or other weird mood changes, delusions or hallucinations. This kind of phenomenon has been called "acute panic reaction", "toxic delirium", "acute mania", etc...

Long-term effects

Chronic bronchitis and sore throat can happen. There is a direct connection between cigarette smoking and lung cancer. Pot smoking adds to the problem. In guys, studies have shown moderate reduction in amount of sperm your body makes, and they swim slower. In girls, there doesn't seem to be an effect on periods or the ability to get pregnant. Scientific studies have shown that pot can affect immune function- so your natural defenses might not work as well, but this is a bit uncertain now.



Withdrawal

This really depends on the amount and length of time you have smoked. But withdrawal typically happens within a few hours of stopping. Restlessness, insomnia, irritability, drooling, runny eyes, nausea, weight /appetite loss; diarrhea; the shakes; sleep disturbances. A drag.


What's this about schizophrenia?

Most psychiatrists believe that smoking pot will push people who are susceptible to schizophrenia over the edge. One study showed that people who carry a particular gene involved in making dopamine in the brain were more likely to develop schizophrenia if they smoke pot. The big question is: Does pot cause this to happen, or are they already ill? It might be a case of "the straw that breaks the camel's back." So, if you have a history or a family member has a history of schizophrenia, you might want to avoid pot altogether.

Beware! **Young and Old— People in
All Walks of Life!**

This  may be handed you 
by the friendly stranger. It contains the **Killer Drug**
"Marihuana"-- a powerful narcotic in which lurks
Murder! Insanity! Death!

WARNING!

**Dope peddlers are shrewd! They may
put some of this drug in the**  **or**





Sniffing involves inhaling fumes through your nose from an open container, a rag or tissue.

Huffing involves placing the inhalant in a paper or plastic bag, placing the bag against the face and inhaling through the nose and mouth.

Inhalants are a large group of chemicals that are found in household products such as glue, paint thinner, aerosol spray, cleaning fluid, gasoline, propane, nail polish remover, correction fluid (white out) and marker pens to name just a few. These are not street drugs. The average home has 30 kitchen/bathroom products that can be sniffed, all of which are legal and have legitimate uses.

A number of reasons exist for people who sniff/huff, which may include:

1. Experimentation
2. Pressure from friends
3. Cheap
4. Easy to get
5. Easily can be hidden in your pocket and nobody knows
6. I like the high
7. It's not illegal to buy or to have it on you

The highs of sniffing

These include feeling dizzy, laughter and sometimes hallucinations. Sniffing solvents may cause intoxication similar to the effects of alcohol. A sniffer may become drowsy, confused, aggressive, and may take more risks than they would when sober, or on other drugs. Effects last up to an hour or so after inhalation (sniffing).

The lows of sniffing

Sniffing can make the user feel sick and drowsy. More seriously, solvent abuse (sniffing) can kill you. Heart failure is possible. Over half of the deaths which have been linked to sniffing appear to result from direct toxic effects of the chemicals that were sniffed. Other deaths result from accidents (while sniffed out), choking on your own vomit (puke) or suffocating (while huffing).

- Accidental death or injury can happen-stay clear of unsafe environments such as a canal or river bank, on a roof, near a busy road or train line.
- Sniffing to the point of becoming unconscious also risks death through choking on vomit (puke). Try to be around people who are straight and can help if things go wrong.
- Avoid any methods of use that obstruct breathing (such as huffing with a bag over your head) as death from suffocation can result.

Long-term effects

- Toluene (in spray-paints, glues, dewaxers) and chlorinated hydrocarbons (in correction fluid, dry-cleaning fluid) can cause brain damage, hearing loss, and liver/kidney damage.
- Hexane (in glues, gasoline) and nitrous oxide (in gas cylinders, whipped cream dispensers) can cause spasms in your arms and legs.
- Benzene (in gasoline) can cause bone marrow damage.



A fine white crystalline powder often diluted with sugar, cornstarch, talc or laxative, derived from leaves of the South American coca bush. Cocaine is a powerful stimulant of the central nervous system that can be snorted, injected or smoked (crack).

Short-Term Effects

Quick, intense high, energy, mental alertness, lost appetite, no need for sleep, increased confidence, talkativeness, anxiety, faster heart rate, mood swings.

Continued Use & Larger Doses

Effects such as agitation, depression, paranoia, muscle spasms, cold sweats and a crawling sensation under the skin may develop. Also, weight loss, mood swings, paranoid delusions, hallucinations and impotence.

Tolerance & Dependence

While stimulants are not known to cause physical dependence, tolerance can result in powerful psychological dependence with extremely compulsive patterns of use.

Withdrawal

Symptoms may include fatigue, long but restless sleep, ravenous hunger, irritability and depression. People try to avoid “crashing” from coke withdrawal by continuing to use despite not getting high any more. The brain is thought to have temporarily run out of dopamine.





Ecstasy is 3,4-methylenedioxy-methamphetamine (MDMA). It combines the chemical properties of Methamphetamine (speed) with the hallucinogenic properties of Mescaline. Although Ecstasy can be purchased as a powder it is usually sold as a pill in a variety of colors with imprinted logos or symbols. The various colors and symbols help users identify which pills they like and dislike. Ecstasy is typically ingested orally as a pill but can be snorted or injected intravenously.

Short-Term Effects

Euphoria, fatigue, long but restless sleep, ravenous hunger, irritability and depression, jaw clenching, teeth grinding, eye wiggles, tightened muscles, sweating, chills. Increases in heart rate, blood pressure and body temperature, auditory effects, nausea. Occasionally it can cause toxic reactions in people with asthma, heart conditions, diabetes, epilepsy, psychosis, or depression.

Continued Use & Larger Doses

Depression, anxiety, altered sleep patterns, loss of sex drive or impotence (many Ecstasy users take Viagra), obsessive-compulsive disorder, and impaired working memory and recall performance including decreased motor function. The mental effects associated with Ecstasy use compromises an individuals' ability to operate complex equipment, evaluate and make decisions.

Tolerance & Dependence

While Ecstasy is not known to cause physical dependence, tolerance does develop. Stimulant use can result in powerful psychological dependence with extremely compulsive patterns of use.

Withdrawal

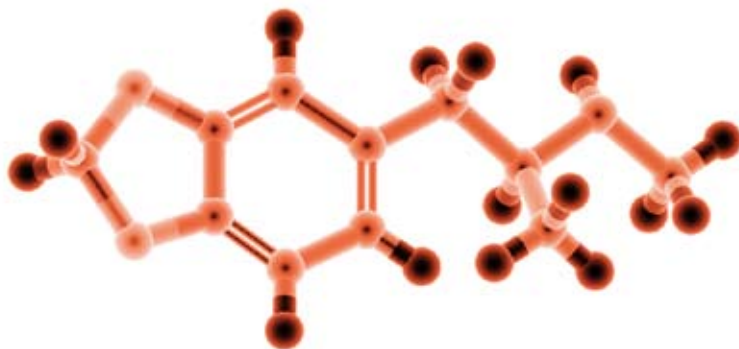
Many individuals commonly feel extremely drained of energy the day after Ecstasy use. A common event is a period of depression which generally occurs 2-5 days following drug use

Some tips for Ecstasy users:

- You should make sure to replenish your fluid levels while on E, like you would when exercising. But drinking too much water is just as harmful as not drinking enough water.
- From time to time, stop moving, take deep breaths and relax.
- Maintain a healthy lifestyle: eat a balanced diet, take vitamins, and get plenty of sleep. Remember: Less is more. Large or frequent doses can increase the side effects without adding to the experience.
- Much of what is sold as Ecstasy is not pure MDMA. Be cautious of what you buy and who you buy from. Impurities may include amphetamine, LSD, heroin, or PCP.
- Alcohol can reduce or change the effects of Ecstasy and can cause undesired effects.

WARNINGS for Ecstasy users:

- People that are taking MAOIs (an older class of anti-depressants) should not take E. The interaction may cause your blood pressure to rise drastically, which may require immediate medical attention.
- People that are taking SSRIs, a class of anti-depressants, should be warned that the medication can block the effects of Ecstasy.
- People that use ventalin for asthma (puffers) should know that when taken with ecstasy, it can cause dangerously high blood pressure, so please avoid it.
- While pure Ecstasy won't necessarily cause psychiatric problems, excessive amounts of Ecstasy or constant use may complicate the situation of users with a history of underlying psychiatric illness.



Chemical structure of Ecstasy (MDMA)



GHB (gamma hydroxybutyric acid)

Street names: Liquid E (though it's not the same drug as E); Grievous Bodily Harm; Fantasy.

Action

GHB is a Central Nervous System depressant. GHB is manufactured from precursor analogues, GBL (a solvent found in floor cleaning products, nail polish and super glue removers). When GBL or products containing it are ingested, GHB is produced in the body. Sold in the recent past through Health Food Stores to body builders as a dietary supplement, it has been used by them as an anabolic agent or as a sleep aid. It is used recreationally for its euphoric or intoxicating effects, and has been used as a “date rape” drug. Because it is quickly eliminated from the body, it is rarely detected in body fluids. Sold as a white powder, or as a clear liquid, it looks exactly like water, and can be added to drinks, though it can have a slightly salty taste. One dose is usually a small capful, but this depends on the concentration of the original mixture.

General effects on body systems

GHB produces a wide range Central Nervous System effects which increase with larger doses: drowsiness, dizziness, nausea, amnesia (no memory of what happened while high), visual hallucinations, loss of gag reflex, drop in blood pressure, slowed heart rate and respiratory depression leading to coma. Using alcohol at the same time greatly increases the effects of GHB.

Large doses

Loss of inhibition, sedation, desires to sleep, rambling speech that doesn't make any sense, giddiness, difficulty thinking or making sense of what's happening. Deep, deep sleep that can result in coma. Passing out while on GHB is sometimes called “carpeting out”, “scooping out”, or “throwing down.” Overdose can happen quickly. Sleep or deep sedation lasting for about 3 hours, from which you can't be wakened *by any means*, and resulting in coma, is an **emergency**. If a friend passes out while using GHB, seek medical attention right away, no matter what any one else says.



Heroin is synthetically derived from the opium poppy. Fine white or brown powder, usually heavily diluted with powdered milk or other substances, that can be snorted, smoked or injected.

Short-Term Effects

When opiate is injected, the user feels a strong surge of pleasure, then a state of gratification (the nods) into which hunger, pain and sexual urges do not intrude. The body feels warm and heavy, and the mouth feels dry. May cause restlessness, nausea, vomiting. If swallowed, effects are felt more gradually.

Continued Use & Larger Doses

Physical effects include nausea, vomiting, insensitivity to pain, contraction of pupils, increased urination, constipation, sweating, itchy skin, slowed breathing.

Long-term Effects

Severe constipation, contracted pupils, moodiness and menstrual irregularities. Chronic users may develop lung problems. Half of opiate-dependent women have complications during pregnancy and birth. Muscles can waste away and the face begins to look old and sallow.

Tolerance & Dependence

Tolerance develops rapidly, making higher doses necessary. Opiates are highly addictive, and regular use results in severe physical dependency.

Withdrawal

Symptoms include severe anxiety, insomnia, profuse sweating, muscle spasms, chills, shivering, tremors, and can occur four to five hours after last dose. Acute symptoms reach peak intensity after about 36 to 72 hours, and are usually over within 7 to 10 days.



OxyContin is a brand name for the opioid drug *oxycodone hydrochloride*, a semi-synthetic opiate derived from *thebaine*, an element of morphine. OxyContin is a central nervous system (CNS) depressant, which means that it slows the activity of the brain and body. Functions affected by CNS depressants include respiration (breathing), heart rate, and digestion, along with pain messages. Taking a large single dose of an opioid such as OxyContin could cause severe respiratory depression that can lead to death.

Short-term effects

The high is similar to other opiates such as morphine. Common side effects are constipation, nausea, vomiting, sleepiness, lack of interest, dizziness, headache, dry mouth, sweating, and weakness, warm flushing of the skin, dry mouth, heavy feeling in arms and legs, nausea, vomiting, severe itching, drowsiness and confusion for up to six hours, slowed heart rate, slowed breathing rate.

Tolerance & Dependence

Chronic use of OxyContin will result in increased tolerance to the drug, so that higher doses of the medication must be taken to receive the initial effect. Over time, OxyContin will cause physical dependency, causing a person to experience withdrawal symptoms when the drug is not present. Symptoms of withdrawal include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps, and involuntary leg movements.

WARNING

DO NOT USE OxyContin:

- IF you have severe **asthma** or severe **lung** problems
- IF you have had a severe **allergic** reaction to codeine, hydrocodone, dihydrocodeine, or oxycodone (such as Tylox, Tylenol with Codeine, or Vicodin)
- IF you have **liver** or **kidney** problems.



Methadone is a synthetically produced opioid, developed in the 1930's in Germany, usually used as a replacement therapy for people wired to opiates- morphine, heroin, codeine, oxy-codone, fentanyl. It is chemically different from drugs like morphine and heroin, though it acts on the same receptor sites in the brain and produces many of the same effects. Methadone is available in pill and liquid forms and is usually dispensed by Methadone programs in "juice", mixed with Tang or other crystal juice powders. People sometimes sell part of the dose they get as "carries" from a Methadone Program. If it's cut/diluted, it's almost impossible to know exactly how big a dose you are buying.

Methadone is almost as effective taken by mouth as it is injected, because the peak concentration in the blood is roughly the same either way. Some people say that you don't get the same rush from shooting methadone as you would from shooting a drug like morphine; other people describe a minor "rush." Methadone works very slowly. It can take hours to get the full effect, and the effect can last up to 24 hours. Reactions are really different from person to person. Like a lot of other drugs, one person's normal dose can cause someone else to overdose.

General effects on body systems

Provides pain relief and produces a general feeling of well-being. Reduces body temperature, blood pressure and heart rate, slows breathing. Side effects may develop over time and can include: sweating, nausea/vomiting, constipation, drowsiness and heart palpitations (the heart beats irregularly). Guys sometimes can't reach orgasm (can't cum) and women may have changes in their periods. There does not seem to be any long-term damage to vital organs, like the heart or kidneys, even with use over a period of years.

Things you need to know

It is possible for a person to overdose on methadone without ever feeling high. It is especially dangerous to take it with other drugs or alcohol. The effects of methadone combined with other drugs that depress the central nervous system (alcohol, sleeping pills, morphine and drugs like morphine) can cause a dangerous drop in blood pressure, nodding off, and depressed breathing leading to coma. Other drugs can cause a dramatic increase or decrease in the amount of methadone circulating in the blood, leading to either overdose or withdrawal conditions. For example, if you are on medication for epilepsy (ie. Dilantin), it can decrease the effect of methadone. Some drugs can increase the effect of methadone. Other “recreational drugs” might have contaminants that may interact badly with methadone.

Methadone takes much longer to metabolize (get out of the body) in someone who is not used to opiates like morphine/heroin, than for people who are used to these drugs. So, it’s much more likely that someone who is not used to it will overdose.

Tolerance, Dependence & Withdrawal

In general, people don’t develop a tolerance to methadone. This means that you don’t need to increase the amount you use to get pain relief. Withdrawal symptoms are somewhat less severe than withdrawal from other opioids, but last much, much longer - for several weeks or more. Major physical symptoms include runny eyes and nose, sneezing, stomach and bowel problems, fever, chills, “the shakes”, rapid heart rate, increased blood pressure, aches and pains, increased pain sensitivity. Cognitive effects of withdrawal include depression and anxiety, extreme panic, hallucinations, long periods of insomnia; paranoia.

REMEMBER:

- It’s possible to overdose on methadone without ever feeling high. Someone else’s full dose might be enough to kill you.
- Methadone works SLOWLY, so don’t take some, then take more if you are trying to get high. This could lead to overdose.
- If you think you’ve taken too much, throwing up, walking around, cold showers, coffee won’t help. Get medical help as soon as possible.
- Keep methadone away from kids. In liquid form, it looks like orange juice. Even a small amount can kill a child.
- **Piss test detection** period: 1-7 days.



Khat

Egyptians considered the khat plant a “divine food” capable of releasing humanity’s divinity. Thought to originate in Ethiopia in the 13th century, it is a slow-growing shrub. The favoured parts are the young shoots near the top of the plant. It is traditionally chewed by people from East Africa and the Middle East as a stimulant. Users describe the Khat experience as similar to high dose caffeine or low dose cocaine. The dried leaves, called graba, are a poor substitute for fresh leaves, and can be made into tea. Khat contains two chemicals: cathinone, which has amphetamine properties, and cathine, a milder form of cathinone. Left unrefrigerated or allowed to dry out, the remaining leaves contain only cathine.

Short-Term Effects

Initial effects can be unpleasant: dizziness, increased heart and respiratory rate, weakness, intense thirst, stomach pain. It can produce feelings of being free of time and space, euphoria, and increased sociability - people talk lots! Can produce mania and hyperactivity.

Long-Term Effects

Can reduce the sex drive, affect liver function, permanently darken teeth (a greenish colour), and increase susceptibility to stomach ulcers.

Tolerance & Dependency

Not considered physically addictive, though withdrawal from chronic use can result in fatigue and difficulty concentrating. Withdrawal effects following use over a long period of time include fatigue, mild depression, nightmares, and the shakes. Occasional psychosis has been reported. Most Khat reaches Canada from Britain, where it is not an illegal substance, though it is illegal to possess or obtain Khat in Canada, unless approved by a doctor. Maximum sentence for possession of Khat in Canada is 3 years in prison; Maximum sentence for trafficking Khat is 10 years in prison.



Methamphetamine is one of the most powerful stimulants available on the black market today. Illicit methamphetamine, which is almost exclusively *methamphetamine hydrochloride*, is sold in powder, ice, and tablet forms. Powder is the most common form available in the United States, while here in Winnipeg ice seems to be the most popular.

POWDER (also known as crystal meth) is the form most commonly encountered in the United States. It is a bitter-tasting, water-soluble powder, with colors ranging from dingy white to reddish brown. The method of administration varies across geographic regions. It is usually injected or snorted, however it can be eaten or smoked.

ICE (also known as glass) is similar in appearance to rock candy, crushed ice, or broken glass. Ice contains the same active chemical compound as powder methamphetamine, but undergoes a recrystallization process in which some impurities in the methamphetamine are removed. The finished product is allowed to dry into crystal chunks that are broken into rocks for sale. Ice is a very pure, smokable form of methamphetamine that is more addictive than other forms of the substance. When smoked, highly concentrated doses of the drug are delivered instantaneously into the user's system and may cause more compulsive use, severe paranoid delusions, and hallucinations. Usually smoked in a glass pipe, hollowed aluminum can, or light bulb, several "hits" can be obtained from a single gram of this substance.

The TABLET form of methamphetamine has been popular throughout Southeast and East Asia, however, tablets are a recent phenomena in North America. Frequently referred to by their Thai name (yaba), the tablets are a composite of methamphetamine and caffeine.

Short-Term Effects

Meth use increases heart rate, blood pressure, body temperature and rate of breathing, causing increased energy and alertness, decreased need for sleep and food, euphoria and increased sexuality. Increased sexual sensation in men combined with difficulty in maintaining erection has been termed “crystal dick.” Other effects may be excessive talking, sweating and visual/auditory hallucinations. Negative effects may include disturbed sleep patterns, itching, nausea, vomiting, shortness of breath, irritability, anxiousness, aggressiveness, twitching and other uncontrollable movements, panic, paranoia, malnutrition, severe depression and suicidal tendencies. Symptoms are often intensified by lack of sleep.

Long-Term Effects

“Amphetamine Psychosis” - paranoid delusions, hallucinations, violence and self-destructive behaviour. Other effects can include fatal kidney and lung disorders, brain damage, stroke, liver damage, permanent psychological problems and lowered resistance to infections. While stimulants are not known to cause physical dependence, tolerance can result in powerful psychological dependence with extremely compulsive patterns of use. Withdrawal symptoms can include severe craving, insomnia, restlessness, mental confusion and depression. Individuals with heart disease (i.e. arteriosclerosis, hypertension) should be extremely careful as methamphetamine use can be very hard on the heart.

WARNING

Do not take Methamphetamine if you are currently taking a certain type of anti-depressants called MAOIs. This is a class of drugs that includes Nardil (phenelzine), Parnate (tranylcypromine), Marplan (isocarboxazid), Eldepryl (l-deprenyl), and Aurorex or Manerix (moclobemide). Ayahuasca also contains MAOIs (harmine and harmaline). Check with your doctor if you are not sure whether your prescription medication is an MAOI.

To my knowledge, crystal meth is a drug that lots of people know about but few actually understand. I guess I chose to ~~write~~ write this article to express my understanding of what meth is and give people a glimpse into what my life is like since I began doing ~~crystal~~ meth.

I'll start off by telling you how I got involved with crystal and what it meant to me then. I started going to ~~raves~~ parties (raves) just over three years ago. I was already into drugs before I got into the scene but with stuff like mushrooms, weed and acid.

I had little or no real knowledge about drugs like E or crystal before I started partying. I dropped one cap of K at my first party and was instantly ~~hooked~~ hooked.

I've always thrived on immediate gratification so K was perfect for me. The rave scene swallowed me up before I even knew what had happened. It was immediate acceptance into a new and exciting world. I can't actually remember how long it was after I started partying that I tried crystal but I think it was about a year or so.

I wasn't really interested in meth at first because I was an E-baby. It didn't look that appealing to me because when I saw people who were high on meth they didn't look high. When I got high I wanted to be ~~completely~~ completely fucked from head to toe.

I guess I turned to meth because you can only drop so many E's before it starts to lose its charm. The decision to do meth would end up having more effect on my life

~~than I would have guessed.~~ of than I would have guessed.

In the beginning meth was ~~great~~ lots of fun. Me and my friends would get our shit on

Friday night and go to the Horseshoe to dance and find out what's going on afterwards. We would party until Sunday night usually ending the weekend off with some E's. Meth when you ~~first~~ first start doing it gives you lots of energy.

I would be excited or up to doing anything, it didn't matter what it was. I only

railed it when I first got into it because the idea of smoking something off a lightbulb wasn't that appealing. When you do meth in our rave scene your opened

up to a whole new world of people. There's several different crystal cliques in the scene and I've gone through three. They don't really interact with each other

but everybody knows who's who. I'm glad that I've been able to interact with the different groups because I've seen a lot of crazy shit. When you stay up for days

on and doing numerous drugs in a house with people, things tend to get a little crazy. The combination of chemicals and sleep deprivation can cause the brain to

work in mysterious ways. The most common effects I've experienced are audio and visual hallucinations. Things like hearing my name when nobody's actually

saying it or just cracked out vision. It's hard to describe what it feels like because unless you've experienced it you'll never fully understand. I've had a friend get

so cracked out that he thought all his friends were plotting to kill him. He was completely delusional for about an hour then he ~~came~~ came down and felt pretty

embarrassed. It's not really that uncommon of a thing to happen. Your brain just gets so fucked up and things get turned upside down. For me personally I've always

been able to handle my drugs pretty well, but it's going to change from person to person. It depends on how your mind and body cope with all the different effects

of staying up and doing drugs. OK, let's see Once the Horseshoe closed I stopped going out as much. The scene kind of fizzled out. It's sad to say but the 'Shoe was

the glue that was holding it together. I started going from house to house on the weekends or weekdays whichever it may have been. Conventional time doesn't really

have a place when you're on meth. Days just blend together. By now I was smoking it which is a lot different. Its like having something to do all the time. With a

rail you have to cut it up which becomes tedious. With smoking all you have to do is pack a bowl. Its more addiotive in the sense that you can never smoke enough

bowls when rails eventually make your nose feel like it's gonna fall off.

I guess I started off this little story saying I was going to explain how it's affected my life so before I lose complete track of what ~~the fuck~~ this is about, here it goes. The rave scene, meth and drugs together have played a huge part in my family and social life. When I started partying I lost contact with many of my good friends because I had no time for them. I started hanging out with different people. I began to become very distant from my parents because its hard to relate to them when you're living a lie. My parents don't agree with drugs so of course I didn't admit that I was doing any. They pretty much knew but didn't want to believe it as most parents would. Eventually it was discussed which made me feel a lot better, it sucks having to lie to people you love. On the other hand it sucks having the label drug addict and ~~the~~ what stereotypes come with it. They didn't agree with what I was doing and I couldn't explain to them why I was doing it in any way they would understand. It was just frustrating all together. My ~~XXXXX~~ job took a back seat to my drug use so I wasn't exactly a model employee. Now I have learned to balance my life a little better.

I don't go on crazy benders as much and I've stopped dropping E. I can function as a normal person on meth but when I do E then I have to at least sleep before attempting to do anything civilized. The effects of meth physically for me have been a pretty shitty diet because meth suppresses the urge to eat and I'm in pretty bad shape. Smoking it is what has done the most damage. My gums have receded pretty badly which is kinda scary because I don't want to lose a tooth. You might ask why I would do meth if it has done some of these things and well I guess that's why they call it an addiction. As long as you're happy with your life and can balance things evenly it's a fun way to live. Nowadays I spend lots of time at home with friends doing meth. I don't really enjoy any of the clubs so why spend the money? I try and keep myself out of situations that will ~~XXXXX~~ sketch me out.

~~XXXXXXXX~~ Closing thoughts

Well now that I've written the most disorganised article in history I'll try and get the rest of my muddled thoughts out. I wish I could explain what the high is but it's ~~XXXXXXXXXXXXXXXXXX~~ hard to explain.

In the beginning I used to get wired up and that was what I wanted. Now I have to at least stay up for a couple days to get the desired effect. Sleep dep is half the fun. You might have noticed me using the word 'sketch'

throughout the article and that is because it goes hand in hand with meth. Everybody sketches in their own way.

One might ~~XXXXXX~~ do crosswords, another might like drawing.

You can sketch good or bad, it all depends on what's going on. I personally like getting sketched out because everybody I hang out with gets crazy and there's no uncomfortableness between any of us.

We've seen each other at our worst.

That wasn't a very good explanation so my only advice is hang out with some crystal kids for a couple days and you'll understand.

In closing, I'll say that as a word of advice don't try and write an article when you've been up for ~~a very very long time~~ a while, it gets a little confusing. I think that if you haven't done meth before and are thinking about doing it,

understand what it's about. It's a drug and a powerful one at that. I would like to write this again but I could write it

~~XXXXXXXXXXXX~~ 1000 times and never say what is exactly on my mind.

I'll leave you with a question a true meth philosopher once asked a sketched out

kid: "Is it faster to ~~XXXXX~~ Brandon or by bus?"



A TRIP TO VANCOUVER

by Shayne Métraux

Introduction

If I could possibly remember why I went to Vancouver, I could possibly get back to this real world here. I now feel completely overwhelmed by feelings and unempowered to do anything much about my situation right now, so I guess I'll write this then.

I went out to Vancouver. It was to go see how my friends were doing, what was going on in their lives these days and all that good stuff. Not to mention the stories I've heard, the money, good drugs, hell I was guaranteed a lot of fun. Knowing my friends for sure I knew that sometime on my trip I would eventually encounter the crystal meth, end up taking it one way or the other, a small risk. I had done it before, but that was a long time ago, different group and time, and nothing like what I was to encounter.

Feedback loops and other oddities.

My trip got off to a bad start, already on the bus ride I was having odd visions about Vancouver, visions about the matrix, and how I would be given the chance of "choosing a pill". I also had visions about my "work" and that no matter what happens I must return to Winnipeg to complete it.

I arrived in Vancouver at about 7am and I hadn't slept in 48 hours, and after that to my horror, the visions from the bus started to unfold before my eyes. There are several different ways in which I am able to account for these visions, some more likely than others. The first is that these were real, or maybe warnings from my friend the universe (someone else's god), or the drugs. But for questions of sanity I will opt to stick with blaming the drugs as my official line. During the rest of my trip I would establish a very strong connection between the malleability of thoughts, the breakdown of rational thinking and defense mechanisms, with the intake of meth. Go figure.

A "strange loop" seemed to exist within this group of people that I met. They all had some strange stories and ideas, that would get repeated over and over again, with each person injecting their own ideas and

fantasies along the way, until some warped picture of reality came to be. What seemed to have been central in their strange warped reality was the whole concept of what is real and what is not, what it meant to be alive and dead, and various other fantasies that for the most part must make things a bit more exciting and interesting than what really is. I swear that what people were talking about and describing were very similar to the themes of the songs playing on the radio. Listening to the radio you could hear all sorts of bits and pieces of this fantasy world they've made.

I don't know how it happened but the extreme rapidness at which I got taken by this strange odd world was phenomenal. In no time flat I ended up being really confused about if I was still alive, and was I safe from all the spooks and enemies fed to my imagination by this odd group. But of course I first had to figure out if I was alive or not. I had suspicions that Vancouver was in fact some sort of afterworld, and that I was dead. After some frantic phone calls to Winnipeg and checking in with some more down to earth people I knew in Vancouver, I established to my relief that I was alive. I suppose that had I decided that I was not alive, going with the flow of the group and taking more drugs, and would have not seemed all that dangerous. But the questioning of what is real or not while on meth when you've been up for days, and finished traveling thousands of kilometers across the country in an emotional mess, may not be such a good idea.

I was very open to suggestions of other people. I was told that other people heard songs in their head and that I should find mine. I found it rather odd and discarded it as mumbo-jumbo. Many hours had passed and without any motivation from anyone, I started to hallucinate songs in my head with excellent fidelity and seemingly accurate lyrical reproduction. This seemed to make what others were saying more believable and encouraged my curiosity about all these outlandishly crazy things they were saying. But here safe and sound, these experiences have also made me yet again question the untapped powers of my mind. Which could explain why everyone was always wondering about and trying to blur the line with what is real and unreal.

While I am not an expert about the effect of meth on the brain I suspect that memory function is affected in a couple of ways, the first is like an "injection". This is where events that are currently happening seem to be able to intertwine themselves with older memories, something like a *deja-vu*, but I guess is a set of memories all out of order.

I hear playing games are quite common among meth users, especially when they encounter a novice user, such as myself. But my fears concerning this game when combined with the malleability of your brain after taking it, effectively result in a type of self-perpetuated group brainwashing ritual where the only winner is meth. I think this is a key point on the path to being a meth addict.

So what do these so called feedback loops and memory tricks and all that stuff have to do with meth, well I'm not exactly sure but they seem to have made everyone there "stuck" in a fantasy world, and almost made me stuck in one too. What I mean by this is that many of the current events and questions that I had going on in my mind before leaving Winnipeg, also played a central role in these false memories and "visions". I suppose that the "brain" on drugs, loses its ability to communicate "rationally" with yourself, even though it might still be trying to communicate the same things as before. So where as normally I might think "I must go and get some groceries", on drugs I might end up thinking "Oh my god, run away, the grocery store is going to get me", which can be very difficult to understand, especially if you don't have a sober person around you. Of course on meth you would never actually go to the store as it suppresses your appetite and your body goes into a wasting state (basically this means that your body is eating itself to survive).

The second type of memory problem I encountered was what could be called "non-registration". This can be described as follows. I remember trying to send a "telepathic message" to my friend. While I don't usually try to do things like this, like they say "When in Rome do like Romans do". So I asked my friend to say "plus four" if I was in danger, then after some moments of silence, my friend said "plus four". So now I was in danger, and had to get the hell out of there, great.

At the time and even now I don't remember verbally asking him to say that. I am left pondering what transpired there, was this in fact a telepathic experience? Did I inadvertently verbalize my thought? Or was it just more of this so called game, or was it all made-up? (Man these options are all pretty scary if I think about it). But if I remember correctly the conversation went like this:

j: "711"


s: "what?"

j: "711"

s: thinks "hey Joe if I'm in danger say plus four"

—long pause—

j: "plus four"



To shed some light on what this all means, you see earlier in the day I was asked for “my number”, the only number I could think of at the time was the time “7:15”, which I shared with people, so it would be possible for people on their own to make a connection with “711” and “715” and “4”, as in $711+4=715$, which would explain the “plus four”.

So what I mean by “non-registration” is that it’s quite possible that you won’t remember what (if anything) you just said, and also perhaps what was just said to you. And you may not be able to discern a thought from an utterance from what you hear. Further confusing an already sorry state of my mind.

This whole “telepathy experience” also played a role in the group’s early conversations (telepathic?), as it did with my previous relationship with my buddy. So it could very well be part of a sophisticated mind-game of bait and catch, or perhaps they happened because of the “lucidity” the whole meth experience brings.

Unfortunately since there was no external “reference point” (i.e.; sober and sane person), coupled with being “drugged”, one is left to make their own conclusions of the meaning of the conversations, whatever that might be.

I suspect that many of their “experiences” are a result of the very “loosely” defined words they use. What I mean by this is that there are several words and concepts in this group that I have never encountered before, and that seem (at least to me) to have for all practical purposes no “real” definition. People use the words all the time but don’t know what the fuck they mean. Like “placeholder” words, that can be used in almost any context, and still “make sense”. And if you ask two different people what one of these phrases or words means you will get completely different definitions for it. But I was told not to concern myself about this fact, and that in time it would all make sense.

The General Environment

When I make a feeble attempt to understand the social environment that I found myself in, I must admit that I am humbled by their strangest of achievements towards working together and the lack of emphasis on ownership of material possessions. Many places I went to, people were in fact talking about things, and I could see marked improvement in some aspects of my friends' lives, kind of like the good side I've never seen before, but I must seriously question their overall well-being considering the strange behavior.

Despite what may seem like the popular belief that many addicts end up as hard-core criminals, doing anything to get the next high, this is not what I witnessed. What I saw was a bunch of kids working together for a common cause and even perhaps a common good, and of course with some amount of petty crime.

While it is important for people there to have access to drugs, it is clear that in a sense they are "free", the groups of people there are so saturated with drugs that it is almost always available, and indeed given away freely, to those in need. Many times the transactions are not cash-based but traded, or even implicitly lent to people.

The slang of the scene is very well developed and has many loosely defined words and concepts such as "kife", which seems to be only loosely defined around "junk", which is also supposedly ultimately the currency of this group. Which kind of makes sense as it is my understanding that most monies are received (besides welfare checks) by reselling things of value that are found in the garbage of local businesses, or some choose to steal from cars in parkades and hotels. There has evolved a "key" trading scheme where master keys for various hotels, parkades, and BFI bins etc. are traded, swapped and sold. I've also been told that people will often vigorously defend their or their group's garbage containers from would-be "thieves", which are oddly enough also referred to as "kifers".



Shopkeepers end up throwing away unwanted goods which are collected by the “kids”, then resold to strangers for cash, or become part of the bartering currency of the group, although things of real value tend to be sold off, as they are considered unnecessary, and are also the things that seem to fuel the group’s supply of drugs, along with “merching” oneself (sex for drugs). In fact it is my understanding that sex for money is like next to impossible to find out there, at least for guys that is.

You may have noticed that I mentioned “groups”. What I am trying to emphasize here is that there are a series of very different people that all take meth, which have formed independent “groups”, which in a sense act like gangs that end up competing against each other for resources (i.e.: drugs, money, keys, BFI bins, food, shelter, and people). Each group has a varying degree of criminal activity, from anti-crime to pro-crime. I had friends in a few different groups and the tensions between them may account for the incredible confusion that I experienced.

I think I may now believe that people there are quite aware of the effects that meth can have on a novice user and will take every opportunity to exploit that to try and get you to join their particular group, and make you believe the meth is safe and non-addictive. Why would my friends do that? Because that’s what may have happened to them, and plus another person in their group means another person looking for and getting drugs. This concept is reaffirmed to me by the following quote that I found on ‘meth and its salts’.

The FIRST association with amphetamine has been locked in your subconscious memory. The subconscious learns through IMMEDIATE ASSOCIATION i.e. using amphetamine gives almost immediate pleasure. Your subconscious remembers that first initial “high” and actually forces you to want to recapture it.

Usually a person using amphetamine never gets as big a “high” as she or he did on the FIRST dose.

What tends to worry me the most about this trip is the fact then even now that I am home safe and sound, I am left utterly disturbed by the chain of events that have happened on the trip. And I worry for anyone encountering a welcoming like that, and their ability to ward off the psychological effect, to have a complete understanding of what is in truth going on, and not succumb to whatever fantasies will for sure present to them.

Time to Go

After a mere five days in Vancouver I had enough of this and started to feel really threatened and alone, so I said that I was going for coffee, and got on the next available bus to Winnipeg, and that was that.

For the most part I don't really know what happened on the trip, all I have are screwed-up memories of the trip and the most general idea of what the fuck my friends are up to. But if I were to rely on my memory of the events that transpired there, I would for sure still be there today.

So here are my final thoughts about the trip:

- ⊙ Yes it's dangerous there, but only because all this shit can be so much fun.
- ⊙ I am not sure how my friend is really doing.
- ⊙ Vancouver is a really nice city.
- ⊙ I'm not too sure what is really going on there.
- ⊙ I have no accurate memory of the events that occurred there.

Other relevant tidbits left-out:

- The effect of meth and its relation to sleep-dep and how that related to the “feedback loop”.
- Specific techniques that are used to help demonstrate your unreal ness
- Scare tactics used to discourage trusting other people besides the “group”
- The so-called “smell” of meth and how the public knows. (Fatigue).
- Other types of mind games to help you “believe” their crap.
- How this experience extends to addiction and life in general.
- The really nice art that some people are doing.
- The history of the “type” of people in the group.
- The services available to people.
- The deadly physical effects of meth.
- The bloody faced people.
- The fact that they will try and tell you that you should not be concerned about HIV as an IV drug user, because it will just “disappear”.

Vancouver



YOUTH WHO SHOOT UP

It is clear that HIV is increasingly an issue facing Canada's youth. The links between poverty among youth, STDs, injection drug use and needle sharing among new users make young people in Canada and Winnipeg vulnerable to infection with HIV and Hepatitis C.

Needle-sharing is common among young IDUs. Research indicates that people who begin injecting earlier are more likely to report high levels of risk behavior. In 1998, The Winnipeg Injection Drug Epidemiology (WIDE) Study found that the average age of first injection was 21 years. Nearly half (49%) reported they were under 20 years old at the time of their first injection. 22% of users injected with a used needle the first time they ever injected.

In 1998, a Montreal-based study found that a high proportion of street youth (36%) had used injection drugs and 23% had injected in the previous 6 months. Some seemed attracted to the experience of injecting regardless of the drug. In this study girls tended to start injecting at a younger age than boys (16 vs. 17.3 years mean age). One-third of the youth studied had injected 10 times or less, while 43% had already injected more than 100 times. Over half of those who had injected had borrowed needles and 67% had shared injecting equipment.

A US study found that risk behaviors for HIV were higher in younger than older drug users. Younger participants in the study were more likely to have used needles after someone else had already used them, shot up more than 4 times a day, been sexually active during the previous 6 months, and been incarcerated during the previous 6 months. Early injectors consistently reported behaviors such as frequent injection, frequent needle sharing and use of shooting galleries. Among females, early injectors were more likely to report sexual risk, multiple partners and work in prostitution.





Safer Injection Drug Use

PREPARING THE DRUGS

- 1) Pills are crushed and dissolved in water. Water boiled for 5 minutes can reduce bacterial growth.
- 2) Problems can occur when the user doesn't know the supplier and/or what the drug is cut with.
- 3) All drugs, equipment, hands etc. should be kept as **clean** as possible. Use your own needle everytime, or if you can't, make sure you bleach the rig (see box).
- 4) Heroin can be dissolved by heating or cooking it with water in a spoon. Coke **should not** be dissolved this way.
- 5) Coke and prescription drugs contain chalk and other impurities. After crushing and adding to water, they should be well-filtered before use.

FILTERING THE SHOT

- 1) A small piece of cigarette filter is placed on the end of the needle. The drug is then drawn up through it. Some sources suggest using cotton (from cotton balls) as a filter instead of a cigarette filter. No source definitively answers which is preferred.
- 2) For drugs with a chalk base, like coke or Ts & Rs, a filter is sometimes placed in the needle barrel, the drug is poured into the barrel, and plunged through into a spoon. It is then re-filtered, using the first technique.

SYRINGES & NEEDLES

- 1) Average rig for fixing is 25 or 26 1/2 gauge 40 unit syringe.
- 2) Larger needles can rupture veins, unless given slowly.
- 3) Small needles, called butterflies, can be used for injecting into very small veins in hands or feet. Inject slowly – pressure from injecting too fast can force the needle off the syringe.

SHOOTING UP

- 1) If the user isn't sure of the drug's strength or the supplier's reliability, they should use a smaller dose first to avoid overdose.
- 2) Users should **always** use their own works only.
- 3) Hands and the injecting site should always be cleaned prior
- 4) Injecting into the large veins of the arms and legs has the least number of complications.
- 5) Rotate injection sites instead of always shooting up in the same place in order to allow veins to heal.
- 6) Consider resting the veins occasionally. Smoking or oral routes may allow time for veins to heal.

Safer Needle Use

Use your own needle, spoon, water and filter for every shot. If you do re-use any equipment, it is important to clean it with bleach (see diagram). This method should kill HIV, but probably won't kill Hepatitis B or C. To avoid these infections, follow steps 1 and 2, then take apart your rig completely and soak in bleach for 3 to 10 minutes. Follow by steps 5 and 6. Remember – cleaning with bleach is **not** as safe as using your own needle every time.

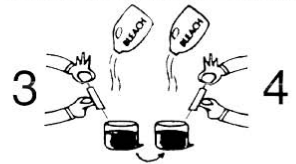
Use your own needle,

spoon, water and filter for every shot. If you do re-use any equipment, it is important to clean it with bleach (see

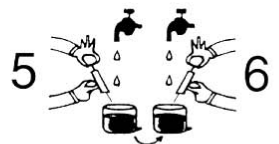
diagram). This method should kill HIV, but probably won't kill Hepatitis B or C. To avoid these infections, follow steps 1 and 2, then take apart your rig completely and soak in bleach for 3 to 10 minutes. Follow by steps 5 and 6. Remember – cleaning with bleach is **not** as safe as using your own needle every time.



Draw cold water into syringe
Shake syringe for 30 seconds
Do this twice, using new water



Draw pure bleach into syringe
Shake syringe for 30 seconds
Do this twice, using new bleach



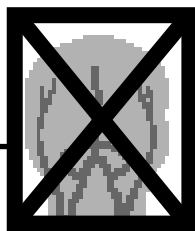
Draw cold water into syringe
Shake syringe for 30 seconds
Do this twice, using new water

Many people experience serious skin, blood, heart and lung problems from injecting. This is because of dirt or bacteria injected beneath the skin or into the blood. Avoid problems by **washing** hands, **sterilizing** equipment and **cleaning** skin where you inject with an alcohol swab.

BE CAREFUL WHERE YOU SHOOT!

Head & Neck

Avoid injecting anywhere on the head or neck! Because these areas are closest to the heart and brain, it's easier to overdose, and abscesses are more dangerous.



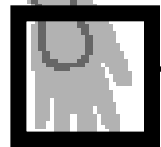
Arms

If surface veins in the arms are good, use them but rotate sites regularly.



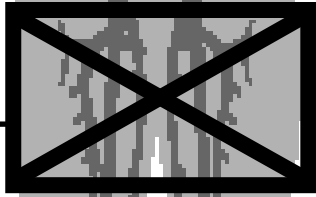
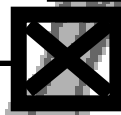
Hands & Feet

The veins on the back of the hand and the top of the foot are fragile, so inject slowly. It will hurt.



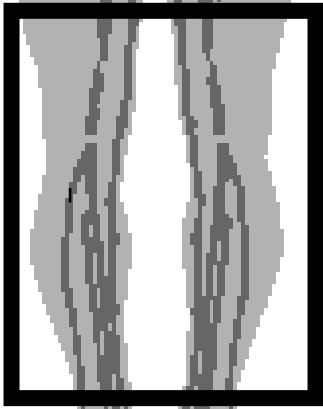
Wrists

The inside of the wrists are full of nerves, veins and arteries all close together. Never inject here.



Groin

Never inject into the groin area – you could hit a major artery and lose your leg or die! Also, never inject into the genitals – that goes for both men and women! OUCH!!



Legs

The blood flows slowly in leg veins, so inject slowly (be careful there's an artery behind the knee). It is easier for blood clots to form here.



DANGER SIGNALS



If you are experiencing:

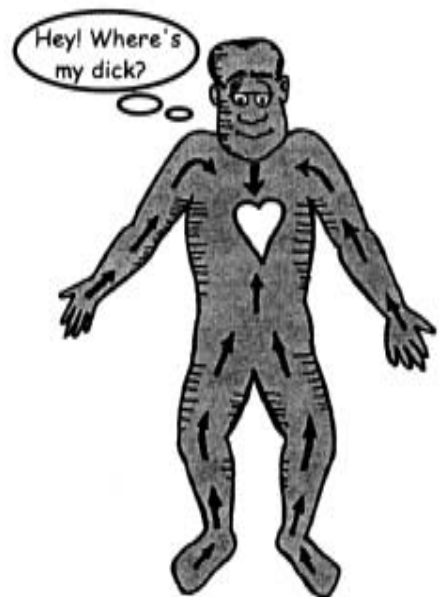
fever, chills, sweats, dizziness
ringing in ears, spots before the eyes
red line streaking away from an infected
injection site, persistent headache, persistent
vomiting, difficulty breathing or shortness of
breath...

Seek immediate medical help.

Don't wait.

Following the procedure outlined here will help to reduce harm from injection drug use:

- 1) Always keep hands, drugs and equipment **clean**.
- 2) Choose an injection site that is the least likely to cause complications (see diagram on facing page).
- 3) Find a comfortable position.
- 4) Use tourniquet to tie off vein.
- 5) Clean site with alcohol swab.
- 6) Insert needle into the vein at a 45 degree angle.
- 7) Flag (pull back on plunger so blood comes into needle), to ensure needle is in vein.
- 8) Untie tourniquet.
- 9) Inject slowly.
- 10) Withdraw needle and apply pressure to site.
- 11) Always shoot in the direction of the blood flow. (See arrows in picture below.)





by Marie Ruck

DRUGS & PREGNANCY

Today in our society there are many mothers who use drugs and alcohol while pregnant. The unborn baby depends on its mother for nourishment. When pregnant mothers drink alcohol, take drugs or smoke, they are risking the life of their baby. Many babies are born with many problems due to alcohol and drug related addictions, but the sad thing about it is that it is so easy to prevent.

When you are pregnant, the first ten weeks of pregnancy is when your baby's organs and body begin to form. Alcohol and drugs during this time are most harmful to your growing baby as they can cause deformities. After about the tenth week, your baby grows very fast in both weight and size. Still... no amount of alcohol or drugs is healthy for you or your baby. If drugs or alcohol are taken late in the pregnancy, the baby may be born drug-dependant and suffer withdrawal symptoms, such as irritability, vomiting, diarrhea and joint stiffness.

Types of Drugs and their Effects

TOBACCO

Nicotine in cigarettes is a mood-altering drug that is very widely used. It is toxic and very powerful. If you smoke during pregnancy, there is a greater risk of giving birth to a child with several abnormalities. Such abnormalities include miscarriage, premature delivery, low birth weight, stillbirths (baby is born dead), SIDS (Sudden Infant Death Syndrome), deformities and learning disabilities. Some of these abnormalities can be life-long.

ALCOHOL

If you drink alcohol during pregnancy, the alcohol level can be dangerously high in the baby's body, and may stay longer in the baby causing physical and mental defects. Drinking alcohol during pregnancy increases the risk of FAS (Fetal Alcohol Syndrome). Symptoms of FAS may be recognized at birth. Other symptoms of FAS may not be diagnosed until the child is older with behavioral (hyperactive) and learning problems (difficulties reading, writing). FAS is a lifetime irreversible effect.

Other effects of drinking alcohol while pregnant can include: small skull and brain, abnormal facial features, heart defects, slowed growth or mental retardation. Untreated alcohol withdrawal in an alcohol-addicted baby can result in death.

MARIJUANA

Whether use of marijuana during pregnancy can harm the baby is unclear. Some research says you are at a higher risk for miscarriage. You may even have a premature baby or a low birth weight baby. Other research says the main component of marijuana (THC or Tetrahydrocannabinol), can cross the placenta and affect the baby. However, marijuana does not appear to increase the risk of birth defects or to slow the growth of the baby. Marijuana has not been shown to cause behavioral problems in the newborn unless it is used heavily during pregnancy.

COCAINE, CRACK

Cocaine use during pregnancy can affect a pregnant woman and her baby in many ways. During the early months of pregnancy, cocaine may increase the risk of miscarriage. Later in pregnancy, it may trigger premature labor, or cause the baby to grow poorly. As a result, cocaine-exposed babies are more likely than

unexposed babies to be born prematurely and with low birth weight. After delivery, some babies who were regularly exposed to cocaine before birth may have mild behavioral problems (being hyper). Cocaine-exposed babies may be more likely than unexposed babies to die of SIDS. However, studies suggest that poor health practices (such as use of other drugs and cigarette smoking) may have played a major role in these deaths.

INHALANTS

(SNIFFING, GLUES, SOLVENTS)

Sniffing during pregnancy may cause birth defects in the baby, including low weight, small head, problems with joints and limbs, abnormal facial features, heart defects and mental retardation.

PRESCRIPTION MEDICATIONS AND OVER-THE-COUNTER DRUGS

Many medications have side effects that are harmful during pregnancy. That's why every expectant mother should talk with their doctor before taking any drugs (medications), even those sold over-the-counter.

While pregnant, it is best to eat well, stay healthy and avoid ingesting anything that might be harmful to you or your baby's health.

Research Roundup:

HEY!

Female Caucasian meth users most likely to share needles

From the *Social Networks in IDU Study*, 2006 by Dr. J. Wylie.

Some of you were interviewed and tested for HIV, Hepatitis B & C as part of this research. They found important stuff in this study, especially about people who shoot Meth. There was a high percentage (68%) of Caucasian (White) girls fixing meth, who said they had fixed with a used needle. They compared this to

other groups where between 0%- 30% of people reported that they had fixed with a used rig in the previous 6 months. In the female meth using group there was no HIV or Hepatitis B and 1 case of Hepatitis C. The researchers figure this might be because people haven't been fixing for very long (average 3 years), so they haven't had much exposure to HIV or Hepatitis B or Hepatitis C. **BUT:** If these germs get in to the group, there is potential for them to spread rapidly among people. You might think that because not many meth users have HIV or Hep. B or Hep.C, that there is no risk in using rigs and other stuff that someone else has used. You might think: "Well, we're sharing rigs and none of us are getting infected, so it can't be a risk." This is **NOT TRUE**. Use your own stuff; don't share anything related to fixing.

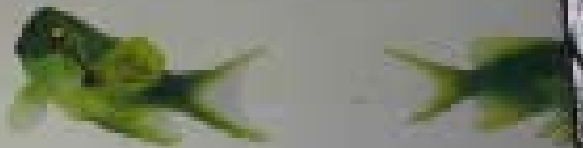
How would you break up?

Text

Email

Call

Chemistry



TELUS



RELIAB?

In this edition of Harsh Reality we have included a new section called “Rehab”. It is meant to balance the drug section, recognizing that while taking drugs is not necessarily immoral, at some point some readers may feel that enough is enough, or wish to change their behaviours.

What is Addiction?

A hundred years ago, addiction was a term used to describe a devotion, attachment, dedication, inclination, etc... to something. Then, a few decades ago, addiction became a pharmacological term that clearly referred to the use of a tolerance-inducing drug in sufficient quantity to cause tolerance. This definition implies that humans can become addicted to various drugs quickly.

At the same time, a lay definition of addiction developed. This definition referred to individuals who continued to use a given drug despite their own best interest. This latter definition is now thought of as a disease state by the medical community. Nowadays, the term addiction is used to describe a recurring compulsion by an individual to engage in some specific activity, despite harmful consequences to the individual’s health, mental state or social life.

Not all doctors agree on what addiction or dependency is. Traditionally, addiction has been defined as being possible only to a drug. However, many people, including psychology professionals and laypersons, now feel that such things as gambling, food, sex, pornography, computers, work, exercise, cutting, shopping, and religion, should be considered addictive.

In fact nowadays the term “Addiction” when used in reference to drugs has been replaced by the term “Substance Dependence” defined as:

“When an individual persists in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. This, along with Substance Abuse are considered Substance Use Disorders...”

The medical community now makes a careful theoretical distinction between physical dependence (characterized by symptoms of withdrawal) and psychological dependence (or simply addiction). Addictions often have both physical and psychological components.

Physical dependence is defined by the appearance of characteristic withdrawal symptoms when use of a drug is suddenly stopped. Opiates, benzodiazepines, barbiturates, alcohol and nicotine induce

physical dependence. On the other hand, some categories of substances share this property and are still not considered addictive, such as antipsychotics and most antidepressants. Many of these non-addictive prescription drugs should not be suddenly stopped without consulting a doctor.

The speed that an individual becomes addicted varies with the substance, the frequency of use, the means of ingestion, the intensity of pleasure or euphoria, and the individual's genetics and psychology. Some people exhibit alcoholic tendencies from the moment they first get drunk, while most people can drink socially without ever becoming addicted. Opioid-dependent individuals (heroin, morphine) have different responses to even low doses of opioids than the majority of people. This may be due to other factors, since opioid use heavily stimulates pleasure-inducing chemicals in the brain. Nonetheless, much of the medical community agrees that addiction is in part genetic, pointing to studies of addiction in adopted vs. twin brothers and sisters. A person's genetic makeup may regulate how susceptible one is to a substance and how easily one may become psychologically attached to a pleasurable routine.

Psychological dependence is a dependency of the mind, leading to psychological withdrawal symptoms such as cravings, irritability, insomnia, depression, anorexia, etc. Addiction can in theory be derived from any rewarding behavior, and is believed to be strongly associated with the brain's reward system (called the "dopaminergic system" or "the dopamine highway") as in the case of cocaine and amphetamines. Some claim that addiction is a way to avoid undesired activities or emotions in individuals who have emotional, social, or psychological problems.

It is possible to be both psychologically and physically dependent at the same time. Some doctors make little or no distinction between the two types of addiction, since the result, substance abuse, is the same. In terms of scientific, as opposed to magical, thinking, the "psychological" dependence is entirely due to physical effects of the drug on the brain.



Methods of care

The American Society of Addiction Medicine recommends treatment for people with chemical dependency based on clinical assessment in six areas, including:

- Acute intoxication and/or withdrawal potential
- Biomedical conditions or complications
- Emotional/behavioral conditions or complications
- Treatment acceptance/resistance
- Relapse potential
- Recovery environment

Some medical systems refer to an Addiction Severity Index to assess the severity of problems related to substance use. The index assesses problems in six areas: medical, employment/support, alcohol and other drug use, legal, family/social, and psychiatric.

Therapists often classify patients with chemical dependencies as either interested or not interested in changing. Treatments usually involve planning for specific ways to avoid whatever it is that you are addicted to, and therapy intended to help a client learn different ways to find satisfaction. In recent years, doctors have tried to tailor their approach to specific influences underlying addiction. They interview patients to find out what made them embrace addictive sources of pleasure or relief from pain.

Criticism

Levi Bryant, a psychotherapist, has criticized the term and concept of addiction as counterproductive, since it defines a patient's identity and makes it harder to become a non-addict. He has said: "The signifier 'addict' doesn't simply describe what I am, but initiates a way of relating to myself that informs how I relate to others." In other words, labelling someone an addict might not help.

Another writer, Thomas Szasz, denies that addiction is a psychiatric problem at all. He argues that addiction is a choice, and that a drug addict is someone who simply prefers a socially taboo substance rather than, say, a low risk lifestyle. In his book, *Our Right to Drugs*, Szasz postulates that humans always have a choice, and it is foolish to call someone an 'addict' just because they prefer a drug-induced euphoria (intense pleasure) to a more popular and socially welcome lifestyle. Therefore, being 'addicted' to a substance is no different from being 'addicted' to a job at which you work everyday.

These writers are not alone in questioning the standard view of addiction. Professor John Booth Davies has argued in his book *The Myth of Addiction* that “people take drugs because they want to and because it makes sense for them to do so given the choices available”. This is opposed to the traditional view that addicts are “compelled by the pharmacology of the drugs they take”.

The scientist Bruce K. Alexander did a classic experiment, called Rat Park, to show that ‘addicted’ behaviour in rats only occurred when the rats had no other options. If you put a rat in a small cage, and hook it up to a machine that will inject the rat with morphine whenever the rat wants, the rat “chooses” to get high all the time. Imagine being locked in a room with nothing else to do but morphine. If you like morphine, chances are you are going to keep doing it! But if the rat is in a more interesting environment with lots of other stuff to do, the rat “chooses” to do morphine less often. Therefore, when other options and opportunities are made available, the rats soon showed far more complex behaviours. In some cases, this might be the same for people. If all you have to do is drugs, that is probably what you’ll do!

Levels of Addiction Involvement

According to the Addiction Foundation of Manitoba, an individual may have different levels of involvement with an addictive substance or behavior. They are as follows:

Non-Involvement: Never gambled, used alcohol or other mood/mind altering drugs, or has chosen a non-involved lifestyle after having been involved in these activities.

Irregular Involvement: Random or infrequent involvement, usually confined to specific occasions or situations. Little or no evidence of any harmful or adverse consequences. This includes experimental involvement, which is defined as trying a substance or a gambling activity once or several times.

Regular Involvement: Regularly recurring involvement with a clear pattern of use, some evidence of adverse (bad) consequences, typically minor or isolated. Often characterized by individuals who actively seek involvement, or where involvement has become a regular feature of their lifestyle.

Harmful Involvement: Evidence of recurring adverse (bad) consequences is apparent. For example, not doing what you’re supposed to do at home, school or work, financial or legal problems, or you keep using alcohol or drugs even though you have problems in one or more life areas, that are caused by or made worse as a result of using alcohol or drugs.

Dependent Involvement

At this level, drug use tends to have a clear pattern. The individual experiences a physiological and/or psychological need for continued involvement; and the individual experiences some loss of control over his/her involvement. Evidence of dependent involvement may include:

Impaired Control

- You frequently use more than you originally intended to.
- You have made several unsuccessful efforts to cut down or otherwise control use.
- You experience a compelling need to continue involvement.

Preoccupation

- You spend increasing amounts of time, money and energy on activities related to getting, using or recovering.
- You no longer spend as much time doing things you used to like doing.

Adverse Consequences

- involvement is continued despite the individual's knowledge that the persistent physical, mental, social or financial problems they experience, likely have been caused or made worse as a result of the involvement.
- the individual attempts to cope with losses through continued involvement.

Withdrawal Distress

- the individual experiences physical or mental distress as a result of abstaining from involvement and may continue involvement in order to avoid experiencing that distress.

Progression

- You have to increase the amount of time and money spent in order to achieve or maintain the desired effect.

Abstinence

Abstinence means not using anymore. It is called “transitional abstinence” when you have chosen to abstain from (stop) alcohol, other drugs or gambling, but you still don’t feel confident or comfortable with the decision. Usually, this is regarded as a positive step toward personal growth and development, but you still might feel some apprehension, anxiety, ambivalence or uncertainty. In fact, one of the characteristic features of dependent involvement (see previous page) is that you keep trying to stop.

“Stabilized abstinence” or “recovery” is when you have stopped using alcohol, other drugs or gambling and you feel comfortable with the decision and your ability to maintain an abstinent lifestyle.



TREATMENT CENTERS

Drug Treatment Options	How old do you have to be?	Program Length	Are extensions available?	How long is the waiting list?	Who needs to refer you?
<i>Drug Rehab Centres in Winnipeg</i>					
Addictions Foundation of Manitoba (AFM)	18+	21 days	yes	2-3 weeks	Self referral
Ancohorage Program (Salvation Army)	18+	60 days	yes	1-2 months (may be longer for women)	You do need a referral from someone
Pritchard House	18+*, (will take couples)	5 week program	yes		
Teen Challenge (one-time \$600 fee)	18+	Min. 12 months	yes	minimum of 6-8 weeks	Self referral
<i>Drug Rehab Centres outside Winnipeg (Manitoba)</i>					
Behavioral Health Foundation Inc	18+	Min. 3 months	yes	2-4 months	Self referral
Medicine Lodge (Nelson House)	18+	4 months	yes	1-2 months	Ndap worker, probation officer, lawyer**
<i>Detox Program</i>					
Main Street project	18+	10 day detox	yes	48 hours	Self referral
<i>Drug Rehab for youth</i>					
AFM Youth	12 to 19	7 Day Detox	In different programs	1 week	Schools are the main people that refer youth
<i>Methadone Program</i>					
CARI Methadone Program	18+	As long as you need it	No limit	1 month	Self referral
<i>Secondary Treatment Centre***</i>					
Tamarack (\$75 per day)	18+	60 days	No extensions	2 weeks to 2 months	Self referral

- * Some exceptions can be made.
- ** These are just some of the people that can refer you.
- *** Must be clean and sober for at least 30 days and have been through another program

Contact Information:

*Addictions Foundation of Manitoba
(There are a few different places you can go,
in and out of Winnipeg):*

Main office: James Toal Centre
1041 Portage Ave.
Winnipeg, MB
Intake office: (204) 944-6200
www.afm.mb.ca

AFM - River house
www.afm.mb.ca
586 River Ave.
Winnipeg, MB
(204) 944-6229

AFM - Youth Services
200 Osborne Street North
Winnipeg, MB
(204) 944-6235

AFM - Brandon
510 Frederick Ave.
Brandon, MB
(204) 729-3838

AFM - Ste. Rose Du Lac
Willard Monson House
P.O. Box 490
Ste. Rose Du Lac, MB
(204) 447-4040

AFM Thompson
Polaris Place
23 Nickel Road
Thompson, MB
(204) 677-7300

Anchorage Program- Salvation Army
180 Henry St.
Winnipeg, MB
General information: (204) 946-9401
Intake/Assessment: (204) 946-9453

Behavioural Health Foundation Inc.
35, ave. de la Digue
St-Norbert, Manitoba
(204) 269-3430
www.bhf.ca

CARI Methadone Program
*(This is not a residential program, for opiate
users only)*
3-333 Maryland
Winnipeg, MB
(204) 784-2840

Nelson House Medicine Lodge
Nelson House, MB
(204) 484-2256
www.medicinelodge.ca

Tamarack Rehab Inc.
60 Balmoral St.
(204) 772-9836

Pritchard House
Native Addictions Council of Manitoba
160 Salter Ave.
(204) 586-8395

Teen Challenge
414 Edmonton
(204) 949-9484
(Christian-based)

CALL IT WHAT U WANT 2 CALL IT I'M A FUCKIN ALKAHOLIK



Alcohol is a very powerful substance and if it's disrespected it can take control of your life, like it did ta me. Yah sure I'ma fuckin alcoholic (whatever tha fuck dat means).

I thought drinking looked cool. I was only about 10 or 11 and all my friends were drinking and blazin' weed. I blazed more den I drank coz I hated the taste. I got buzzed a few times, but I was scared of my dad finding out (he hated drinkers) so I never got drunk.

The first time I got drunk, I drank with people I didn't really know. I was at a school party and everyone was getting fuct up. The Po's (police) showed up and everyone took off. I was on tha run at tha time so I bounced out fast N met up with tha owner of the house and a few others. We went back to tha spot after tha cops left N found a whole shit load of beer just left there. I think I drank about a half a forty den I got up out tha chair and went to tha head (can). Damn das wen it kicked in. I could barely see straight. Everything was wobbly and the floor seemed to slide and turn and twist, everything was fuct up! I ain't never hallucinated like dat since, but it was one experience to remember.

I was more into drugs like weed n LSD. I didn't like the way people acted wen dey was juiced, getting' jealous, greedy N juss' plain stupid. I was more into tha drugs.

I made it ta Dub City aka Murdapeg in early '98. I was clean of all chemicals and feeling pretty good about it. I was 3 months clean and things started to be getting better. At this time I still wasn't drinking that much, like once a month. By the

end of '98 my drinkin' had progressed ta 3 times a month. I was always the first one gettin drunk and the last one still drinkin'. I was spending most of my money on booze N started ta neglect my budget for rent and food.

Heading into '99 I got let go from the drop in where I was working because I started to come into work hungover and sometimes still half fuct. By the summer I got kicked out of my place because I was way behind in rent, parties were way too loud, fights with neighbors an shit like that.

This is around the time that I started to black out. My first blackout was pretty scary. I woke up with some girl I didn't know and the first thing I wanted to know was where was I and who was this girl and what happened between us? Did we fuck? Did we use protection? Once I realized I could have gotten something I was scared, but that fear didn't last too long. My whole "I don't care" attitude came back and I continued on my alcoholic career (turns out I was too drunk to even get it up that night).

Around the end of '99 I ended up hitting an emotional bottom. I was homesick and really missed my family. I was drinking to the point that everytime I drank I was blacking out and lashing out verbally and sometimes physically at my friends. Drinkin' alone sometimes and drinking every other day then everyday.

My friend asked me if I wanted to talk to his dad, because his dad has a drinking problem and he goes to AA. He told me his father knew how I was feeling and if there was anyone who could relate to me it would be him. I said I would talk to him so he called his dad and he (we'll call him Bob) came over to talk to me. We talked about all tha shitty things happenin N no it juss wasn't a coincidence.

Anyways, Bob asked me if I wanted to go to an AA meeting with him. I needed to be around more people who knew what I was going through. I didn't care who they were.

The next day came and it was getting closer to the time I had to call Bob. I was having mixed feelings about going now that I was sober. I was scared that there was no one there my age or any other common things.

Anyways, I wanted to remain open-minded about it, even though in the back of my mind I convinced myself that this AA was just a crock of shit. I also thought that





these meetings were for hardcore alcoholics who couldn't get through their day without drinking from morning 'til night. My problems had nothing to do with alcohol, I was just a little homesick, but I wanted ta keep it open minded.

I phone him at the last minute and asked what the meetings were like. He told me they were meetings that allowed people with a common purpose (to stop drinking) to

stick together and abstain from alcohol. There was a 12-step program designed to help those with drinking problems live a sober life. Some people live, breathe, eat N shit AA, some fall off N some have their own program of sobriety usually based on some of the components of AA.

Basically it's a program to get you sober long enough to find yourself. If you find clarity N I mean honest pure clarity, you'll know what your behaviour is like when ur addicted. For some it's a reminder N they stay away, tha others are slow learners.

I personally benefitted from tha support part of it, sharing, listening, relating N reflecting. Once I found myself to become honest wit myself I was able to control myself once again. They told me when I first went in AA that I had a disease, alcoholism for life. U know tha whole "once you're an addict your always an addict" shit. U can believe it or not. I personally feel u can heal from such an affliction. It takes time and hard work. I know my limits now and I know what happens when I cross the line. Now I have a family and to be a man is to raise and take care of your children.

So I guess this brings me up to my conclusion. I haven't quit drinking or using drugs, however my using pattern and it's purpose is not like what it was. I don't use to escape because I can't deal. I'm a casual user for recreation so it's not getting in the way of everyday life. I'm not sure if this way will eventually lead me back to heavy drinking or drugging, but it seems to be working. But, be warned this approach of treatment is not recommended for everyone.

Alcoholically Yours,
Anonymous



fagin

THE A.A. 12 STEP PROGRAM

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Rehab Story #1:

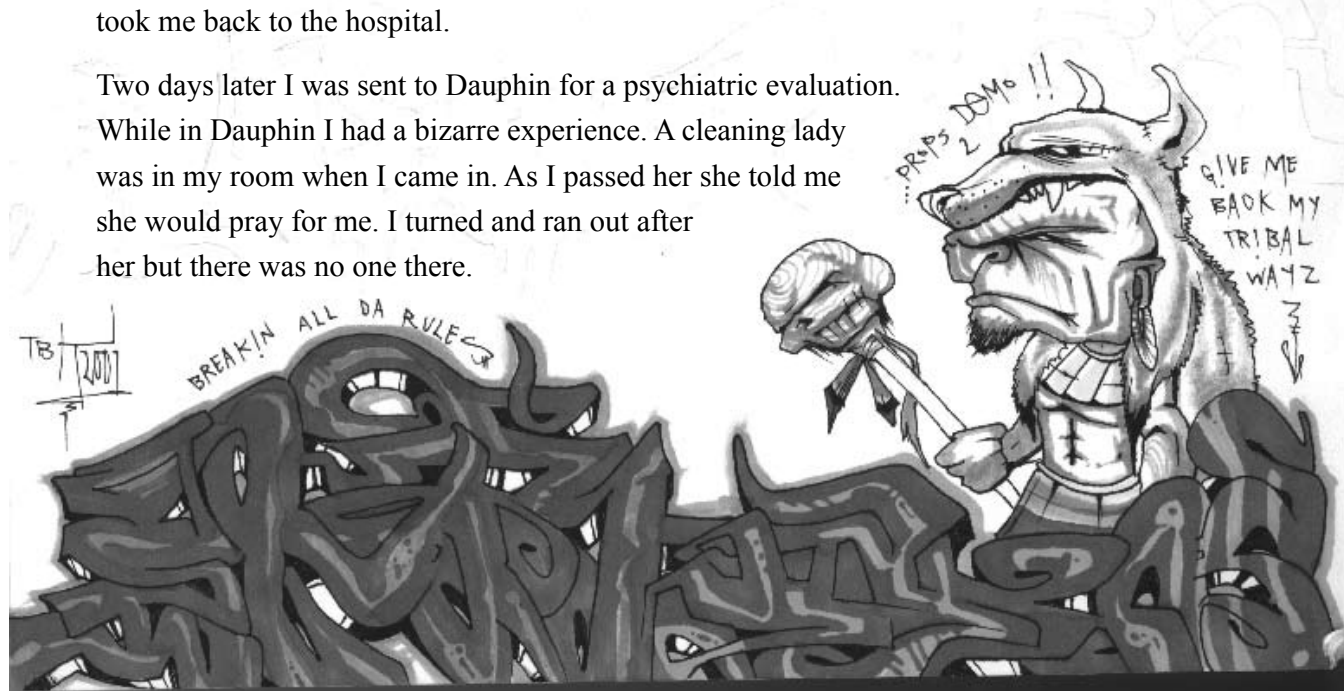
After my second o.d. I knew I needed help. I promised my parents and myself that I would never do this again. But I did it again. After a fairly large binge my heart was racing at 140 beats a minute and I knew I could not continue on this path or I would die. So I phoned AFM and made an appointment to see a counsellor. I thought that it would be easier than it was. The counsellor said that if I went through withdrawal without medical supervision that it could kill me. This was not the answer that I was looking for.

I ended up getting admitted to the hospital for detox. I was in the hospital for 3 weeks and I don't remember much of it. I didn't know that I was clinically psychotic (that was the scary part). A few years of doing whatever drugs I could get my hands on had scrambled my brains. From the hospital I went to St. Rose du Lac and entered the residential treatment program at AFM. That's when I really went crazy. The first three weeks in detox were just a warm up. I had an agreement with AFM that I would stay there during the day and sleep at the hospital during the night. This is the only way they would let me enter their program in my state.

One of the first evenings in St. Rose, I went to put on my toque to go back to the hospital and it was overflowing with worms. I was taken back to the hospital for the night. Apparently once I was there I pushed a nurse and "escaped" from the hospital wearing only my t-shirt in -30C weather. I somehow made it back to the AFM building where I went to sleep. The RCMP came for me and took me back to the hospital.

Two days later I was sent to Dauphin for a psychiatric evaluation.

While in Dauphin I had a bizarre experience. A cleaning lady was in my room when I came in. As I passed her she told me she would pray for me. I turned and ran out after her but there was no one there.





She was my angel. Or perhaps another hallucination. At this point in my recovery I was willing to take any support I could get; real or imagined. Hey, this was better than the worms anyway!

I returned to AFM and finished the program. I was finally back in reality but I knew I needed more time in a program. I went to Tamarack for three months. I was the first client there to be treated for meth addiction. It cost a few thousand dollars for my stay in treatment. It was worth it. I have been clean for two and a half years. I will be graduating with a power engineering certificate in one week and my life is just amazing.

was a result of the decisions I made. I'm not going to tell you not to do drugs. It's not my life, so honestly I don't care. All I will say is that somewhere along the line my teenage experimentation turned into my personal hell; a prison I put myself in. I can't blame anyone for what happened to me. It was my choice.

Rehab Story #2:

Rehab is not always the way to go...

Many people choose to go to rehab but not all people make it through the program. In 2005, I decided to go into rehab because of the connection I was losing with my family, also being an older brother made me smarten up because I didn't want my little brother to know me as a drug addict.

I checked into St. Norbert House. Exactly 2 weeks after getting into the program I decided to leave. The reason that I decided to leave was because I felt as though the program was brainwashing me

instead of helping me stay clean. I didn't feel that I could think for myself, I felt as though others were having to think for me or I would get in trouble. They wanted me to rat people out about the negative things that they had done or else I would get into trouble. I had a problem with the fact that they were not treating me as an adult and would not let us watch certain types of movies. This program was taking away my individuality.

Another main problem with the program was the no contact order, this was a 30 day period where I was unable to talk to anyone outside of the house, including my own family. This was one of the main reasons that I left rehab, I needed my family to support me in this difficult process and was denied the opportunity to see, talk or even something as simple as receiving a letter from my own family. Even if one of my friends was in the same rehab and they had friends over to the house, I was still not able to talk to them as they were not my guest. I honestly believe that jail would have been better as I would still be able to contact my family and friends.

Shortly after this, I ended up in jail, which helped me sober up more then rehab ever would have. I had more freedom and incentive to stay clean. After getting out I got a job, changed some friends and cleaned up my life. Now I work a full time job and have a bunch of sober friends that aren't all dying like flies or stabbing me in the back!

Rehab Story #3:

An autobiography

Hello my name is - and I grew up in Winnipeg, Manitoba. I seem to remember having a normal childhood in a very nice community (Donwood Projects). I had lots of friends and enjoyed playing games like hide and seek, tag, and sports. Track & Field was my favorite. I am a gifted athlete. I am now 24 and I am running again, only not nearly as good as I once could. I do believe I could have got a scholarship for University. But because of the decisions I made when I was younger this is not possible. I blame it on nothing but myself, maybe I was unaware of the consequences. But I had made my decisions and my own bed and now I must sleep in it.

What I would like to share with you in my story is an experience lived and remembered, my involvement in drugs, alcohol, and crime. It all began back in 1994, I wasn't much older than 10 when my cousin introduced me to boosting and grab'n'runs. I would perform simple snatches at the local stores for the gang, mostly cigarettes. I also enjoyed stealing jewelry, hats, and sunglasses.

My parents moved shortly after that. We moved over to Linden Ave. where I quickly made new friends. It started out well, up until I got to the seventh grade. I started drinking and doing drugs that year and started hard. My best friend's father had a handsome liquor stash where we made a get away nearly every day. We would find little jobs after school and on weekends to make money for our dope and cigarettes.

Around Grade 8 I was out of control with my continued drug use and alcohol abuse. To make shit worse the first day of Grade 9 we started dropping acid. I stayed on this path for a long time and popped over a hundred hits. Near the end of that year I started experimenting with coke and crack. I kept getting into trouble with the law and found myself behind bars a couple of times. I was stealing anything I could get my hands on and selling crack. I carried on that path for a few years until I finally decided to get some help.

I went to BHF for three months and finally had my drug addiction under control. After rehab I had walked the red road for quite awhile before I started abusing alcohol again. I fell into a depressing state of mind for the years to come. I was working a good job as a building mover and made good money. I had attempted suicide a few times in those days and thankfully I was unable to succeed. I lost a few friends that way; I guess I was feeling sorry for myself. Alcohol is a depressant.

I was finally able to kick my habit again and now walk a good way in life, down that red road. I feel good for the first time in a long time and am proud of who I am. I try to be kind to everyone I meet as a form of respect. I try to look at everything in a positive way. It certainly is not easy at times. I know for myself, that if I did not have the lodge or my traditional ways I would probably be dead or maybe in jail.

Walking the red road I believe is about walking thru life in a good way. And when I say that I mean; walking at peace with yourself and others, walking a spiritual way, realizing every thing around you has a spirit, and respecting that spirit. So when I say I am walking the red road I mean I am walking in a spiritual way and trying to follow the traditions and teachings passed down by my people! That is my understanding of the red road.



“Being Indian is mainly in your heart. It’s a way of walking with the earth instead of upon it. A lot of the history books talk about us Indians in the past tense, but we don’t plan on going anywhere... We have lost so much, but the thing that holds us together is that we all belong to and are protectors of the earth; that’s the reason for us being here. Mother Earth is not a resource, she is an heirloom.”

- David Ipinia, Yurok Artist, Sacramento, CA

Rehab Story #4:

Okay, so this is for all intensive purposes my last day here up north here at their medicine lodge. I came here five days ago, but it has been a long time coming. Overall my time here was nice, but disappointing. It is not so much because of the lodge *per se*, but rather because of the larger and systematic problems that this whole escapade represents. It is completely shocking to me that in my province there is no suitable treatment center for people with my addiction, and those in a situation similar to me. I find this completely despicable. There is supposed to be a foundation in Manitoba that deals with addictions, but all in all heard and accounted for they do not provide suitable services for people addicted to meth, or for that matter I might even extend their incompetence to the treatment of hard drugs.

This is what is disappointing, the system is broken and it is costing people their lives. And as they slowly die, it is costing Canadians untold billions in lost productivity, lost ideas, lost creations. But let’s forget about what’s been lost, because it’s gone, nothing will bring the dead back to life. So let’s think about what is here. There is this girl so quiet, so diminished, it seems like no one is home, a shell of a person, but when she speaks she speaks so slowly and is so repetitive it is almost unbearable. When I hear what she has to say as she verbalizes her pain, her anger, rage and sadness, she frightens me. How can we have let this happen to her? Will she be able to recover from her afflictions? Her addiction is not the problem, but rather it’s a symptom of a much deeper more painful experience.

Then there is another woman, who has gone in and out of treatment centers and programs for some time now, but never took them seriously. This time she hopes that it will be different, and through grace she will be able to recover her relationship with her kids. Then there is yet another woman who has come here all the way from Alberta in hopes that this time, this time will be different. She is a bright lady and I wish her all the best. Then there is the star, the graduate of the program, so confident. Perhaps a bit too confident, I wonder what will happen to him when he returns to the city. What awaits him there? I think he might be afraid.

Then there is the elder, whom I do not know, but who claims he knows me, even though we have never met. He speaks a little broken English which I can not understand, nor can the star. Alas I wish I spoke Cree. He cannot understand me, and feels that there is nothing that can be done in the face of meth, the sweat lodge will not help, he says. He can not teach me, he is not my elder. Then there is the sweet, lonely gatekeeper that takes us all in. I wish a could just hug her and make her dreams come true. There is so much more, but I digress in my disappointment.

There is also the director, she is a stern woman with a stone cold face, that administered the drug tests, an explosive situation. Neither the test nor I lie, but in our haste we forgot the 60 days. So as the Director, the elder and I sit in a room and await the results, we wait. Five minutes pass and the director turn to the elder and says "It's positive". What a surprise, something is wrong. I tell the director that they need to get new tests, because it is wrong. She turns to me suspiciously, and said "You went into town last night didn't you?" I nod. She goes "umm hmm..." The implications were clear, she thinks that somehow I smoked some pot last night. "This is bullshit!" I declare. A client that was standing by the door watching this unfold excuses himself, saying "I'll let you guys be now" or something to that effect. In frustration, I say to the director: "I think you need a new fucking test, I want a serum sample taken, take me to the nursing station, and do a tox screen! This is fucking retarded!". They turn to me and tell me to watch my language. In my head I'm thinking "You fucking assholes, I'm here trying to deal with my shit and you're concerned about my language, whatever fuck". I turn to the director and I ask to see the result, I take it from her hand and sure enough there is only one line - the culprit is clear: THC. I know that a positive result will have me kicked out of the program. A few more words are exchanged, I am told that we are done for now. I have not been told what this result means. I leave the office a pace around the center for a bit, I call Winnipeg to speak to a nurse who is a friend. "Hi! I have a question for you, how long does THC stay in you system for?". She explains to me that it depends on the sensitivity of the test, but

it can stay detectable in your system for up to 60 days. I calm down a bit. Okay, 60 days. It makes sense now, yeah I've smoked pot in the last 60 days. Okay we can deal with this.

I go to my first morning session. It is an introduction to communication, we go around the room. Each of us are asked to rate how we are feeling on a scale of 1 to 10, 1 being bad, 10 being great. I give myself a 4. I wanted to



say zero, but it's not on the scale how typical of non-programmers, always forgetting the zero. The morning passes, and we learn what communication is and what it is for, blah, blah, blah. Lunch arrives. I go to the cafeteria and prepare to eat but before I can reach for my tray a guy taps me on my shoulder, says "Come let us talk." The guy is apparently my counselor, never met him before. Anyway we go to an office. The director and elder are already there. I sit. I am expecting to talk about the results of my tests, but not a mention of it is made. I am told by the director that there is the initial 10 day assessment period, and they would like to share their observations with me. She says that she has not observed me but will let the others speak. She then motions to the elder and he begins to speak. I do not understand what he is trying to say. He makes motions with his hand as if it were a speaking mouth, he talks about some sort of game and how I don't know what he says. My counselor interjects, this man that I've never seen starts to speak, but he can't say what is on his mind, he dances around the subject. But the message is clear, they don't know about Meth, this is not the place for me.



He hands the conversation over to the director, she tells me that she has been in touch with the CODI team at the Psych Health Center in Winnipeg and that S., my occupational therapist, wants to talk to me on the phone. My counselor and the director leave the room, but the elder stays. We talk for a bit. There are concerns about the clicking sound I make, a nervous habit, there are concerns that I tend to speak to myself, they don't know who I am talking too. She asks whether I am comfortable here. We talk about the Homewood Institute, my first choice of treatment centers. I tell her to get the good doctor to make the referral, I don't care about the costs, I don't care about his personal grievance with the program manager there. That is bullshit. I finish my conversation with her. She wants to speak to the director, so I get the director and go for lunch.



As I finish my lunch the elder comes to me. He is fulfilling the request I had made the previous day, to understand more about the spiritual aspects of this program, like what is a smudge. He explains that they are not drugs, they are made by god, that the spirit is on the left. He then begins to talk about things that I can not discern. He talks about the dangers of psychiatrists and the prescription, how he once healed a man in a week, but with meth there is nothing he can do. He has seen people in group homes, I believe it frightens him, I believe they are all frightened.

I read to him what I have wrote in the past, but he can not understand. He says “I do not understand these big words, I can see blackness in it, I can also see light”. We try and talk some more. I tell him that I do not understand him. He

tells me he does not understand me. We laugh a bit. I leave because I’m late for workshops. I enter the lecture room, sit down and try to focus on what she is saying, but I can’t. I can feel the anxiety building. I leave to go looking for the director. I disturb her from a meeting, so she says she will come find me. We go and talk. She reiterates what we have spoken about. Now she talks about clinical stuff, how they are not clinicians, and can not tend to my medical needs, there is an issue of liability, what happens if I need medical help, what happens if I hurt someone. She is glad to hear I have no history of violence. They do not know about meth, but they are not afraid. We talk about Homewood, we talk about other places I can be referred to. She was not aware that I had a Meth addiction. She asks me if I have seen my file. I said no. She starts leafing through my file. She finds the letter, which I have already seen. It says something to the effect “Shayne suffers from amphetamine dependency and has experienced psychosis and paranoia related to his drug use...” Okay I get it they think I’m a psychotic meth-head, oh my god they really don’t know me, they are afraid.

The bus leaves at noon. They won’t let me go for a walk, I am under their care, others can go, but not me... oh well what a waste



of time. We take a break. I call Winnipeg, pace, smoke, and eat. We reconvene. The director has changed her stance, she is not a therapist, but under special circumstances when the staff are uncomfortable with a client she will work with them, it is an olive branch. I must decline. I have rested, ate and now will continue.

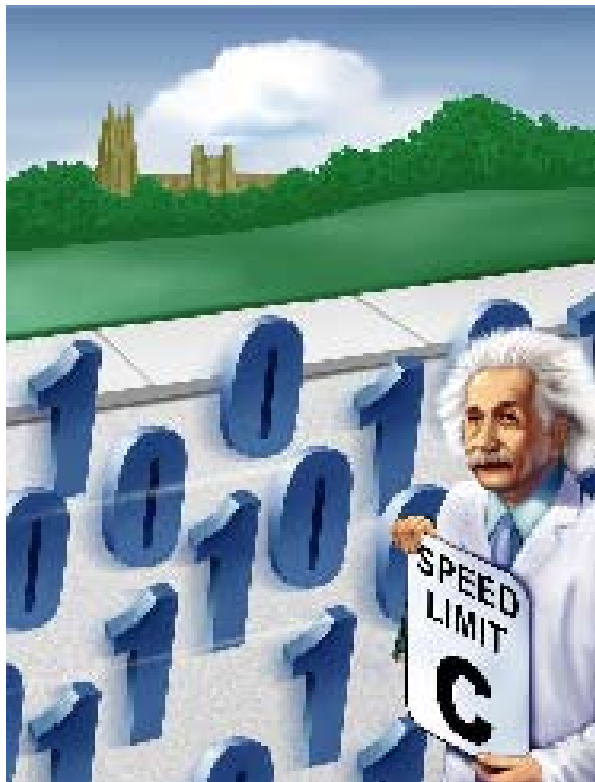
A couple of recommendations: the first is that their intake policy should be revised. Why accept me as a client if the very reasons that were stated in my letter of referral are the reason they cannot accept me? This is unacceptable, and potentially wasted many months on my part. The second recommendation is that the policies around drug and alcohol testing need to be revised. There needs to be clear informed consent from the client. Information should be communicated about detection periods. If a client just comes in it is quite possible to test positive for some drugs for up to 60 days. Furthermore, these tests need to be handled in a confidential manner. Why was a client there by the door when my results were being discussed? This is a breach of confidentiality. But whatever, I'm not here to make recommendations, I'm just saying that if this were a house meeting these would be my beefs.

All of this has forced me to re-evaluate my goals and what I expected by coming here.

Goals:

1. To fulfill my contractual obligations with my employer(s)
2. To seek employment in the IT (information technology) field.
3. To finish my education and complete a university degree.

With that being said, I have done very poorly in living up to my obligation to my employer. The drugs have interfered with my work and I ended up "flailing my code", essentially that means I broke the software that I was developing. In a drug induced haze, I forgot the components, the relationships between the components, the direction I was heading. All these complicated relationships and functions are not in my short term memory. They need to be reloaded. It takes time to read thousands



of lines of code. Browsers have changed. Now IE8 is about to come out and I was working with 6, international standards have changed, been replace or depreciated. It's a broken mess. The IT field does not wait for anyone, and I have failed to keep up to date. Instead, I smoked drugs, watched porn, and masturbated in a closet. I went in the community to try and figure out how this software would work, but I am at a loss, I can not see how it needs to be revised. All this takes time, and I cannot work in my environment and community. There are too many distractions, too many temptations, too much anxiety. What a disgusting mess I have made. How to recover? What are my objectives?

Objectives:

1. Maintain a home, a place to live, and an income.
2. Remove myself from my environment so I can work.
3. Let my body and mind heal from the abuse of drugs.
4. Find that special someone

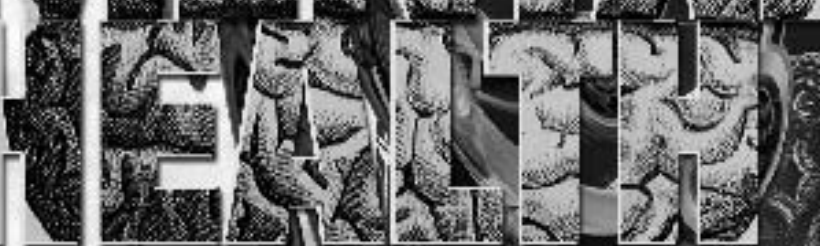
So in a practical sense it seemed that going to treatment was a viable option. My employer would extend me some sick-leave benefits so I could maintain my place, I would remove myself from my environment, would be able to let my body heal, gain insight into the recovery of addictions, and give myself time to recover this broken mess of code that I flailed. It seemed like the perfect option. But alas it is not, would Homewood really be any different? What do I do? Must reformulate a plan. Perhaps I should just quit, get a decent job doing technical support or some shit, where there are not complicated obligations. What should I do? Must think, then think some more.

By Shayne Métraux





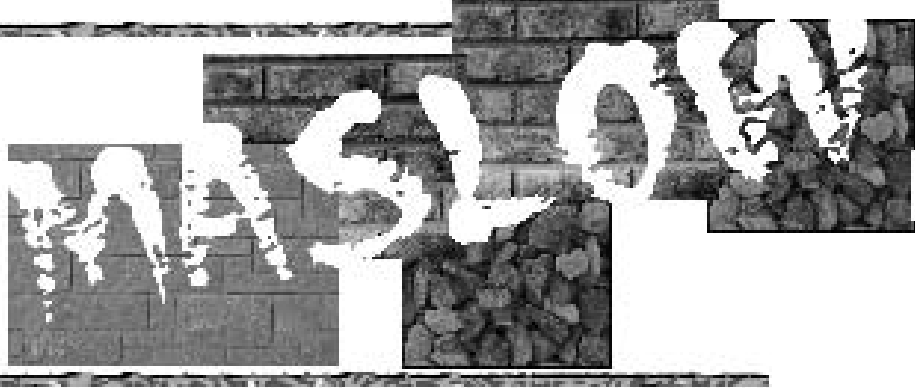
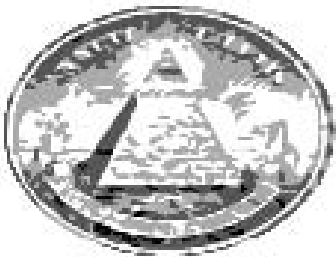
**MENTAL
HEALTH**



LE CERVEAUX



THE BRAIN



Maslow's Hierarchy of Needs

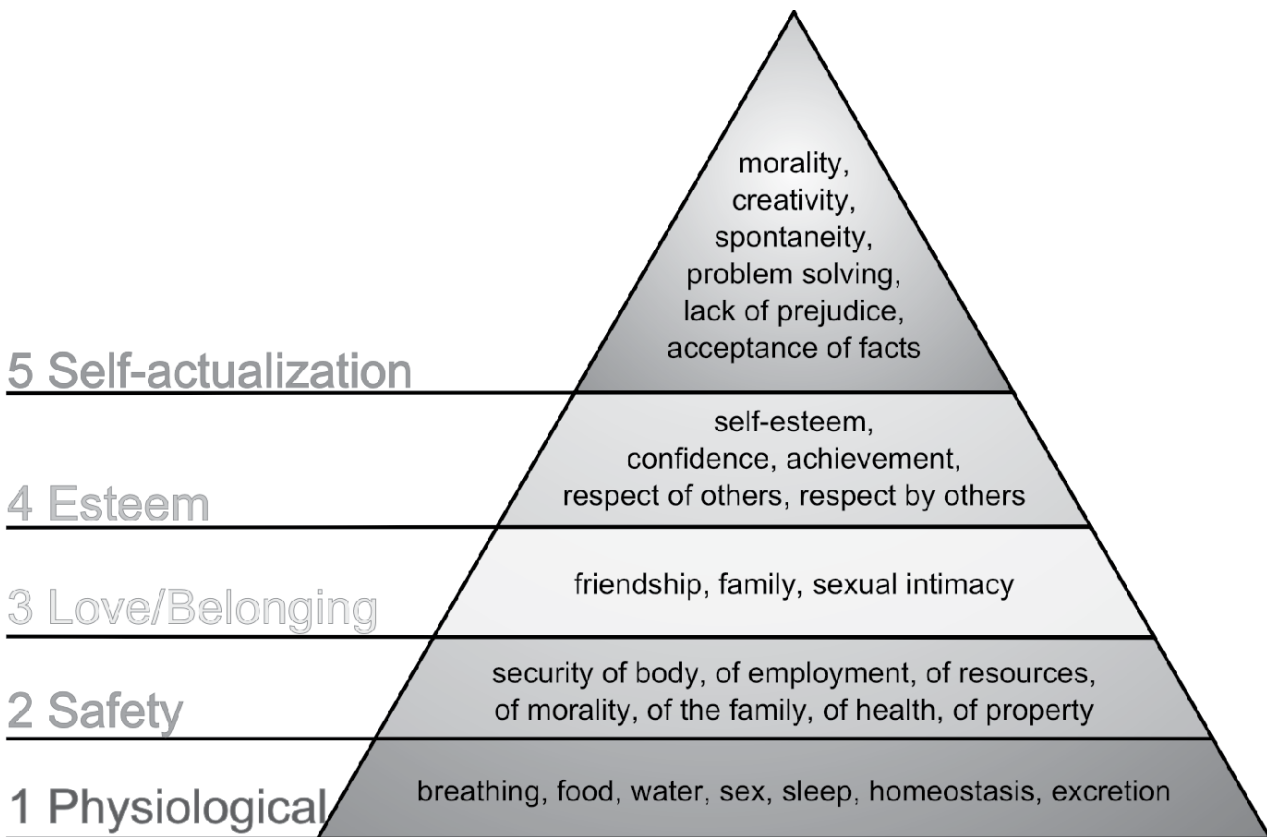
In the beginning, deficit needs

The first four levels Maslow called “deficit needs”, or “D-needs”. If you don’t have enough of something — i.e. you have a deficit — then you feel the need. But if you get all you need, you feel nothing at all! In other words, they cease to be motivating. As the old blues song goes, you don’t miss your water till your well runs dry!

Maslow talks about these levels in terms of *homeostasis*. Homeostasis is the principle by which your furnace thermostat operates: When it gets too cold, it switches the heat on; When it gets too hot, it switches the heat off. In the same way, your body, when it lacks a certain substance, develops a hunger for it; When it gets enough of it, then the hunger stops. Maslow simply extends the homeostatic principle to needs, such as safety, belonging, and esteem, that we don’t ordinarily think of in these terms.

Maslow sees all these needs as essentially survival needs. Even love and esteem are needed for the maintenance of health. He says we all have these needs built in to us genetically, like instincts. In fact, he calls them instinctoid — instinct-like — needs.

If you have significant problems as part of your development — a period of extreme insecurity or hunger as a child, or the loss of a family member through death or divorce, or significant neglect or abuse — you may fixate on that set of needs for the rest of your life.



The D-needs

1. **The physiological needs.** These include the need we have for oxygen, water, protein, salt, sugar, calcium, and other minerals and vitamins. They also include the need to maintain a pH balance (getting too acidic or base will kill you) and temperature (98.6 or near to it). Also, there's the need to be active, to rest, to sleep, to get rid of wastes (CO₂, sweat, urine, and feces), to avoid pain, and to have sex. Quite a collection!

2. **The safety and security needs.** When the physiological needs are largely taken care of, this second layer of needs comes into play. You will become increasingly interested in finding safe circumstances, stability, protection. You might develop a need for structure, for order, some limits.

3. **The love and belonging needs.** When physiological needs and safety needs are, by and large, taken care of, a third layer starts to show up. You begin to feel the need for friends, a sweetheart, children, affectionate relationships in general, even a sense of community. Looked at negatively, you become increasing susceptible to loneliness and social anxieties.

In our day-to-day life, we exhibit these needs in our desires to marry, have a family, be part of a community, a member of a church, a brother in the fraternity, a part of a gang or a bowling club. It is also a part of what we look for in a career.

4. **The esteem needs.** Next, we begin to look for a little self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance. The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. Note that this is the higher form because, unlike the respect of others, once you have self-respect, it's a lot harder to lose!

In the end, being needs

The last level is a bit different. Maslow has used a variety of terms to refer to this level: He has called it growth motivation (in contrast to deficit motivation), being needs (or B-needs, in contrast to D-needs), and self-actualization. These are needs that do not involve balance or homeostasis. Once engaged, they continue to be felt. In fact, they are likely to become stronger as we feed them! They involve the continuous desire to fulfill potentials, to be all that you can be. They are a matter of becoming the most complete, the fullest, you — hence the term, *self-actualization*.

Self-actualized people are reality-centered, which means they can differentiate what is fake and dishonest from what is real and genuine. They are problem-centered, meaning they treat life's difficulties as problems demanding solutions, not as personal troubles to be railed at or surrendered to. And they have a different perception of means and ends. They feel that the ends don't necessarily justify the means, that the means could be ends themselves, and that the means — the journey — was often more important than the ends.

Self-actualizers also have a different way of relating to others. First, they enjoy solitude, and are comfortable being alone. And they enjoy deeper personal relations with a few close friends and family members, rather than more shallow relationships with many people.

They enjoy autonomy, a relative independence from physical and social needs. And they resist enculturation, that is, they are not susceptible to social pressure to be “well adjusted” or to “fit in” — they are, in fact, nonconformists in the best sense.

They have an unhostile sense of humor — preferring to joke at their own expense, or at the human condition, and never directing their humor at others. They have a quality he called acceptance of self and others, by which he meant that these people would be more likely to take you as you are than try to change you into what they think you should be. This same acceptance applied to their attitudes towards themselves: If some quality of theirs isn't harmful, they let it be, even enjoy it as a personal quirk. On the other hand, they are often strongly motivated to change negative qualities in themselves that could be changed. Along with this comes spontaneity and simplicity: They preferred being themselves rather than being pretentious or artificial. In fact, for all their nonconformity, he found that they tended to be conventional on the surface, just where less self-actualizing nonconformists tend to be the most dramatic.

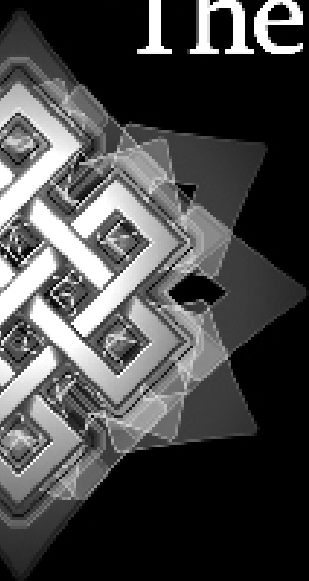
Further, they have a sense of humility and respect towards others — something Maslow also called “democratic values” — meaning that they were open to ethnic and individual variety, even treasuring it. They have a quality Maslow called human kinship — social interest, compassion, humanity. And this was accompanied by a strong ethics, which was spiritual but seldom conventionally religious in nature.

And these people had a certain **freshness of appreciation**, an ability to see things, even ordinary things, with wonder. Along with this comes their ability to be **creative**, inventive, and original. And, finally, these people tend to have more **peak experiences** than the average person. A peak experience is one that takes you out of yourself, that makes you feel very tiny, or very large, to some extent one with life or nature or God. It gives you a feeling of being a part of the infinite and the eternal. These experiences tend to leave their mark on a person, change them for the better, and many people actively seek them out. They are also called mystical experiences, and are an important part of many religious and philosophical traditions.

Maslow doesn't think that self-actualizers are perfect, of course. There were several flaws or imperfections he discovered along the way as well: First, they often suffered considerable anxiety and guilt — but realistic anxiety and guilt, rather than misplaced or neurotic versions. Some of them were absent-minded and overly kind. And finally, some of them had unexpected moments of ruthlessness, surgical coldness, and loss of humor. Just goes to show no one's perfect!

The Road to Awaken

by Joseph A. E. Osborne



Like a dart and aiming high I chase the dragon with a sigh,
two cc's were in my alphabet that quickly turned to hell habit,
Lust and Falling in veins so clear it was the dragon i began to fear.

with breath of fire and a stare of ice It's smile was It's entice,
On bended knee again and again but fun and games came beggin'

with a laugh and chuckle it supplied my points,

I thanked it more when it threw in joints,

It showed me wonders in my timeless state

but told me never ever to awake,

I often pondered and wandered "what's after this?"

He sais "not now good friends have some chris

After all you're not alone, here's a rig you're almost home".

I took the rig willingly and thought i was so heavenly,

this must be the way I can tell.

But in reality it was hell.

Sleeping at the wheel I was.

And lost control of this eerie buzz.

I awake to see Father Time

I asked "why did you stop mine?"

"You see my friend, you have to live,

and without my help, how can you give,

that love you hide so deep inside and that is why you must decide.

What and who you left behind while your dragon friend left you blind,

with a healthy mind, body, and spirit,

it is there you will hear it.

No time to waste there is the road, but remember my friend,

what you've been told".

I've caught the dragon and now it's beggin'

"My friend, my buddy, my chum".

I turn to the dragon one last time,

"No more, dragon, I have won".

WHAT IS THE BRAIN?

Well the brain is an organ of your body, in fact it's the prime organ. You're only considered dead when it stops its electrical fury. It's in charge of a wide variety of human functions such as eating, sleeping, breathing, loving, thinking, feeling and a whole bunch of other things that I don't really care about. But the bottom line is that it is the brain that controls the vast majority of your other organs, telling them what to do and when to do it, even if you don't know it. But most importantly the brain is the center of you – it's only through the brain that you perceive yourself and the world around you. Your friends, family, environment, problems, hopes and dreams, what your reading exist only through it.

We all know that sometimes there is an event in our lives that seems to upset the whole balance of our world, such as a friend that dies, or finding out that you need your legs amputated. The shock of this event can be so overwhelming that our whole world seems to fall apart and nothing seems to matter. A problem like this tends to be more a psychological problem, an event external from you that causes such a stir-up. There's not much you can do to prevent these things. After all, shit happens. But sometimes something even stranger happens, that is to say nothing at all, but bang before you know it, it's like the end of the world has come. You can come to believe the darndest things, like maybe you believe that your leg will need to be amputated because of a small infection or something. Or it might be that you are convinced that your significant other is cheating on you, or that your going to fail school - if you're in school that is.

Problems like these are usually caused by a psychiatric disorder, which means that it's quite likely that you need to be locked-up in some mental hospital, and kept heavily sedated. No I'm lying. All that it means is that the brain may have too much or too little of a certain chemical(s). This apparently can be fixed by giving you drugs. Although not everyone will agree that this alone will work. So what will?





Stress is the body's response to excessive demands on its ability to cope (an alarm), whether biological or psychological. It's an attempt to restore internal balance which may never be achieved at all or for very long.

The stress response involves nervous impulses throughout the body and the brain that release a set of chemicals into the system, mainly adrenalin and cortisol.

Cortisol acts on almost every part of the body, from the brain to the immune system; it allows the body to respond to a threat. Essentially, it stimulates a cascade of events that provide the body with enough energy to deal with unusual situations.

Adrenalin, a natural stimulant, acts as a hormone to stimulate other body systems. It helps the body to adjust to sudden stress by elevating blood glucose (so you have more fuel) and stimulating the "flight or fight" reaction. In effect it increases blood and oxygen to the muscles by increasing the strength and rate of the heart beat and blood pressure, makes you sweat (to cool

a hot body) and makes sure you have the fuel needed to act.

A few factors usually lead to stress for human beings: uncertainty (Where am I going to stay? What might tomorrow hold? Where can I get \$ to get what I need); lack of information (about things that might be important to you); loss of control (ie. in jail, your choices are limited by the rules of the place); conflict that the organism can't handle (a big fish eating up little fish); and isolation from emotionally supportive relationships.

Stress also reduces the action of certain receptors in the brain, resulting in cravings (for drugs, sex, excitement, etc.) Some drugs like cocaine and crystal meth mimic the stress response and have similar or exaggerated effects on the brain that may take time to repair.

A stress response to a short-term crisis can be really good. It can save your life. But persistent stress responses over long periods can be very harmful. It can mess with almost all body functions, increase the risk of obesity, insomnia, digestive problems, heart disease, depression, memory impairment, etc.

When you experience chronic stress, some parts of your immune system may be suppressed, making you more likely to get sick from infections. Stress can also increase your risk of auto-immune diseases, in which your immune system attacks your body's own healthy cells. If the flight-or-fight response never shuts off, the stress hormones can result in severe depression, anxiety, and a sense of helplessness. Research suggests that chronic stress responses may alter the structure and function of brain cells needed for memory storage and function.

Researchers think that extreme stress in early life results in a lower set point for a kid's internal stress system. This means that someone with a

history of early childhood stress gets stressed more easily than "normal" throughout life.

What does it feel like? Individual responses to stress may vary from person to person. In general, physical response to stress could result in feeling "sketchy" or anxious ; your heart and breathing rates might be faster than usual; a sort of sick or nauseated feeling in your stomach, reduced interest in food, need to go to the bathroom more often, etc.

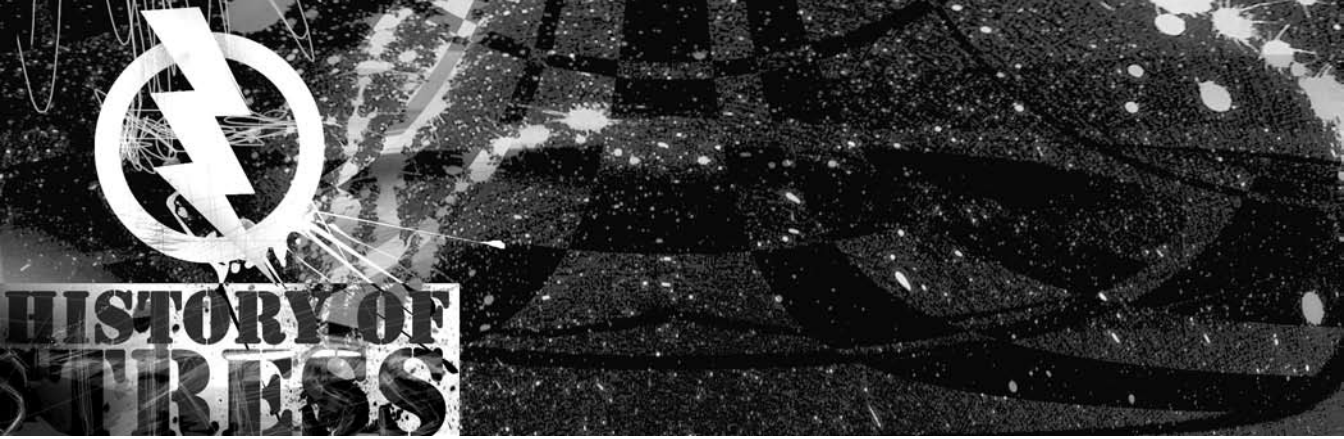
But regardless of how you as an individual react, stress is one of the universal principles of all life on the planet. There's no getting away from it. So how do you learn to live with it?

Stress Reduction Kit



Directions:

1. Place kit on FIRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.



Tartarus is heavier than the heavens, the absence of Elysium is stress for the decipherment, the pressure wells and seethes within thousands of individuals in society today. What makes a man have the free will to look down the bottle of whisky, or to look down the barrel of a shotgun god damn it. The ultimatum that is not mentioned in the regression toward the mean is “stress” - stress alters everything, it changes the world, the very fabrics in evolution “One spawn of weakness and my respite is this servitude self-inflicted oblivion” paranoia is a shard of glass in my sneaker while I walk my journey through space - fluoxetine, lorazepam, clonazepam, tylenol three’s, cigarettes, and red wine are what maintain my sanity. Without the dependencies fear makes my heart beat against my ribs, sometimes flickers of ember are noticed in the corner of my eyes, I smell sulfur and the nausea clenches my stomach, my head feels like it’s in a vice, my knees buckle under the pressure, my epidermis glows bright red, fuck everything becomes my virtue. Stress can sure fuck with a lot of people and it causes a lot of shit like exhaustion, depression, anger, abuse, self mutilation, suicide, murder. Stress isn’t imminent, it’s a lifestyle the frame of your mind the shape of your heart - stress has killed many people of the past and present of pop culture writers, painters, rock musicians, and movie stars. Edgar Allan Poe the American poet, critic, short story writer, and author who drank himself to death back in 1849, Vincent Van Gogh one of the most famous painters in the world shot himself July 29th 1890, Kurt Cobain the lead singer of the band Nirvana who committed suicide after suffering a self-inflicted shot gun blast to his head in his Seattle home on 1994, and just recently Heath Ledger while acting the role of the joker in the upcoming film The Dark Knight died of a drug overdose in a Lower Manhattan Apartment in 2008, In the end all we have is the great cosmic waltz through space to the colossal golden city in the sky and ask the one humankind call the creator of this pilot we call life “why the forbidden blessing, why the forbidden tree, why the forbidden fruit, why the vulnerable dude and why the naive broad in the garden of Eden” I guess money can’t buy happiness. I remember a saying that I heard from a friend’s mother that really helped me when I was in stress she said there was a cartoon I once saw about a caveman who was scared of his sweat so in a panic he tried to out run his sweat the moral to that cartoon was you can’t run away from your problems the best thing you could do is just stand and face it like a man and deal with it, it really made sense to me. Stress is a constant sorrow, a burden, a nexus to every fuck up in our society, find your halo and ignore the vices - puph

MENTAL ILLNESS: SOME THOUGHTS ON GETTING HELP.

I think that it is a difficult thing for most part people to deal with the idea that they might have a mental illness. People don't like to think of themselves or their friends or family as having a mental illness. Sure a lot of times we as people can tell if a person is always down, or gets really paranoid over nothing, or that guy that always freaks out. Oh, and that damn guy that's always too happy. So I have to think most people know when something is wrong, but they never say anything, they feel that they have to keep quiet. Which granted is true. You just don't bring up mental illness with anybody that seems to have a problem. For the most part you assume they know about it, and will bring it up if they want to, which of course they probably won't, which saves everyone from having to talk about it, an excellent approach at avoidance, I think.

If I were here, would you want to talk about the problems you might have with your head? How about your buddies, want to talk about them too? And your family history, your feelings and your fears, your hopes, those really weird things that you do? It's going to have to come out sooner or later.

That's why the idea of mental illness can be so difficult to talk about. Ultimately it means having to talk about a lot of personal shit, admit a lot of things, deny a whole range of other things, all to a perfect stranger who is supposed to 'diagnose your medical condition'. On top of that, your "diagnosis" will periodically change on you, especially when you change doctors.

Then they are supposed to ‘fix’ the problem with the help of some drug, that does god knows what, but can make you feel even worse. All the while he just says trust me, as he collects his cheque for your visit. Trusting this stranger with personal information can be difficult. The hardest thing is to be able to trust them, and to be able to talk to them honestly.

Sometimes when I’ve seen these people in the past, they have asked a question that if I answered truthfully I would have sounded completely nuts. So I’d lie, just not to sound too nuts. But eventually I ended up lying to this guy so much that it was pointless for me to even see him so I stopped.

For the most part I find that talking to close friends can go a long way in making people feel better, but they can’t change brain chemistry like good psychiatrists can. Unless they’re a drug dealer, but that’s a whole different story altogether.

It doesn’t matter what the name of what you have is, but it is important to know that there are things that happen in our minds that are beyond our control. Sometimes it is these things that are making us feel bad, or do strange things, or be afraid, and sometimes it’s ourselves doing it to ourselves. So asking a doctor to see an expert about these things is sometimes not such a bad idea. Think about it.



Mental illness is such a huge topic. Everyone at one point or another has known someone that is “mentally ill.” What does it really mean? Because I am mentally ill, does that mean that I am different from you? Probably not. If you walked by me on the street, would you know? I doubt it.

Long ago I was considered a normal child, without any real known problems. Now I am sick, I look and act like many people do, I go to school and work a job, or two.

It all started with a trip to the doctor. She noticed that something was different with me. She also knew that mental illness ran in my family and she also knew that I had a history of drug use. So instead of sending me to see a bunch of specialists, she decided that I was sick too. Gave me a bunch of meds and sent me on my way. Life was going pretty well, I was functioning better than I had in a long time, but now I had this label, “mentally ill.” The doctor ended up telling me that my condition was probably temporary because of all the drugs that I had used, but it’s been 3 years and I am still “mentally ill.”

After a while the pills stopped working, and I started to freak out. A few nights I found myself screaming, “I cannot live life this way!!!!” I never wanted to die, I just wanted to figure out how to live the life that I considered normal. Instead of sending me to a specialist, the doctor changed my dose. Now I am normal again. Or am I? A few weeks later the same thing, the middle of the night and I notice my meds are no longer working. So I go back to the doctor. No specialist, she just changed the meds again.

Along the road to trying to get well I went back to school, started having problems and didn’t know why. My doctor said that some of the problems that I may be having in school could be caused by all the drugs that I did years ago. This is a scary thought. I partied hard, even though I quit when I was 19. My doctor does say that it will get better and I have a lot of hope that it will.

Instead of giving up and giving in I continued with life as usual, went to my classes, flunking some as I went through them, but not giving up. This illness is a part of me and the life that I used to live will always be a memory in my head.

by Sam

Anxiety & PANIC

Everybody experiences a form of anxiety once in a while, whenever they encounter stressful situations, such as meeting a guy who has a beef with you at some drinking party, when you know that some shit's gonna go down, when the cops stop you, when some guys are trying to jump you, or you meet a new john and don't know if he's violent. In any case, it's pretty normal to experience some level of anxiety in these situations. Sometimes though, people can get an anxiety disorder, which is different from plain nervousness, because it can appear from out of nowhere and without warning and be much more intense.

The major types of disorders related to anxiety are Panic Disorders, Phobias, Obsessive Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), and Generalized Anxiety Disorder (GAS).

Anxiety Defined:

- a) The state of being anxious; Troubled or uneasy mind about some uncertain event: being in painful or disturbing suspense;
- b) (Psychiatry) A morbid state of mind characterized by unjustified and excessive anxiety, which may be generalized or attached to a particular situation.

Panic Defined:

a) of the nature, of or resulting from a panic; exhibiting unreasoning, groundless, or excessive fear.

From the definition above, I'll point out that a major part of a panic attack is fear, not solely anxiety. A panic attack in which you don't become extremely fearful, is sometimes called an anxiety attack, although they are basically the same thing.

Panic disorders are the most intense type of anxiety disorder, whose major symptom is the panic attack. You can't miss these – if it happens, you'll know. But here are a list of the symptoms of a Panic/Anxiety attack.

- Pounding heart, chest pains (heart may feel like it is seizing).
- Sweating, trembling, and shaking.
- Shortness of breath or sensation of choking.
- Nausea and stomach pain.
- Dizziness and lightheadedness.
- Fear of losing control, going crazy, or dying.
- Numbness, chills or hot flashes

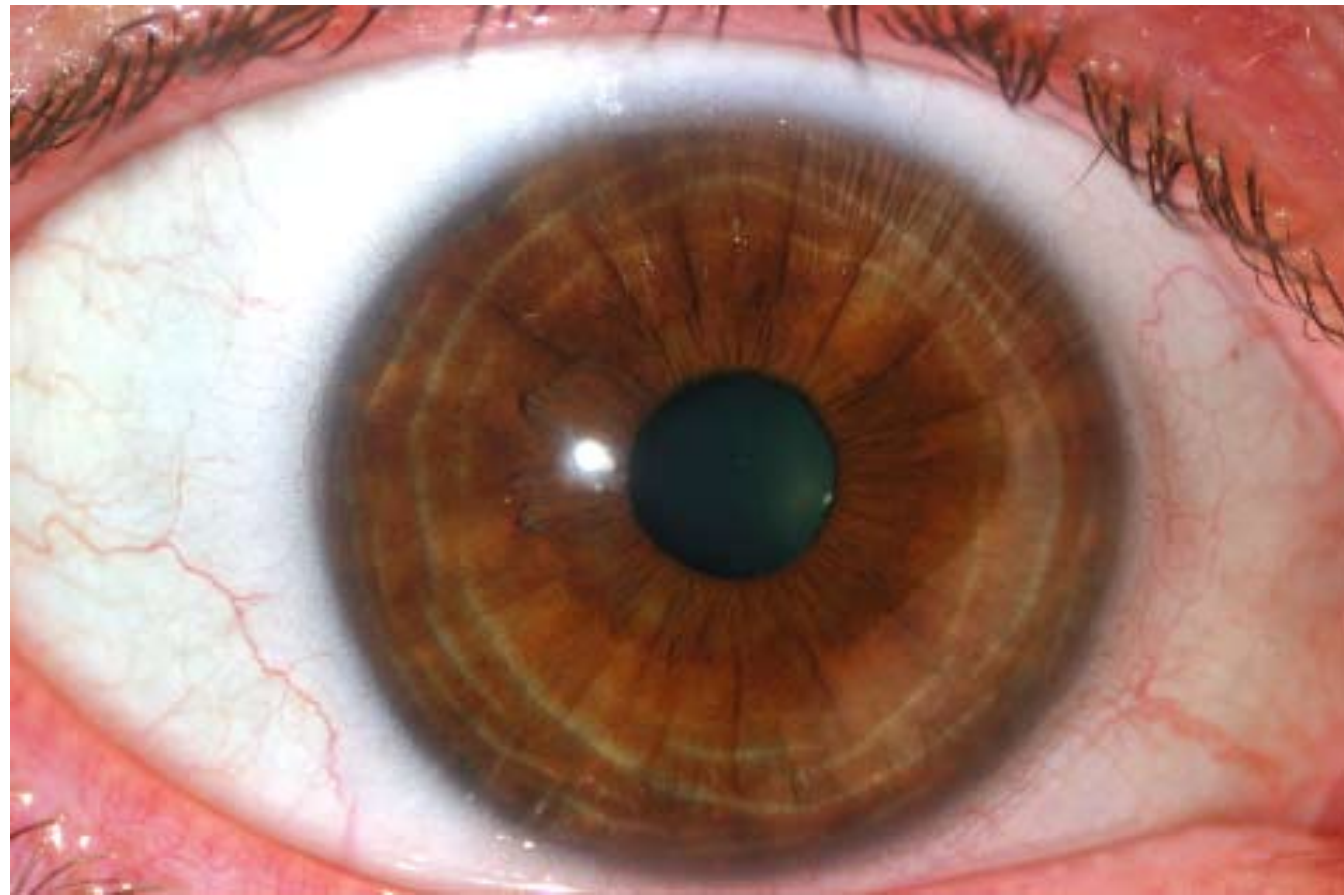


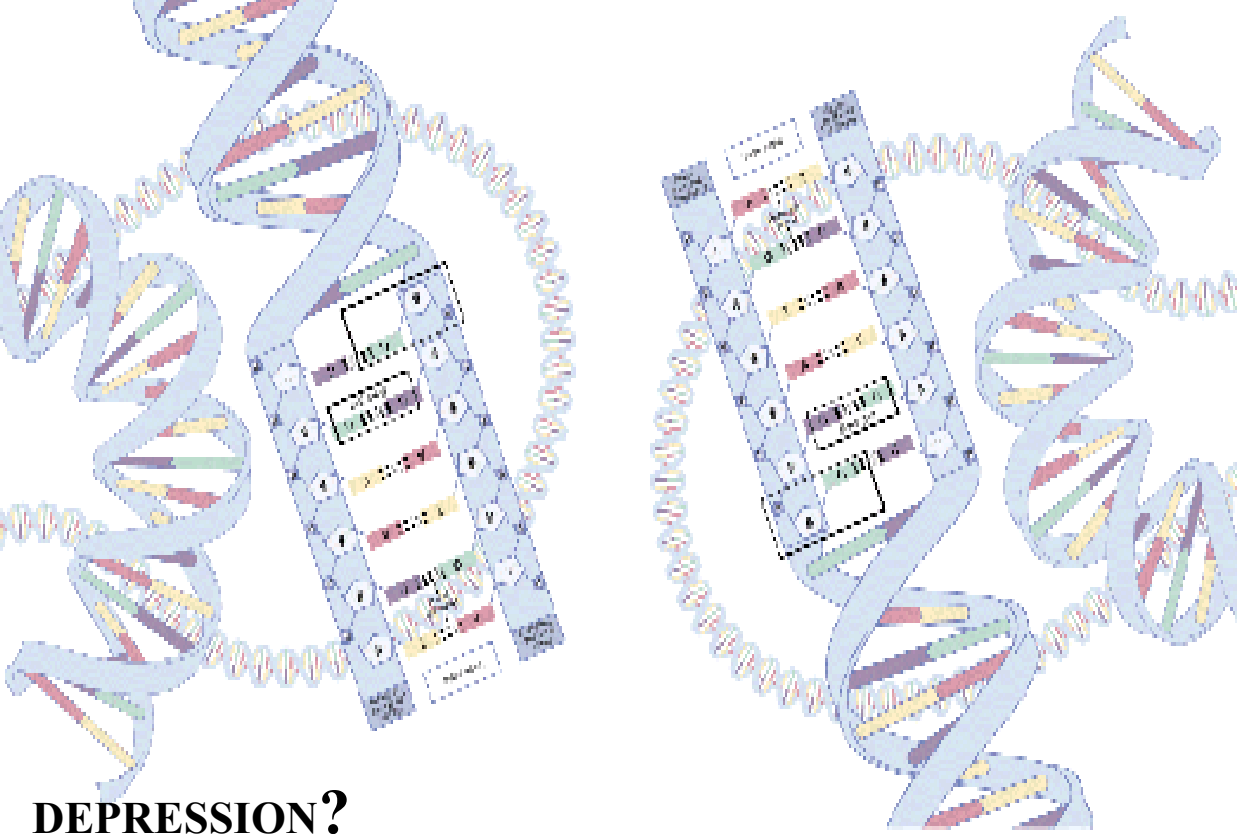
What to do when panic sets in.

- Try and remember that what is going on is a normal reaction to stress, although much more intense than should typically occur.
- Try not to frighten yourself about what is going on and what will happen because of it. No Dave, it's not a heart attack, and no, you're not dying.
- Try and notice what's going on with your body right now. Don't worry about what might happen in the future.
- Remember to breathe properly. If you don't, you obviously feel faint, dizzy and weak.
- Wait for the fear to pass. Don't fight it and don't run away from it – just take it. Accept the fear.
- Think of something that makes you happy, whatever that may be. Notice that when you start thinking positive the fear starts to fade away.
- Slow down. Rushing about can add to the physical symptoms. Learn how to cope with fear without avoiding it.
- Don't think about any panic attack you may have had before. Concentrate on what you're doing now, distract yourself. A note of personal experience – smoking a joint can end up making things much worse.
- Tighten and relax different muscles, slowly and one at a time.
- Think of your progress despite the difficulties. When you begin to feel better, look around you and plan what to do next.

TREATMENT OF ANXIETY AND PANIC ATTACKS

Treatment of panic attacks usually comes in one of two types. The first is where you try and change your behaviour to deal with the attacks, then to get rid of them. The second method of treatment is to identify hidden problems, which are sources of the attacks and deal with those. And, as usual, there are several different types of medication that can be prescribed by a doctor to help get rid of them. Usually they rely on Tranqs and Barbiturates, which is basically self-sedation. This can be very useful sometimes, but the downside is you can get hooked on them, especially the Barbs.





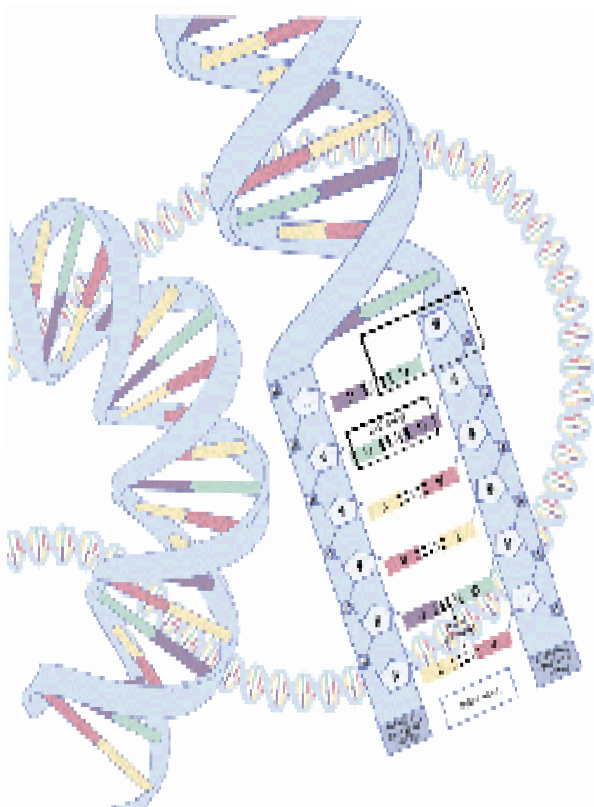
DEPRESSION?

According to the American Psychiatric Association (they're the ones who decide what's a mental illness and what's not. Everything about mental illness is in a book they call the Diagnosis and Statistical Manual or DSM-IV), depression can be diagnosed if a person experiences:

- 1) persistent feelings of sadness or anxiety or,
- 2) loss of interest or pleasure in usual activities in addition to five or more of the following symptoms for at least 2 consecutive weeks:
 - Changes in appetite that result in weight loss or gain not related to dieting.
 - Insomnia or oversleeping.
 - Loss of energy or increased fatigue.
 - Restlessness or irritability.
 - Feeling of worthlessness or inappropriate guilt.
 - Difficulty thinking, concentrating or making decisions.
 - Thoughts of death or suicide, attempts of suicide or self-harm.

OF COURSE I'M SAD, MY LIFE IS THE SHITS...

I'm sure that we have all heard before: "Well I just broke up with so and so.... so I'm feeling a little bit depressed". Well I'm sure that they are feeling sad, even terribly sad, but when they say they are depressed because of a break-up, well that's just not true. They may be depressed, but it's not because of the break-up. The break-up was an external event, and not an illness like depression.



DEPRESSION IS A MIX OF BIOCHEMISTRY, GENETICS, PERSONALITY AND ENVIRONMENT.

What the heck causes depression to come anyway? Well, it's hard to say exactly but doctors think it can be caused by some of the following:

- Deficiencies in brain chemicals called serotonin and norepinephrine,
- Family history of depression,
- Low-self esteem which can overwhelm someone with stress,
- Being generally pessimistic,
- Continuous exposure to violence, neglect, abuse and poverty make people even more vulnerable to depression.

As you can see there are quite a few factors that can cause depression, but again they're all mixed up in some strange loop that can seem to be impossible to really disentangle.



Bipolar disorder is a mental illness that affects a lot of people it often shows up in a person's late teens or early 20's. People with this illness have a lot of mood swings were they go from being really happy (mania) to really sad (depression).

The symptoms of mania and depression are really different from each of other. Mania is more of a high where people may want to spend more money then they can afford to spend, they don't need to sleep as much, they have racing thoughts that are going through their heads, they are easily distracted or agitated, they may talk louder and faster. *Hypomania* is fairly similar to mania but the symptoms may be milder. During periods of hypomania people may feel so good that they stop taking their medication, but unfortunately this period of feeling really good does not last very long. Depression is like a low (see previous page). Some of the symptoms of this low are, significant changes in the amount someone eats, problems sleeping, loss of energy, trouble concentrating, talking slowly, feeling guilty or worthless, being easily agitated and recurring thoughts of suicide. These are just some of the possible symptoms for mania and depression, the symptoms may be different for different people and they may be less or more severe.

There are three different types of bipolar disorder:

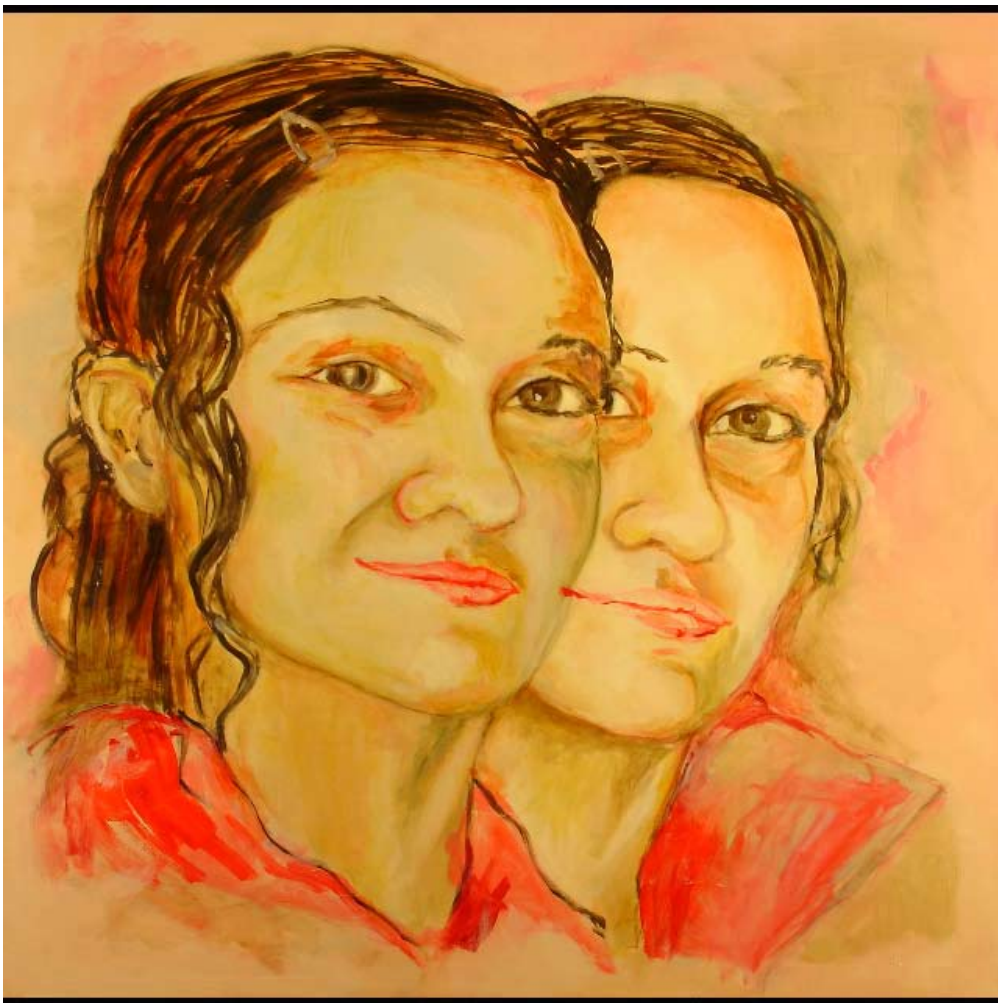
- ◆ Bipolar I disorder—this is when the person is primarily manic but they have more then one bout of depression over a period of time.
- ◆ Bipolar II disorder—this is when people have bouts of depression with times were they are happier, (called hypomania, a less severe version of mania).
- ◆ Cyclothymic disorder— this is when people shift between short periods of mild mania and mild depression.

There is also a fourth category of bipolar disorder, called "not otherwise specified" (NOS). This includes any form of the illness that doesn't fit the above definitions (e.g., recurring hypomania with no depressive symptoms).

According to some Canadian research, an estimated 2% of the population suffers from this illness. At this time, the cause of bipolar disorder is still not known, but some research says that there may be a genetic connection. If a child has one parent with bipolar disorder there is a 15-30% chance of getting it, but if both parents have the illness then the number goes up to 50-75%. If one of your brothers or sisters have this illness then there is a 15-25% chance of you getting it.

Some of the things that trigger this illness are, being sick for a long time, stress, drug abuse, lack of sleep, just to name a few.

70% of people that are properly treated are now living completely normal lives. Other things that people with this illness can do are seek forms of therapy or counselling to help deal with some of the things that medication can't deal with, don't drink alcohol or use drugs, try to make life less stressful, make sure to eat healthy, learn the warning symptoms (these can be different for different people), and get lots of sleep.



Growing up with Bi-polar Parents

I am a 22 year old female that has been dealing with an issue for a long time, the illness of my mother. She has bipolar disorder. Growing up, life was really confusing, not understanding why my mom would cry when everything was going good, and why she would laugh when nothing was funny. Now that I am an adult I have realized that I need a lot of support even if the person that is ill is not me.

A couple years ago I met a new friend. Who would have known that we really had so much in common? Back in 2006 we both started working a shitty minimum wage job, this is where we met. I thought she was irritating and she thought the same. If we weren't both smokers we never would have started to talk. As time passed, we realized that we had a lot in common, including our mothers who both suffer from bipolar disorder.

Both of us had to grow up very quickly and learn to understand that there was something different between our mothers and our friends' mothers. Sometimes our mothers would say things or do things and we would not know why. After becoming a little older we began to understand that our mothers were both sick. When we were teenagers this was really hard, one of us had a brother that she had to raise, while the other thought that getting mad at mom would make her better. This didn't work!

We both never really had the luxury of having a "normal" life, but I guess every family has its problems. One of the main problems that we had was dealing with our mothers' paranoia. This was hard when we were children because our mothers did not want us to play with a lot of other children, as they were afraid that we were going to get hurt.

Sometimes after one of us would go see our mother when she was having a bad day, it has been nice to know that we both had someone to turn to. Someone that we could call and just talk to no matter how late it is. Throughout our lives, we have come to realize just how important it is to have someone who understands, doesn't judge and will be there no matter how bad things may get.

Living a childhood with mentally ill mothers was not all bad. It helped us to see people in a different way, and to understand how important it really is to get to know someone before we judge them.

by Sam & Friend



At times I feel broken hearted;
I feel all alone,
In a place to big,
I have no real friends,
I have no real family,
I sit here sad and alone,
Cold and half numb,
Without the resources to finish me off,
I guess that's my destiny,
To go on,
Sad and alone,
All on my own,
Broken hearted

POST TRAUMATIC STRESS DISORDER

TRAUMA DEFINED:

- A) a physical wound or injury, or violent emotion, especially one that has long lasting effects.
- B) a neurotic condition resulting from physical or emotional injury.

Sometimes after being in combat military personal get post-traumatic stress disorder (PTSD), but it's been noted in some research that inner-city life can have many of the same effects as combat. The violence in the city is real and in your face, you just can't hide from it. Not to mention the violence that may have been going on for years at home, getting jumped, jacked-up, seeing your friend(s) getting the shit kicked out of them. Anyways this causes stress.

PTSD occurs after someone has survived terrifying physical or emotional events. When you have PTSD you end up reliving the ordeal time and time again through nightmares, memories or flashbacks of an event. Not to mention extreme emotional, mental and physical distress.

I found this article that took a group of inner-city youth and wanted to see if there was evidence of PTSD. They found it in 22% of the youth studied. Wow. I suppose it's not like their lives are stress-free or anything.

Psychosis

Psychosis is a psychiatric classification for a mental state in which the perception of reality is distorted. Persons experiencing a psychotic episode may hallucinate, hold paranoid or delusional beliefs, experience personality changes and exhibit disorganized thinking. Affected persons may also talk non-stop, switch topic mid-sentence, or keep rhyming words.

A person having a psychotic episode probably won't realize how unusual or bizarre their behavior is. They often have trouble interacting socially and can't manage activities of daily living. Although usually distressing and regarded as an illness, some people who experience psychosis find beneficial aspects and value the experience or revelations that stem from it.

Amphetamine psychosis

Typically, this type of psychosis appears after large doses or chronic use of amphetamine or meth, although in rare cases some people may become psychotic after relatively small doses. Stimulants like cocaine that increase dopamine (an important brain chemical involved in feelings of pleasure), can produce similar psychotic states. Because of this, the term "stimulant psychosis" is sometimes preferred. It is important to note that if the stimulant user is both purchasing and/or selling in a violent drug marketplace and is under potential surveillance by police, it is easy to understand why this might cause paranoid delusional tendencies!

Group psychosis

Group psychosis may occur when the quality of decisions made by a group deteriorates as a result of pressure to maintain agreement and good feeling among its members. Members of the group may be sure they are right, and often isolate themselves from external points of view. They may adopt stereotypical views of their opponents as too evil to negotiate with seriously or too weak and stupid to interfere with group objectives. This sets the stage for very risky decision making, especially when sleep is disrupted, eating is controlled and people are kept on continual high alert. The nightmare of group psychosis is that groups not only fail to solve their problems, but create new dimensions to their problems.

Brief reactive psychosis

Brief reactive psychosis is the psychiatric term for psychosis which is triggered by extreme stress. The condition usually spontaneously resolves itself within two weeks, and the main goal of treatment is to prevent the patient from harming themselves or others.

SELF-MUTILATION

I started to cut my wrist at a very young age, I think I was 11 years old or so. I didn't do it for attention, I did it because it made me feel better. I started because of the stress and anxiety of living life. At 11 years old I was put in a group home and I really did not understand why I was put in a group home when it was others that were sexually abusing me. I was made to feel like I was the one that had done something wrong. For the longest time that's why I thought I was in group homes, because I had done something bad. Those boys never got in trouble or anything.

That's when I started getting really angry and frustrated because I was away from my family and only allowed to see them once a week. My anger just built up inside to the point I often thought of committing suicide. I tried to commit suicide a few times but everything failed. That's when I started cutting my wrist. I would usually cut my wrist when I got angry, frustrated or just plain ol' pissed off. After cutting I usually felt calm and level-headed, until I got to the hospital to get stitches. The nurses and doctors were always mean and very unkind about things, for example I once sat in the waiting room of the hospital for 11 hours to get stitched up, and their

reason was that I did it to myself. They had a lot of other people waiting for doctors who did not cause their own injuries. So I just started to bandage myself up to avoid hearing nurses and doctors bitching and being mean.

Everyone said I was just doing it for attention. And that's really not it. All I wanted was to be left alone but we all know how CFS workers and group home workers can be, they don't understand when you tell them "Leave me alone". They always say: "No we're not going to leave you alone till you tell us what's wrong". It just made me angry. Now that I'm 22 years old a lot has changed in my life, like now I have a daughter that is 2 years old and a girlfriend that I'm happy with. So now I don't cut as much as I used to because I don't want my daughter to see me like that. When shit gets tough, instead of cutting I started to tattoo and pierce myself which is ok, but instead of being full of scars I'm now full of tattoos and piercings and that's all right.

I covered all my scars with tattoos I did myself because I was so sick and tired of people asking me what the scars were from, so that solved that problem. But I would not advise tattooing your

body yourself, because first of all tattoos are for ever, and in 20 years you might not like what you tattooed 20 years before. So I would say go to a tattoo studio. Tattooing is a great way of covering scars. These days you can have your scars removed by laser surgery, plastic surgery or cover them up with a tattoo.

What is self-mutilation?

Self-mutilation is an illness that causes people to harm themselves, such as slashing wrists, breaking bones, pulling out hair, and biting yourself. It is estimated that 3 million Canadians self-injure every year, which is a lot of people. The ages range from 12 to 30 years old. It is also interesting that 50% of these people have been sexually abused sometime in their life.

There are many reasons why people hurt themselves. Many turn to cutting as a way to avoid feelings of worthlessness, numbness and loneliness. There are many reasons people do it, it's almost like being addicted to drugs, but instead we're addicted to hurting ourselves. When someone is into self-mutilation, after you cut yourself you don't feel pain, you feel good and you can think straight. A lot of us do it because it is also the way we get rid of tension, anxiety and anger.

A lot of the time you think you're the only one in the world who does this to themselves but we're not, there is a lot of people who do this. This is a list of famous people who admitted to causing themselves self-injuries:

- Johnny Depp
- Drew Barrymore
- Angelina Jolie
- Christina Ricci
- Marilyn Manson

These are just a few names that you would probably know. And just to let self-injurers know that they're not alone. Because I know it can be very lonely out there when you think you're the only one who does this to their body, and now you know you're not alone.

Just another failed suicide?

Wrong. No. Self-injury is a maladaptive coping mechanism, a way for us to stay alive. People who self-harm usually do it to stay sane. In other words, to keep from feelings of suicide, self-injurers release a great deal of unbearable feelings and pressure through self-mutilation, easing thoughts of suicide and worthlessness.

What problems may be encountered in an emergency room?

In an emergency room, people with self-inflicted wounds are often told directly or indirectly that they are not as deserving of medical treatment as the older gentlemen sitting beside you with an accidental wound. Doctors and nurses in hospitals should be more sensitive to the needs of patients who come in to have their self-inflicted wounds treated. If the patient is calm, denies suicidal intent and has a history of self-mutilation, the doctor should treat the wounds

as they would treat non-self-inflicted injury. But realistically that hardly happens. My experience was waiting in the waiting room for hours and having the nurses and doctors acting very unprofessional by making jokes and laughing. Then I finally get in to see the doctor and he is being rude and asking “how can you do that to yourself” and “doesn’t that hurt” and being an asshole, telling me there is no need to use anesthesia if you can handle cutting yourself. To top it off, he kept on going on and on about how he just does not have time for this, and if I want attention there are more positive ways of getting it. Or that I should be locked up because I was suicidal.

Most of the time, as soon as I got to the hospital they would take a look at my wounds, and instead of sending a doctor they would send in a STUPID FUCKEN STUDENT PSYCHIATRIST to talk to me and most of the time they had no idea where I was coming from and most of them would try to get me admitted to the psych ward because I was supposedly really suicidal. Those are the people that are supposed to help me but they always made sure I was feeling like a piece of worthless shit, lonely, frustrated which I already was feeling when I walked in to the hospital, so they never really helped me.

It made me understand how under-educated a lot of these doctors and nurses are about self-mutilation and how to treat a patient who self-injures. Because making fun of them and trying to lock them all up in psych wards is just not good enough.

Can anything be done for people who self-mutilate?

Yes, there are things that can be done to help people control their self-mutilation. A combination of psychotherapy, anti-depressant medications and stress management are being tried and found to help a lot. People who self-mutilate should never be shocked into stopping self-injury, it should be done when they are ready and not when the doctor is or it just won’t work.

Other things that can be done are simple things, like going for a walk, bicycle riding, talking to people, hanging out with friends or doing things to keep your hands busy by reading, making crafts, playing on the computer, beading etc... But I am also aware that not everyone has someone to talk to or wants to be making crafts, so in that case I don’t know what to tell you. Except you are not alone. There are currently no groups for people who self-injure or any place for us to just meet and hang out and talk. But hopefully they will one day open something like that. Until then, take care of yourself. •

Peace

by Joseph A. E. Osborne

I'm throwing my towel in the ring,
I'm not doing another round.
I can no longer hold a smile,
I'm left with a weeping frown.
I've come to the crossroad and I stand here brave and alone,
I'm going to leave this place of shit and finally I'm coming home.
Even if heavens gate is locked and there is no one there.
At least I'll be away from here where everyone's unfair.
Ever since I can remember everything went all down hill.
Now I sit here empty and swallow pill by pill.
If you can't comprehend, where I've been and seen.
Then look thru my eyes, you will see grass isn't even green.
Yes, I even tried the other side, there too is also brown.
People are too judgemental and racist in this town.
I used to be a gentle spirit, High in the clouds I soar.
My sky is dark and while thunder rolls, my tears only pour.
And when I join you Kelly, Wherever you may stand.
I pray I see you first, holding out your hand.





MINNO

Early morning, the song birds are having their church choir practice. I was sitting alone at my deceased grandma's red kitchen table, my elbows resting on the beads of sweat beneath my composed masterpiece. I was just finishing the shading of my drawing of Kid Rock on the album cover "the history of rock" released in the year two thousand. The year I chickened out: firing my brother-in-law's twenty two firearm towards the heavens in celebration. Luckily we shot no angels out of the sky. I was up all night again lonely with my thoughts, o Christ in Gethsemane.

I have been in deep thoughts for days now, somehow for some paradoxical reason I taught myself to think my way out of reality, into a path of confusion. Lost and scared, a place where you implore god for clarity, "a mind fuck" like a mental rape by a perverted brain cell with too much time on my hands. I wandered all morning around my dead grandpa's old house that sat upon an ancient rock. With paint peeling from the sapless wooden walls, and the floor tiles cracked and filthy; the windows had plastic stapled to the window frame - poor man's weather proofing. My cousins despaired in the abyss of sleep, their heads dreaming, while I was in Tartarus. I decided to walk outside the door to consume some air, Mother Nature's Breath. I wandered around the yard, where the grass stood like a vast roman army, Nero's beard. I came across a rusty sledge hammer lying out on the muddy road beside the house. I picked it up and began smashing stolen window frames that made it onto my property some how. It was a school day. I had played hooky while my father and mother traveled by boat to a church sermon

FUG

outside the reservation. Before I knew it I was back in the house, jaded apparently. My eyes were like shade in the midst of sunshine and glossy and unfocused like a drunk; I felt damp like the impulse you get while in a depression. You feel cold and damp and all your mistakes come back to haunt you, to make your sadness worsened like shards of jade. My reality began to slip and my ambience became weary and unrecognizable, almost like I was just waking up and my surroundings were strange; everybody was a stranger. Sweat of dread began pushing through my pores, and my heart began to beat hard out of my chest like the Persian charge in the battle of Thermopylae. My breath was like a midnight train starting up “thus the fear was born” and pierced my perception of everything I held dear. I began to panic, I paced back and forth quickly. I called out to my cousin Lionel but he stayed asleep, the fear subsided almost relevantly. Everything was calm again, and I felt drained and very tired. I fell fast asleep on the carpet on the freezing floor my eyes closed. I can’t remember if I dreamt of anything that day, or if it was like the sleep session where you get into bed and it’s like you blink and it’s morning already. Before I knew it I was pulled down from Elysium into another mental episode, only this time it came with a vengeance. I jumped to my feet in a panic and ran down the hallway into my mom’s bedroom, got down on my knees and began to pray to god I cried “help me god.” I prayed only for a second due to the circumstances. I ran back into the living room, and paced back and forth. Once again vaguely I remember saying, “Have you ever had the feeling you don’t know where you are?” My cousins’ reactions were dumbstruck, Lionel’s reply was

“calm down, take a chill pill, and Aaron just laughed and lied on the futon with a smile on his face chewing his nails like a bad habit. I ran out of the house and rested my head up against the wall. I went back in the house and got on the phone and called my brother-in-law Brian and asked if he could be so kind as to pick me up, cause I did not feel well anymore. His excuse was he had no gas in his vehicle so we ended the conversation like that. I contemplated whether I should just walk, dreading my old school bully who lived just down the road and risk getting my face punched in. I didn't care though life seemed endmost to me. The episode was over, I fell into the grips of tartaros, I walked outside the house ever so patiently. As the skies turned gray and the rain evolved to a mist, I made my way to the end of the house, fell to my knees, crawled under the house and sat on a vintage trunk full of my uncle's old army keepsakes. I sat alone sullen and depressed. I watched my black dog Fluffy the third nurse her puppies. I fell further from myself after a moment of silence, then made my way back into the house and lied down on the floor. My cousins were watching Striptease and Demi Moore never looked so much like an angel at that moment of brokenness. I got up and went into my bedroom and lay on the bed resting my weary head just momentarily. I phoned up an old friend of mine, Duran was his name; he's a friend when I needed one. We talked about the swell old times, And I tried to relate my situation so I would not feel so forsaken, but no, I was alone in this path less taken.

I made up my mind I was going to move away from here so I got myself ready to walk the line of the tormented. The forest was alive like a marionette and the puppeteer was the breath from god's nostrils. I began my voyage, mud stained the bottom of my shoes and pant legs, the sorrow lingered about like reality to my skin, I went at least a mile down the line before I noticed in the distance my sister Eden in her white car like a metaphorical angel of mercy. She picked me up when I was down and took me back to her domicile. Once I arrived at the destination I sat grungy looking and sad, the essence of the depression was so heavy like the dreary part of hell, bleared by the brimstone and smelling like sulfur. I remember telling my niece so bluntly to her innocent face “you have no idea how this feels” she says “yeah”. Knowing she was just a child I knew she was lying. I feasted on meatloaf and potatoes; after I ate I asked for prayer, so they prayed for me, after all was done I went into my niece's bedroom and lied down on her bunk bed and covered up with her Winnie the Pooh blanket and fell into a deep slumber. I slept for three straight days and on the third day I awoke to a sunny day. I sat on the couch and watched old episodes of the Cosby show, I sat in the notion that the mind fuck I had subjugated on that month of June was my harsh reality.

In closing I would like to share my decipherment on what fear is to me. Life is like a stack of pages of journal entries and the fear is like burning plastic melting through the papers; it's like there is forever a hole burnt in my memories, like Michael Pitt's quote “It's a long lonely journey from death to birth” - puph

THIS IMAGE IS A STEREO TYPE



GANGS



When discussing gangs it is important to understand what a gang is. Media and police would have you believe that gangs have names, colors, graffiti, signs and signals. While this may be true for some gangs, most do not have these things. In fact, most may not even identify themselves as being a gang. Gangs tend to be organic in nature, meaning that they come together naturally and just exist.

One theory that tries to explain why gangs get created states that: “People with similar problems tend to group together, because as a group they have a better chance to find workable solutions to their problems than they would alone”. But just because they have a better chance, does not mean that they will find workable solutions; in fact, some solutions may be disastrous. And just because people group together to find solutions to their problems does not make them a gang.

So what differentiates a gang from a normal group of people? Well, how about skipping school, swearing, vandalism, theft, fraud, prostitution, drunkenness, getting high and other deviant behaviors? If a group of people engages in these behaviors, does it make them a gang? No, not at all. Many groups of people may tolerate and engage in these behaviors without being a gang.

What distinguishes a gang from other groups is that these types of behaviors are *required* for membership or leadership status within the group. Now that we know what a gang is we can move on and discuss the types of gangs that exist:

- “Criminal Gang”: A gang that is devoted to theft, extortion, fraud, identity theft, etc...
- “Conflict Gang”: A gang where the manipulation of violence, predominates as a way of securing status.
- “Retreatist Gang”: A gang where the consumption of drugs and mind-altering substances are stressed.

What is common within these three types of gangs is the negative view that they have of non-group members. Criminal gangs will see the world full of suckers and businessmen that run rackets. Conflict gangs will see the world as full of enemies that need to be defeated. Retreatist gangs will see the world as full of squares going about their daily menial tasks. This oppositionist view of the outside world is important because it allows new beliefs and values to be rationalized and validated. It also provides stability for the essential activities of the gang.

The Criminal Gang

This type of gang is the most extensively documented, and the one that causes the greatest concern in the public's eye. Members are judged by their use of criminal skills and knowledge to achieve material success and power. No matter what age the member is, young or old, everyone is looking for the "big score", something that will turn the penniless into a rich man overnight. While many dream of the "big score," most often success is achieved through run-of-the-mill theft, fraud, and trafficking. Young members will try to find a role model who will help them acquire the skills and techniques needed to be successful criminals. They will be taught how to cooperate with others engaged in criminal enterprises and to be distrustful and hostile to the general society, while maintaining relationships of loyalty, honesty, and trustworthiness within the gang. If they wish to succeed within the gang they must be reliable, dependable, and have the right connections to make money \$\$\$.

The Conflict Gang

This type of gang is most common in low-income areas. The members hang out together, fight with weapons to win respect from other gangs, and create fear in the adult world. Gang members must show qualities of a warrior to the other members, and be willing to defend personal integrity and the honor of the gang. Members must do this by displaying great courage in the face of personal injury and danger. They never chicken out, even when confronted with a superior force. Relationships between gang members are very tight, while relationships to the outside world are weak. They see the outside world as indifferent and insincere towards them. If they wish to succeed within the gang, they must become the "worst" in the eyes of the adult world.

The Retreatist Gang

Retreatists have a variety of expressive, sensual, and drug-taking experiences. They see themselves as detached from the lifestyle and preoccupations of members of conventional society. Every member

has their kick - alcohol, pot, E, unusual sex, trance, DnB, Punk, Rock 'n Roll. They strive for an intense awareness of the world, and a sense of pleasure from what is out of this world. In an extreme form they seek an almost spiritual and mystical experience from their kick, that is once they know "it". The successful retreatist has a lucrative hustle, rather than the routine and disciplined chores of a regular job. To many a successful hustle is characterized by non-violence, with a preference for manipulating, persuading, outwitting or conning others to obtain their kick. Some will peddle drugs, fence or do other petty crime. Members will develop a sophisticated taste for clothing and develop a refined vocabulary and ritualized gestures. Success within the groups is determined by how well one cultivates the kick, and the hustle.

Why join a gang?

While there are many different reasons why people will join a gang, it may be important to note that the process of joining may not be a conscious or formal matter. What may be a better question is what do gangs provide its members? One of the explanations that I found and liked was in a paper developed by the US military to educate commanders in the identification of gang members. It made the association between what a gang provides its members and Maslow's Hierarchy of Needs. Listed below is the connection made between the two:

1. Individuals join to protect family and to survive (Physiological Needs).
2. Members seek to assure themselves that their survival is secure not only for the here and now, but also for the future (Safety Needs).
3. Older members understand the need to supply prospective gang members a form of bonding and respect (Belonging Needs).
4. Many youth have little or no material possession, their only claim to fame will be their reputation (Esteem Needs).
5. A gang member begins a quest for superiority in all aspects of their new life (Self Actualization)

In closing

Gangs are everywhere, some more harmful than others, some highly visible, some hidden. But no matter what type of gang, members develop a different way of viewing the world. They adopt different values and beliefs. They are not bad people, just people that are working towards a solution, that have found some peace (and company) in whatever it is that they do.

My Past n My Life

I

I'm only 18 years old. I know some people look at me like I'm so young. But on the inside I feel I'm so old and experienced a lot in the past 10 years. I've only finished up to Grade 8, but guess what, "not really" - I hardly passed it. But I did. I hated Junior High because everyone knew me. I'm pretty sure all the teachers knew what I was up to too. All I used to do was smoke the green, all day, every day. Making my money, selling weed. I've never got popped either. I was the type of girl with a lot of attitude, didn't really give a shit about anything really. Always skippin' classes to go and chill with my bro's n homies and get high (weed n weed only). I was the type of girl to fit in, if I wanted to. I chilled with a lot of guys and different crews. I was loved by most people, but, man, the other girls, some were cool n some I just hated, but whatever. It felt like when I was "liked" by one person, there were two people who didn't. (As in bro'z n Homies) (friends). I could get along with guys more than the chicks. I felt very disowned by my family. All they did was talk negative about my siblings and I, so I didn't care for them. There is a part of me that hates my father because where the hell was he? I hardly remember him being around. He always compared me to his first daughter. Like "Oh, she goes to school" and how perfect she is. How is that supposed to make me feel? Like garbage. He has his family. I don't. My mother's side of the family, that's who I'm familiar with. But I came from a broke down family. Single mother with 3 kids, but she really had 4 kids. My older sibling lived with and was raised by my grandmother. As a child seeing my mother being an alcoholic, but she was always there for her children. Knowing that though it was hard for her, she kept herself strong, taught me a lot about how to take care of myself at a young age. But one day in the year 1999, I lost her and my baby brother in a house fire. I was only going on 10. But ever since I lost my mother and my brother, my world was over. Not having the only role model I ever had. I was never the same again.

I was so quiet then that I never really showed my emotions. I kept it from everyone. I never got counseling or anything for my mother's death. My guess, people thought I was young and I'd shake it off. I was a child who was affected like crazy mentally, but it never showed. I lived with my grandmother after that for 2 or 3 years. Then my younger brother and I got picked up by CFS. Because of abuse. I felt that my grandmother hated me so much because did she ever give me good whippins. Most of the time was for nothing. But that's how she was raised. Once I was in the

CFS system, I just got worse, my attitude, friends, and personality. I hated life so much. Always in and out of shelters, group homes and foster homes. Fighting all the time with girls and guys. It was because living in shelters, living with other people, forced to get along. Yeah right. Everyone stealing, blaming bullshit on me, and talking about me.. I was always moving one place to another. I was too much to handle. I hardly co-operated with anything. The relationships I was in were crazy. I used to get sexually abused by most of the guys I have been with.

The first one: We went to a party this one time. I was still a virgin at that time and yeah, we were dating for about 4 months. At that party he took me in the basement and my own boyfriend at the time, he forced himself on me. I told him I wasn't ready and I didn't want to do that. But, guess what, he did anyways. I was helpless. Ever since then he started to get abusive. He had control over me. He was always cheating on me. Everyone hated him because of what he was doing to me and plus taking me away from friends and family. He always threatened me if I left him, he'd look for me and get me good. One day, I finally had the power to leave him.

I got my friends back and a lot of protection from my guy friends. Once again I was chillin' with my bro's n homies. Livin' the single life because of the last relationship. I was introduced to a lot of people who introduced me to other people. Started to chill everywhere. At one point I used to be a Portage Place mall rat. Met a lot of people there too. One day there I was chillin' on the streets with different kinds of people, just chillin', gettin' high, talking about shit. Next thing you know, I was hustlin', making my money. I started off by sellin' weed. Most of the people I chilled out with were potheads, so I was always on the go. I'd chill and sell weed to my friends. So, yeah, I was re-loading a couple of times a day. I was doing so good. I was hustlin' for my bro's and myself because I was smart with my money. I kept on flippin' my money. I had a lot of respect for my boss and his street brothers (the Boys). They helped me out a lot. Only if you knew. I was fed, clothed, bathed and had a ghetto home. Since I was a sister to them I got lots of respect from all. Yeah, I was young and they were so much older than me. But once again I had a family of brothers. But soon I was selling crack for them. It was easy work, because they provided the phone and my own personal cabby. They were always checkin' on me, lookin' out for me like we were blood. I was slowly forgettin' about my real family. I came around once in a while. My real family always looked at me like I was a hooker or something. But I didn't care what they thought about me. They don't know me anymore. I thought to myself: They don't need to know what I'm up to and what I'm doin. I pretty much lived my life as a big secret.

II

I was the type of girl who used to chill with different kinds of crews. Didn't want to be in a crew, I told myself. Chillin is good, but never willin' to become a part of that shit. Didn't want to get tied up in that too deep. I've seen too much chillin on the streets. I've noticed about the crews: every individual was crazy, fucked up, ruthless. It was like they had no emotions or a heart. They only showed love to ones who were close. Bein a female chilin with "the boys." It was hard and fun all at the same time. But whatever. I've learned a lot from them. I was involved because I was a "Bro=N=Homie" You must give RESPECT to get RESPECT in return. That's why I was kinda involved with them. It was the RESPECT and the LOVE. What I mean about "love" is I really never got love from my biological family. I ran to the streets, not hookin' or anything like that. But anyways.... The streets. So I ran to really close friends that became family to me. Something about gangs/crews: It seems like they really don't realize that they are killin' their people because of hate. Beefin' with other crews, shootin', stabbin' and beatin' each other up. Why? Killin' generations of life. Mostly don't realize that there is so much better to life that that, until it was too late.

Some of the guys will get it in their heads and straighten out before it's the end for them. I stayed because of the RESPECT and because I loved it. I felt like I was untouchable and protected at all times. It was hard to date a hustler- they turn to doggs and slept around getting STI's and then next thing you know, a daddy. Gangs buckin' at each other, killin' and dyin' .

I was hardly disrespected by the boys but the kinds of girls=n=bitches that came around. Watchin' people get hurt, getting' beaten and killed. I had a lot of bros die and get locked up; I saw lots of girls getting' punched and slapped around. It's like they don't give a shit about anything. Just lovin' the sex, booze, and drugs=N=money.



Young people, listen up! Stop ‘n think... about bein in someone else’s shoes. If you walk around there are a lot of young folks gettin’ pregnant or an STI. Use a condom so you don’t spread any STI to your partner. You can also get pregnant. Everyone nowadays sleepin’ around, spreadin’ the STI from one person to another. I have experience with that. I was the girl to use protection, play it safe. But when I fell into a puppy love relationship, I knew he was cheatin’ on me. There were a few times I got somethin’ from my partner. Every time I would confront them, and they would deny it all the time, tryin’ to accuse me of cheatin’, even though they got caught, cause I was faithful. No matter how much it hurt to stay, I stayed. Got a lot of depression over a guy that was sleepin’ around on me and getting’ another girl pregnant. I was damaged. But eventually I healed. It feels good to walk around knowin’ that I’m clean. It’s not hard to go to a walk-in clinic to get checked out. I know I was very nervous to go, but I did. My sayin’ “I’d rather be safe than sorry.” I was disgusted every time I found out that I caught something from my partner.

There was this one time when I was 15 years old. I got pregnant by this guy and he gave something to me and his baby. I can admit that I was pregnant a lot of times. Most of the time I had miscarriages and a couple of abortions - because of my baby’s daddy and others. I miscarried because of pressure and depression and stress. I don’t know how many times I got cheated on. I got pregnant by not bein’ on birth control. I was on birth control for the longest time, then I finally got sick of it. I wanted to be a mother, also at the same time I wanted to be loved and I wanted to love someone so much.

I’m gonna be the type of mother to give my child or children everything I never had. Try anyways.... But now I’m tryin’ to go on the right path and make my money the right way. By workin’. I have a part time job for now, but I’m tryin’ to go back to school. I will have a family when I have a good home and the money to support us all.

My Poem

I’m just a native girl
That was raised in the ghetto
Tryin’ to live my dreams
With people botherin’ me
Sayin’ goodbye to the streets
I don’t deal with the ****
I stuck my head outta the game
Just wanting to be me
So let me go free.



art by eugene demas



What is it about fear that gets the mind going into a frenzy, when you think about a person you love or something you cherish and that you could lose them? Why is it we get this gut wrenching feeling that might drive us to do something wrong?

Or how about when you know that there is going to be a battle coming your way and you get the feeling of fight or flight response. Is that response fear or adrenaline? Maybe adrenaline is the answer some might come up with when they don't want to admit to the fear.

Bottom line is, what is fear? To me fear is your inner spirit warning you that there is something about to happen or already is happening and your body is taking natural steps in preparing for the worst. So when the worst hits you are prepared for it.

But what happens in the process of fear? Why do some people panic and other people are able to control themselves and to take control? Why do we get sweaty palms and shortness of breath or even in some cases we freeze up?

Fear is a very strange emotion to feel or even understand. It comes at the most stressful times; it comes when there is a test we have to do and didn't study; it comes when we know that a bully at the end of the day is going to beat us down after school. What kind of fear do we feel when we are introduced to a gang? Is it fear of getting beat up? Fear of losing a battle? Fear of our reputation being put into question, or is it the fact that fear is the main motive to join a gang?

I remember the first time I had joined a gang. I have to admit that it was a bit of fear of losing my partner because my reputation was being put to the test and the fear I felt was based on knowing about the pain I will go through if she was to leave me and be with someone else.

In other cases fear can also turn you into an evil person to do something very wrong just to make a point or to prove you are who you say you are.

After it is all said and done, you can take a good look at the emotion and realize that fear can give us strength to get through what we have to get through and sometimes if the emotion is not used right it can get us into a whole lot of trouble. Such as gangs to protect ourselves and family, or to get a gun to make yourself feel stronger. Yet using that emotion in those terms can make you wind up dead.

If you were to see someone you love being caught in a fire or underneath a trapped car your fear can summon superhuman strength to get done what has to be done.

A closer look at fear and adrenaline might make you think that they have a lot in common but adrenaline is the body's natural response to pressure and fear can be summed up in a lot of different ways.

One thing is for sure: if I were in a war and my buddy wasn't scared, I personally would become concerned because if they don't feel fear, what exactly would get them through the war?

What is it about fear that people are afraid to talk about? Why do people feel ashamed to answer the very question we all have, Why do I feel fear?

How about when you are going to join a gang and you are scared of going through the initiation, or afraid of losing your reputation, or afraid of losing a fight, or scared of getting really hurt by another gang. Or is it the simple issue that not having any protection scares you the most?

Right now, the fears that are growing in me are the fears of losing my family and friends if I don't make the proper decision. Because I felt emotional pain all my life you. You would think that going through that pain would help me conquer fear, but it is always there!

Emotional pain is one of my fears. Another is to be trapped in crowded area when disaster strikes - people tend to panic and start losing control, and might be willing to sacrifice someone else's life in order to save their own.

Fear of dying is also one of the greatest out there; we all fear what we don't understand. I really believe that this is where fear comes from: the ability not to understand the unknown. We as human beings have been like this from the beginning of our very existence.

What also is very intriguing is that in a very, very serious situation humankind would band together to overcome the scenario.

Yeah I guess you have to laugh at the fact that fear can make us or break us when we see the unknown or experience something that we don't have a clue about. We get frightened if we know that someone is going to try and harm us; we get frightened when we see someone we don't like . What happens is fight or flight because with fight it's ADRENALINE and with flight it's FEAR.

The thing about fear that makes it interesting is that it ties together with all sorts of different emotions. When you are in that very moment you feel your heart racing, shortness of breath, muscles quivering, and have a hard time expressing yourself.

So when you break it down, is having this human emotion what makes you weak or strong? In a gang life I understand that if you are afraid you are considered a Bitch, which can be pretty ironic because most of the time, is it not fear that drove us to join a gang and do things that we should not have done? I leave this decision up to you to figure out. It is within yourself that you must find your answer to what drives you and your fear.

Fear might drive us to do the impossible. Is this human emotion a great gift to have or could it be one of the worst curses put upon man kind? I guess the answer will lay with you the reader.

The General: *A Tiny Part of My Life in a Gang*

It started back when I was around nineteen going onto twenty years old. A battle started to grow very large within myself. I did not know what to do about the conflict that was unfolding: there was anger, pain, anxiety, restlessness. The weird part of this was that my son was born not too long before. I wondered if the fear of being a father could have something to do with the conflict.

It turns out that I had this thirst for power and respect, possibly from being abandoned and abused as a child, and then there was one day that the opportunity had risen for me to prove myself and show what I can do to get the power and respect I felt that I deserved.



After a couple of years went by I THOUGHT!!! I had brothers, I had respect, I had POWER so I went along with the high I was getting off the power and respect, the wars, fighting, drinking, drugs, guns, for that little length of time I felt indestructible.

But all that came to a halt after one fate filled night when we were all drinking and partying. We were having a great time. There was a face in the crowd that none of us could recognize, but none of us had any concern towards this person. As the night went on this guy finally pikes up and asks if anyone would like to buy some guns, so being drunk and stupid we all agreed to check them out first. We got a good look and feel for the equipment but deemed it not necessary to make a purchase.

Out of nowhere the guy starts freaking out about how we wasted his time and money. When you think about it this guy was in our crowd and asked us if we wanted to buy his garbage. Anyway he gets on his cell phone and starts calling his crew. Five minutes later I'm back at the house telling all the women and kids to get upstairs. At that very moment time itself froze, My Family, My True Friends, MY SON!!!

Not a second later all I could see was blood and even taste the horrible stuff, confused and disoriented all that came to mind is that I was not the fucking terminator, and that I had better start moving my legs before I never get to move them again. That night I was lucky to survive and I am very thankful that I had been given a wakeup call instead of a last call.

Anyway, several years have passed. I'm 29 and I got my grade 12 diploma, a great woman, daughter and son who care about me and a steady paced life style on my way to getting a great paying job and seriously thinking about going to college so when I think about it that life that I lived for a few years was fun, fast, and easy it just wasn't worth dying for but what I have now is worth really living for.

Anonymous

2025
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OFFENDERS YOUNG

Youth Criminal Justice Act (YCJA)

Canada has the highest rate of youth incarceration in the western world. As a measure of action to stem this high rate, the federal government has repealed (eliminated) the Young Offenders Act and has replaced it with a new set of rules, entitled the Youth Criminal Justice Act.

Research has shown that under the Young Offender's Act, too many young people were being jailed for minor offences. The reality is that most offences committed by youth are non-violent, and half of 'violent' offences are for minor assault. More than forty percent of cases in youth court in Canada fall into four categories of offences:

- Theft Under \$5000.00
- Possession of Stolen Property
- Failure to appear in Court
- Failure to comply with a court order (sentence or bail conditions)

Under the new Act, parliament is attempting to reduce the use of youth courts, particularly for first time offences. As well, different measures, instead of incarceration, are being taken when dealing with youth who commit less serious offences. There is a heavy focus in the new Act on integrative, community based rehabilitation.

The new Act attempts to address some important issues in addressing youth. Factors such as gender, ethnic and cultural differences are taken into account. The different rehabilitative measures available under the Act are intended to respond to the needs of aboriginal young persons as well as young persons with special needs, like mental illness. Measures taken against youth by the court, in the form of sentences, must be suitable for the offence but most importantly, must address the needs of the individual youth.

Since the police are usually the first to deal with an offence, they make the first decision regarding any consequences for the young offender. Under the new Act, the police are urged to consider alternative measures to sending the youth to court. As alternatives to having the youth attend court to be dealt with by a judge, a police officer may:

- Take no further action
- Warn the youth, formally or informally
- Caution the youth (resulting in letter, meetings with police officers, for example)
- Refer to a community program or agency

These measures are intended to be appropriate alternatives to the court system, and under police guidelines, should be used whenever the young offender is facing their first interaction with the police and the crime is not violent or ‘serious’. Keep in mind, these measures can only be used when the young person admits to the offence and is prepared to accept the alternative to court.

If the officer decides that none of the above options are appropriate, the young person will be sent to court. Before court, the crown may review the matter and decide to:

- Caution the youth (sending a letter)
- Suggest extra-judicial sanctions (like programming)

If a young person is arrested, doesn’t get a warning or a caution letter or a referral to a program, and has to go to court, then these are the possible sentences:

- Reprimand (where you get told not to do it again)
- Absolute discharge (where you end up with no record)
- Conditional discharge (where you end up with no record if you follow certain conditions)
- Fine or restitution (where you pay back damage you caused or pay a certain amount as a punishment)
- Community service work (where a probation officer gives you a job to do) NOTE: you can get a job reference if you finish this
- Probation or another type of sentence where you have conditions to follow but you end up with a youth record.
- If your “crime” was violent or if you were already serving a sentence when you committed it, you could get jail time. If your “crime” is something where an adult could get two years or more and you’ve got a record, you could get jail time.
- Usually, this is only a month or two the first time but it depends on what the crime was
- If you are over 14 and you get charged with: Murder, Attempted murder, Manslaughter or Aggravated sexual assault or a “serious violent offence”, you could get an adult sentence. You could even have to serve your sentence in an adult jail.

Of course, the crown can always decide to drop the charges. However, even if the crown does go ahead and the youth has to attend court, several other sanctions besides incarceration, or jail, are available. Again, if the judge is going to impose this kind of sanction, the young person must admit to the offence or be found guilty of the offence after trial.

If a youth has been dealt with by a warning, caution or referral in the past, and faces other charges in court again, this previous incident cannot be read into court as a record. On the other hand, once a youth has gotten the benefit of an extra-judicial measure, it is unlikely that they will get that same measure, or any extra-judicial measure, a second time.

The Youth Criminal Justice Act is meant to provide suitable alternatives to court, and to jail, for youth who have committed minor offences. One of the problems with the system is that the number of suitable alternatives are lacking. There aren't the proper resources to deal with the problem, so the offences are not being dealt with according to the guidelines that the Act sets out. Some see the Act as being too lenient on youth, a slap on the wrist that doesn't adequately deal with the situation. Some see the Act as too harsh, where punishment is disproportionate to the crime. In some places, there are very few community programs, if any, that are properly equipped to address youth according to the guidelines of the YCJA. In a system that stresses alternatives, the reality is there still aren't many alternatives available...

Records

Sure, it's just your youth record but your lawyer, the crown, the judge and police, your parents, the "victim" of your crime and maybe even your school will be told about your sentence and your record. Other government officials in charge of issuing weapons licenses, for example, could find out if they wanted, too.

- It will take 2 months to 5 years, depending on your sentence, before your charge is "not disclosed".
- And, if you are in court as an adult, the judge might still be able to hear about it.
- If you are in court as a youth again, it will definitely come up again.
- If you are crossing the border, you might be flagged if it's drug charges or weapons charges that you got convicted of.
- If you apply for a government job (federal, provincial or municipal), the youth record will still show up on a criminal record check, but it will not for a check going to a private sector employer.

MANDATORY DRUG OFFENCE SENTENCING

C-26

Bill C-26 is a new Canadian law (2008) that introduces mandatory prison sentences for certain drug offences. Here is what you can expect from C-26:

Marijuana

- One- to two year mandatory prison sentences for the production, possession for the purposes of trafficking and importing/exporting.
- Length of sentences depend on “aggravating factors” such as prior drug offences, if trafficking takes place in areas where there are young people or children, if health or safety of children, property, residential property or property of a third party (ie. Landlord) is threatened.
- Sentences relating to possession, trafficking, importing/exporting mostly depend on quantities. However, mandatory sentences for production of even one plant calls for a minimum sentence of six months. The mandatory minimum for growing over 500 plants is two years, with a maximum 14 years.

Cocaine, Heroin, Meth, etc.

- One- to three-year mandatory sentences for the production and/or possession for the purposes of trafficking and importing/exporting.
- Sentences are not related to quantities.
- Sentences do relate to “aggravating factors” (as above)

Tougher penalties will be introduced for trafficking GHB and Rohypnol (the date-rape drugs)

Source: Libby Davies February 2008 backgrounder, Canadian Foundation for Drug Policy



The *Controlled Drugs and Substances Act* provides information on illegal substances and offences that related to them. The act outlines all controlled substances into four schedules (categories). Schedule I includes substances considered the most dangerous and schedule IV includes the substances considered the least dangerous.

Possession Offences:

This occurs when illegal substances are found in your actual custody or in any place or in anything that belongs to you. **Remember** the police always have to prove that you knew about the drugs. The punishment differs depending on the type of drug that is found, but anyone who possesses illegal drugs are guilty of a summary conviction and can face a \$1000 fine and a one year prison term on subsequent offences.

Schedule	Example of drug	Maximum Jail Term
I	Heroin, cocaine, opium	7 Years
II	Marijuana	5 years, less a day.
III	Amphetamines	3 Years
IV	Barbiturates, steroids	18 months

Trafficking Offences:

This occurs when you sell, give and transfer any illegal substance. You may also be charged with this offence if the police decide there is enough evidence that indicates you are trafficking. Things that can be considered evidence of trafficking are: individually packed drugs, driving in a rental car, having a cell phone and/or pager, carrying an unusual amount of money, carrying a score sheet, possession of a scale or packaging material. The crown will choose whether the offence is a summary of conviction (for less serious offences) or indictable offence (for more serious offences) offence.

Producing Offences:

This occurs when you manufacture, harvest, cultivate, or create any illegal substances.

Schedule	Example of drug	Maximum Jail Term (Indictable)	Maximum Jail Term (summary of conviction)
I	Heroin, cocaine, opium	25 years, with no parole	18 months
II	Marijuana	25 Years, with no parole	18 months
III	Amphetamines	10 Years	18 months
IV	Barbiturates, steroids	3 Years	18 months

Schedule	Example of drug	Maximum Jail Term (Indictable)
I	Heroin, cocaine, opium	25 years, with no parole
II	Marijuana	7 Years.
III	Amphetamines	10 Years
IV	Barbiturates, steroids	3 Years

What other things are considered when being sentenced?

- If you have a criminal record.
- If a weapon was found.
- If there was a threat or use of violence.
- If drugs were trafficked in a public place where children are found.
- If drugs were trafficked to someone under the age of 18.

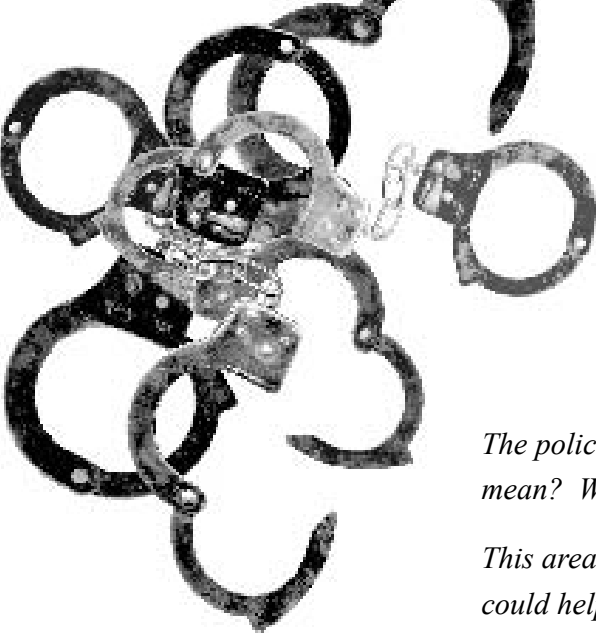
Does Winnipeg have a diversion program?

If you are caught with possession of marijuana, your first time, there is an unofficial diversion program in Manitoba, which means you get one “get out of jail free” card for possession (under 30 grams). If it’s not your first time being caught, and you have less than 30 grams, the cops can charge you, but won’t detain you. Remember these are just guidelines, not the law.

If you are caught with more than 30 grams of marijuana, it is considered possession for the purpose of trafficking.

If you are caught with cocaine, meth, ecstasy, etc... for personal use you will be most likely get charged, which means a small fine and a criminal record.





COPS

Arrest, Detention and Rights

The police have the power to detain/arrest you, but what does this mean? When do you have to answer questions from police?

This area of the law is quite unclear, but here are a few points that could help you out when dealing with cops.

Stop - The Police and You on the Street

If you are just walking or driving, the police have to have a good reason to stop you. Basically, good reason is: they clearly see you committing a crime or someone told them you committed a crime.

If you get stopped when:

- you are walking, you don't need to identify yourself
- you are driving, you better have a license on you

These are some reasons the police might stop you: If you are drunk in public, they can stop you and they can keep you in custody; If they have solid evidence that you are involved in a crime, they can keep you in custody for a while to question you; If they are arresting you, they can keep you in custody

Know your legal rights...

SEARCH - If you are stopped and the police think they have a good reason, they still can't search your person (like your pockets) but if they can see something (like drugs or a weapon) in plain view, they can take it and use it against you. You should not agree to be searched on the street.

You don't have to.

NOTICE TO “PARENT” - If you are under 18 and the police stop you and keep you in custody, they have to contact your parent or guardian as soon as they are able.

You should ask them to call an adult for you right away. **It can be any adult you want.**

RIGHT TO COUNSEL - If you are stopped and the police keep you in custody, you have a right to call a lawyer immediately

You should tell them you want to speak to a lawyer as soon as they start questioning you - even if you don't know one, they have to give you a number (and dial it for you!)

CLOTHES & PROPERTY - If you are kept in custody, you still don't have to agree to be searched in any way, but beware: the police are probably going to take your property, especially if they aren't going to release you

Police tactics

There's a lot of things that the police are allowed to say to you. They can lie and say that your friend gave you up; they can say that they are going to release you if you give a statement and then not release you after all. The police cannot by law threaten any harm (i.e. more harsh treatment by police) to an accused or any other person that could be seen as influencing the accused's decision to give a statement, nor can they promise any advantage in return for an accused giving a statement. They can say certain things, such as that a judge will take a confession into consideration in sentencing or try to convince the accused that confessing is the morally right thing to do. These promises do not give the accused a direct advantage in providing a statement (i.e. their treatment by police is no better or worse by giving a statement), they merely inform the accused of the inherent benefits in doing so in the larger picture.

It should also be noted that the police are required to audio tape and if possible video tape all questioning of a young person who is arrested or accused.

Don't try to outsmart the police! Don't give a statement and don't answer their questions: you don't have to!

What about the youth center?

If the police think you don't have a place to live or that you are going to hurt yourself or if they just think your charges are too nasty, they will take you to the youth center. You get brought in

by the sheriffs and you will be searched and then given a sweatsuit/uniform and then you will be assigned to a room. There will be other kids in the same “cottage” as you (group of rooms). The Youth Centre staff will ask you questions. Don’t talk to them about your charges, but they can help you with calling a lawyer or calling your family, CFS worker or whoever.

How do you get out of custody?

You need to talk to a lawyer. Every day, a lawyer from legal aid is at the Youth Centre. They will call and ask you if you want their help or they will call your lawyer for you. To get bail, you (or your lawyer) need to be able to explain things to the judge, like, what happened to get you arrested, and why did you get charged. They will also question you about your reasons for what happened at the time, and what you did or did not do. The police might have the wrong person. This happens.

The judge will want to know what plans you have when you get released, like where you are living, and what you are doing - Are you in school? Do you have a job? The judge has the authority to ORDER YOU to talk to a psychiatrist or to have a "forensic assessment" (examination by health professionals). They can also order you to go to counseling or to have a CFS worker.

There are people who might be called on to help you, though they may not have been much help in the past. Your lawyer will speak on your behalf in court. It’s probably best to be as honest with them as you can. **Everything you say to your lawyer is confidential** - even if you don’t believe this, and they can only discuss your case or tell other people with your permission. If your family can come to court with you, that helps sometimes. Your social worker (if you have one, and they’re not completely nuts) can provide background information on you, or help you find a place to live, that’s useful too. The court wants to be as sure as possible that you are not going to be running the streets or getting into a mess. If you don’t get bail, a lawyer needs to start working on your case right away. You might not have to stay in jail once you deal with your charges.



Going to court

If you get charged, you're most likely going to have to go to court. If you do not attend court, then you will get another criminal charge, called "Failure to appear". You might even have a warrant out for your arrest and, if the police pick you up, they probably won't release you. But stay in contact with your lawyer, no matter what. When you go to court, don't wear the t-shirt that says "fuck you", don't wear your hat and don't come drunk or high. The judge will probably notice any of those things. When you are in courtroom, Legal Aid will be there if you don't have your own lawyer. You can talk to them before court or let them know you need their help when your name is called.

Ever heard "justice is slow"? It's true. You probably won't deal with your charge on your first court date, even if you want to plead guilty. Your lawyer will want to look at the police reports and see if the police actually have a case against you. If you want to fight your charge for any reason, you can. You have a right to have a trial. You do not necessarily have the right to a free lawyer for your trial, but if you ask the judge he has the option of forcing Legal Aid to pay for a lawyer. In reality such a motion is rarely denied by a judge. You should know that if you go to trial, it will not happen overnight. Justice is even slower if you're not guilty...

If you are found guilty...

Some things that the judge will use to decide are: your age (sometimes), if you go to school or work, if your crime was violent, if there was a weapon involved, if you acted alone, if you feel sorry and if you have done anything to make up for what happened. Also, the judge will consider what your life has been like: Did you have to stay at MYC before you were sentenced? Is this your first time or do you have a long youth record? Do you have a drinking or drug problem? Are you going to follow your sentence? What other kind of sentences have you had?

Remember, this is all from the judge's point of view.

Vehicles

Besides speeding and traffic tickets, other trouble you can get into with vehicles are as follows:

THEFT - everyone is taking this really seriously now. There is a task force. If you are charged with this kind of thing, you'll have a special prosecutor and you'll be put on a watch list. If you do damage to a car, MPIC will come after you for costs, no matter what happens in court.

JOY-RIDING - the judge will probably give you a condition like “don’t ride in a car with anyone under 18” after you get charged with this. Other consequences: You may lose your driver’s license or have trouble getting one. You may get prohibited from driving or paying a LOT for your license.

Prostitution

Can the police touch you during prostitution investigations and stings?

YES - the following is an example of such a case:

A young offender entered a vehicle and asked the driver to prove he was not a police officer by touching her vagina. The police officer touched the girl's pubic hair and then started to talk about price. She was then arrested. The girl later claimed that the police officer had sexually assaulted her when he touched her pubic hair. The court determined that even though the police officer lied about being a cop, he did not do anything wrong, because consent was obtained and no harm was done to the girl. In addition to that, the girl initiated the conversation and was not encouraged by the officer. In the end, the girl was found guilty of communicating for the purpose of prostitution.

The charge is called "Communication for the purpose of prostitution": if there is evidence that you are talking to someone about getting money for sex.

CONSEQUENCES - If it is your first time getting caught you will have the option of going to a two-day “Prostitution Diversion Program”. If it’s not the first time you will have to face a judge. You should know: if you are in an area where prostitutes work, you might get picked up when the cops “sweep” an area one night.

School fights

They don’t seem very serious, but judges are starting to think that these fights are a big problem and more and more charges are going to court for this type of thing. Just like any charge, you’re not automatically guilty but if you are found guilty, it is something that might make the judge consider giving you a harsher sentence.

Street Gangs

If you are charged with a crime, and known to be a gang member, you may be charged with a more serious crime or get a more severe sentence. Your chances of bail aren't good when the judge hears you are in a gang. You will be on a list at the Youth Centre and at the police station.

Final Note

With all that said, the new Youth Criminal Justice Act is supposed to make the judge consider the "least restrictive sentences". If you are a first-time offender and you aren't charged with any kind of serious violent offence, hopefully, you won't be going to jail. But judges can get creative and you can have all kinds of things you have to do like; go to school or get a job, go to anger management counseling or alcohol counseling, not hang out with certain people and stay at home during certain hours. There are lots of possibilities.

Remember, you always have a right to speak up whether you are in the police station and need to call someone or you are in court and the judge asks you if you can live with your sentence. Be careful about who's questions you are answering. What you say may be used against you.

Supreme Court decision: Adult sentences for youth offenders

Until recently, provisions in the Youth Criminal Justice Act (YCJA, 2002) allowed youth over 14 years of age, charged with serious violent crimes, to be tried in adult courts and sentenced as adults. The onus was placed on youth charged with violent crimes to prove why they should not be treated like adults. It also let their identities be published in the media.

A case decided by the Supreme Court in May 2008 has resulted in important changes to the YCJA. This decision means that if the state (Crown) wants to treat a particular youth offender like an adult, it needs to make a case against that particular youth for doing so. For sentencing, the Crown also has to prove, beyond a reasonable doubt, any aggravating factors in sentencing that its case is built on. The onus to justify adult sentences now rests with the Crown and not with the defendant. The identity of a youth charged can't be published or made known to the public.

LEGAL OPINION OF THE NEW “AGE OF CONSENT” LAWS

The age of consent law was recently changed as part of the Tackling Violent Crime Act. The age at which a young person can legally consent to sexual contact (any contact, not just intercourse) has increased from 14 years old to 16 years old.

As part of the new law, there are 2 “near age” exceptions. The first comes into play if the complainant (sometimes referred to as the victim) is at least 12 years old, but under 14 years old. In this case the accused has a legal defense if they are less than 2 years older than the complainant and not in a relationship of dependency or exploitation with the complainant. Under the law, a child under 12 years old cannot consent to sexual touching under any circumstances.

The second “near age” exception applies when the complainant is at least 14 years old, but under 16 years old. In this case the accused has a legal defense if they are less than 5 years older than the complainant, and not in a position of trust or authority with the complainant, is not in a relationship of dependency or exploitation with the complainant, or is married to the complainant. Under the age of consent law, a mistake of fact (i.e. “I thought they were 16”) is not a legal defense unless all “reasonable” steps were taken to verify the complainant’s true age.



★ L E R A ★

LAW ENFORCEMENT REVIEW AGENCY

If you have a complaint about the Winnipeg Police (not the RCMP), there is somewhere you can go to have your complaint investigated by an organization independent from the police. This agency is LERA, or, the Law Enforcement Review Agency, which is governed by the Law Enforcement Review Act. LERA deals with misconduct of police during the course of their duty, not with criminal matters.

Who can file a complaint?

Anybody can. If you think that you, or someone else you know, has been wronged by the conduct or actions of a municipal police officer in Manitoba, you may file a complaint.

What types of complaints are handled by LERA?

- using cruel or abusive behavior or language
- making an arrest without reasonable or probable grounds
- using unnecessary violence or excessive force
- seeking improper monetary or personal advantage
- being discourteous or uncivil
- discriminating on the basis of race, nationality, religion, color, sex, marital status, physical or mental handicap, age, source of income, family status, political belief, or ethnic or national origin
- serving or executing documents in a civil process without authorization
- improperly disclosing any information acquired as a member of the police department
- making a false statement, or destroying/concealing/altering any official document or record
- failing to exercise discretion or restraint in the use and care of firearms
- damaging property or failing to report the damage
- failing to assist where there is a clear danger to the safety of a person or property
- violating the privacy of any person within the meaning of *The Privacy Act* .

How do you file a complaint?

You must make a detailed complaint, in writing, within 30 days of the incident. Members of the police, or LERA staff will help you write your statement if you want help. You may submit this to LERA or a member of any police department who will then forward it to LERA.

What happens once a complaint is filed?

LERA has investigators who interview witnesses, take statements and review reports such as official police records and medical reports. You do not need a lawyer when dealing with LERA, however, the police officer who is under investigation will have one. After the investigation, the Commissioner will screen the complaint to determine whether there is a reason to take any further action on it. If the matter will not be taken any farther, you will be notified of this in writing. You then have 30 days to appeal this decision to a provincial judge for him or her to look over. If your complaint is successful, there are several ways to resolve the matter. An informal way that the matter might be resolved is mediation. Both parties would have to agree to this. If everyone is satisfied at the end of mediation, that's the end of the incident. Something to consider when going this route is that no record will be made of the incident on the officer's record.

A police officer can admit to the alleged incident. The Commissioner then reviews the officer's service record and consults with the police chief before imposing a penalty. If there is no mediation or admission by the officer, the Commissioner must refer the complaint to a provincial judge.

According to the Inner-City Safety Coalition, LERA takes too long to complete investigations. Between 1996 and 2005, 38% of the cases took from one to two years or more to be completed. Almost all complaints to LERA are either dismissed by the Commissioner of LERA or abandoned and withdrawn by the complainant. In total, this involved 89% of the complaints between 1996 and 2005. Very few complaints to LERA result in action taken to hold the police accountable for their behaviour. Between 1996 and 2005, only 5% of the cases were resolved informally and only 5% went to a public hearing before a provincial court judge.

There is a need for better oversight of police...

Winnipeg is the only major city in Canada that does not have a civilian police commission to provide oversight of its police services. The mandate of a civilian police commission is related to governance and decision making, not simply an advisory function such as the recently announced Police Advisory Board that has been established by the Winnipeg City Council. The provincial Police Act in Manitoba is outdated and needs to be modernized (it has not been reviewed since 1933). It does not adequately set out the role or authority of municipal police commissions in our province.

Youth In Care

All children, all youth have rights under law. The United Nations has said that all children in the world have rights. In Canada, all children have rights under the Charter of Rights and Freedoms.

All children who are under the care of CFS (Child & Family Services) have rights under the Child and Family Services Act. This includes children who are living in group homes and are permanent or temporary wards of CFS. This also includes children who have been voluntarily placed in CFS by their guardians. And it includes children who are living at home but who are monitored by CFS.

Under all laws, any person who takes care of a child “has responsibility for that child’s care, maintenance, and well being”. That means that your guardian has to make sure that you have food, a bed, clothes and that you are physically and mentally safe and healthy. If you don’t have all those things, you are considered a “child in need of protection” under the CFS Act. For example, you can call CFS if your parents kicked you out and won’t let you come back. CFS might help you talk to your parents. If CFS thinks it’s not a good place for you to live, they might try to find another place. Or if someone in your family is hurting you, physically or mentally, CFS may be able to help.

Even if you are at a group home or a foster home, if you’re not being treated right, you could be a “child in need of protection” and CFS can help you. You can make a complaint to the Department of Child and Family Services about your foster home or someone else who is concerned can make a complaint. Foster homes are checked twice a year and if they don’t pass examination, their CFS approval can be cancelled and the home ‘closed’. Check in the phone book or phone the CFS main number to find out which agency you need to call about a certain foster home.

It’s not easy to do but even if you don’t have a complaint of abuse, you can ask to be moved to a different home. You should try to talk to your CFS worker or, if they won’t help, phone the Children’s Advocate. If you just take off and run away, you could be listed as a missing person. If you are “missing”, the police might pick you up and take you to the Youth Centre while CFS finds out where to put you.

The Children’s Advocate is always a good resource to call if you can’t get answers from anyone else. You can also phone a child protection lawyer or any lawyer from Legal Aid to help you get answers. But the same confidentiality doesn’t apply if you tell a lawyer about abuse you are suffering. They may have to call CFS. However, they will have to tell you before they do that.



What does the Ombudsman do?

The Ombudsman's investigates complaints from anyone who feels they have been treated unfairly by the provincial government or a municipal government (except for the City of Winnipeg). The Ombudsman gives a chance to complain, then for disputes to be heard from all parties, they are supposed to listens and treats individuals fairly with dignity, respect and courtesy.

With broad powers of investigation, the Ombudsman is authorized to make inquiries, ask questions, conduct interviews and review files, documentation, policies and legislation to gather information and come to a finding on the validity of a complaint. In fact it is a serious criminal offence for anyone to lie, obstruct, or refuse to provide any document or information requested. And unlike the police, when investigating someone or a department, people have no right to remain silent. He can also order the government or agency to change any act, decision or recommendation made by them.

If your complaint is not resolved informally, the Ombudsman may report on the investigation and findings and make a recommendation to the Minister of the provincial government department involved, or to the head of Council of the municipality.

How do you file a complaint with the Ombudsman?

First try to solve the complaint with the department or agency yourself, so they have a chance to solve the complain themselves. Ask them if there are any internal appeal process, and if so try to use them, before calling the Ombudsman. If you do call the ombudsman you will be asked to explain why you think the decision or action is unfair, whether you have appealed the decision, and the result of any appeal or internal review. If your complaint will be investigated, you will be asked to put your complaint in writing. If needed an Intake Officer can assist you writing your complaint. If it is not a complaint that the Ombudsman can look into they may direct you to the right people.

Medical Confidentiality

What is Medical Confidentiality?

In our society most of us think that doctors have to maintain full confidentiality of the information we provide to them. But there are times where doctors must exchange private information with other agencies. Common examples of when this can happen are as follows:

Communicable Diseases - The law gives doctors the power to override the patient's rights and examine/detain a person to find out if that person has a communicable disease (these include HIV, cholera, leprosy, tuberculosis and smallpox). The reason for this is because in these instances it is considered that a wider public good justifies the contravention to the individual's right to privacy.

Warrants for the Release of Health Information - A search warrant can be obtained by a police officer from a judge or magistrate after police swear to certain evidence. The judge has to be satisfied that a warrant is reasonable given the circumstances presented to them. The search warrant, once given to police, allows them to enter a location such as a doctor's office, clinic or hospital and execute the warrant. Warrants can also be used to get a person to undergo a medical procedure such as a blood test or to obtain other bodily samples.

Ethical Reasons - The Canadian Medical Association states the following to doctors about the limitations to patient confidentiality:

Respect the patient's right to confidentiality except when this conflicts with your responsibility to the law, or when maintenance of confidentiality would result in a significant risk of substantial harm to others or to the patient if the patient is incompetent; in such cases, take all reasonable steps to inform the patient that confidentiality will be breached.

For instance, if the doctor suspects child abuse, they are not held to confidentiality. A similar limitation to patient/client confidentiality also applies to nurses and other professionals such as counselors.

IMMIGRANT YOUTH



Introduction

Policies and initiatives intended to bring people and families to Manitoba from other countries as immigrants and refugees are considered to be very successful by some sectors of the population. It has been argued that people coming to a mid-sized city like Winnipeg experience fewer pressures than those experienced by newcomers to large cities like Toronto and Vancouver.

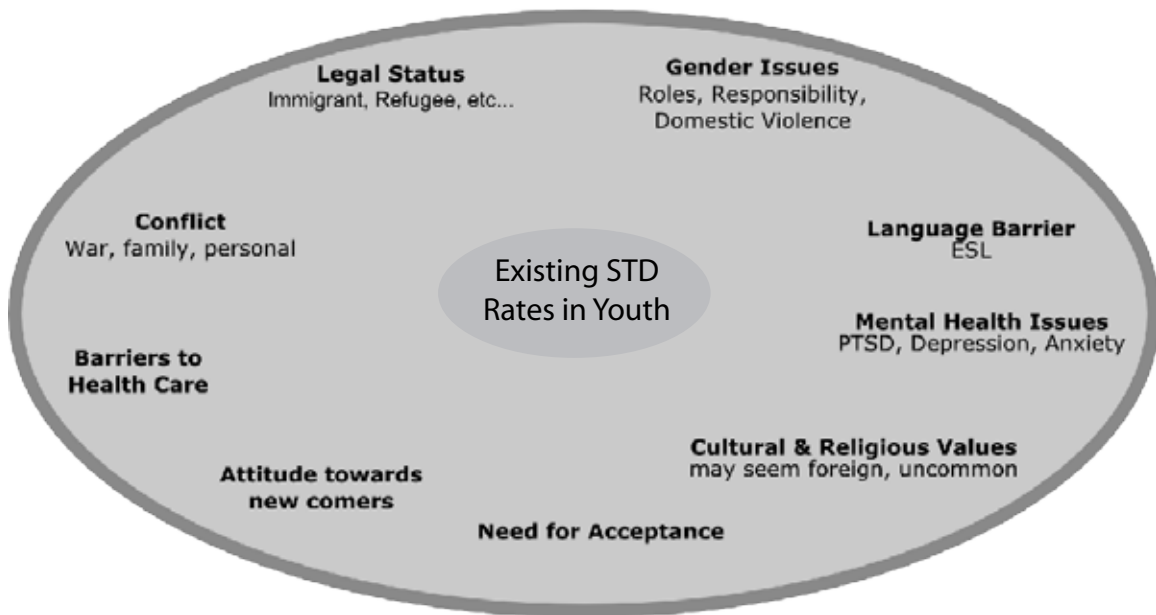
Harsh Reality was originally created as an HIV/STD prevention resource for youth in 2001. People we have talked to see it as an interesting and practical resource. The needs of youth whose families have been here for generations and those of youth who have recently arrived may be similar in some ways; history and experiences may be different. Basic biological needs for food, water, shelter are experienced by everyone; so is the need to feel safe, protected; and the need to be accepted and have a sense of belonging. Other issues may create needs that are somewhat different. You may find it difficult to get information about some of the topics contained here - about sex, about the law, about drugs that people may be using, etc. What may be accepted in Canada as “the standard” for privacy and confidentiality may play out very differently for people trying to make their way in Canadian society. Your right to privacy may be impacted by bureaucracy in immigration policy and law. Some of the issues and stories contained in *Harsh Reality* may seem harsh - they are. Your issues and stories may need another forum to be told clearly.

This section has been added to this edition of *Harsh Reality* to “open the door.” The youth contributors have requested anonymity. Their articles have been edited only to protect that. We recognize that no generalizations can be made from their particular points of view; the narratives represent their experience and thoughts.

Considering Context

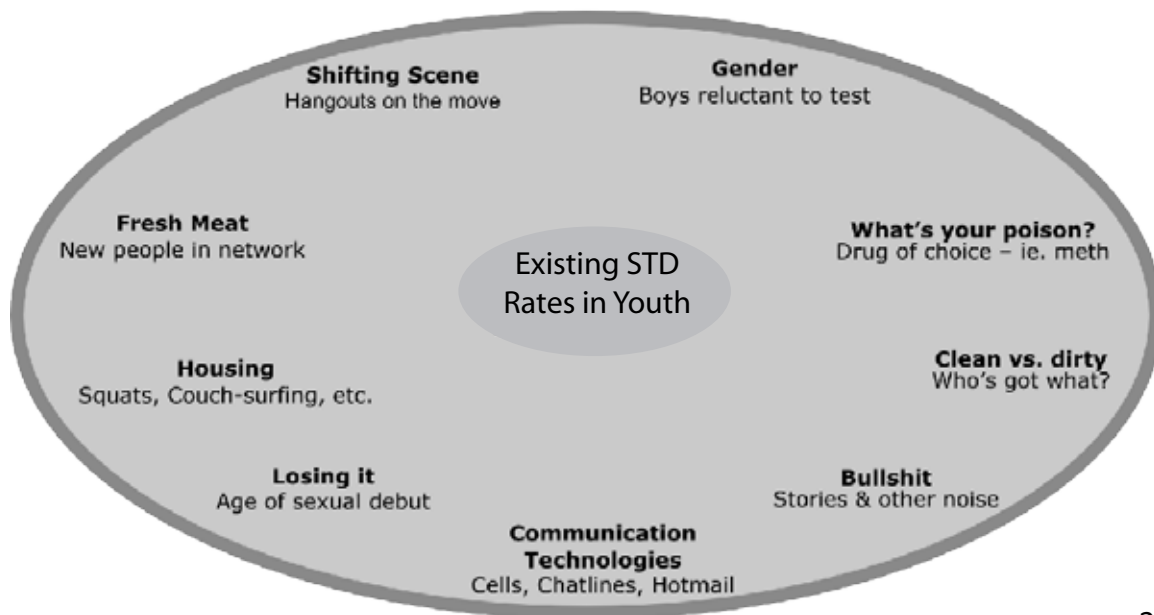
The items on the first circle have been selected from issues identified in currently available research. They are intended to represent the matrix of issues and forces that create pressures on youth coming here from other cultures. They are a best guess, though the weight of each issue, and how it influences others is not known.

Immigrant Youth Context



In the same way, the items on the second circle apply to youth who may be considered “street involved.” They have been drawn from similar sources and the experience of youth. Merging the two grids together illustrates the possible dynamic set of factors that make the work of STI & HIV prevention extremely complex.

Youth Context



What is an “HIV endemic country”?

HIV endemic countries are defined as countries with an adult HIV prevalence rate (new and existing infections among 15-49 year olds) that is greater than 1% of the population **and** one of the following:

- 50% or more of HIV cases spread through heterosexual sex,
- more than half of HIV cases are in females,
- More than 2% of women receiving prenatal care have HIV.

Given that HIV incidence and prevalence rates change in different countries, the list of those countries considered HIV endemic countries also changes. HIV is thought to be endemic in many countries of sub-Saharan Africa (South Africa, Kenya, Uganda, and many others), as well as many countries in the Caribbean (Haiti, Jamaica). Other areas of high prevalence include South and South East Asia (India, Thailand), Eastern Europe (Russia, Ukraine) and some parts of Latin America (Brazil).

In Manitoba, the proportion of cases of HIV from **endemic regions** has risen from 3% in the 10 year period 1985-1995, to 14% in the period 1996-2007.

HIV and refugees

Around the world more than 40 million people are displaced by natural disasters, armed conflicts and war. Refugees are six times more likely to become HIV infected than those in stable populations. Women and children make up roughly 75% of displaced people and are at particular risk. HIV increases in emergency situations in poverty conditions, where mobility and migration, powerlessness, violence, instability and stress make people vulnerable to exchanging sex for goods or personal safety. Stigma, discrimination and fear around HIV/AIDS affect access to treatment, care and support of people living with HIV/AIDS.

Canadian Immigration Law and Policies on HIV

The Immigration and Refugee Protection Act outlines some provisions on medical inadmissibility (can't be let in for medical reasons). This act refers to “foreign nationals”- a person present in a country who does not currently have the right to permanent residency in that country.

A foreign national is inadmissible (can't be let in) for health reasons, if their health condition:

- Is likely to be a danger to public health
- Is likely to be a danger to public safety
- Might reasonably be expected to cause excessive demand on health or social services. “Excessive demand” is usually defined as exceeding \$15,000 of publicly funded health care costs over the next 5 years, but the assessment time can be extended to 10 years (and costs to \$30,000), if relevant to the medical condition.

Not everyone who is HIV positive will be found medically inadmissible because of “excessive demand.” The current guidelines for assessing HIV cases state any applicant receiving HAART is inadmissible because of “excessive demand.” People not on HAART are assessed according to their CD4 counts. Foreign nationals who are medically inadmissible as permanent residents may still be admissible as temporary residents.

Medical examination

A medical examination for purposes of work or residency includes testing for HIV. Citizenship and Immigration Canada (CIC) has implemented HIV testing policy since January 15, 2002 for all individuals 15 years and older who apply for permanent residence. The HIV test is usually done in the country of origin; nominal test results can pass through many hands and bureaucracies before reaching the individual.

For work permits of less than 6 months duration: no medical examination is required. But a medical examination is required if the person is intending to work in an area in which protection of public health is required:

- Workers in health sciences
- Teachers of small children, day care workers
- Domestic workers/live-in care givers (i.e. nannies), Workers providing in-home care
- Agricultural workers from certain countries/territories

Tourists and students coming to Canada for less than 6 months do not require medical examination. A medical examination is required if an applicant has lived or stayed in a designated country/territory for 6 consecutive months or more during the year immediately before seeking entry into Canada.

Full information about medical examination requirements for visitors can be found at:

<http://www.cic.gc.ca/english/visit/medexams.html#occupational>

My Story

I was born in Africa. After both my parents died from HIV/AIDS, we were adopted by a relative in Canada. This is my story.

My trouble began when I got kicked out of my relative's house. I was put in a temporary home at Macdonald Youth Services on Mayfair. I stayed there for three days. It was a very uncomfortable feeling staying with strangers. I was then taken to a group home. Not a fan of staying in the North End. People always say its a bad place to live, but nothing is wrong with the people there, well most of them. It's just the way West-, East-, and South-end people look at them when they go out there. People look at you like you are a savage when you say you live in the North End or you are in a group home.

Anyhow, I hated living in a group home at first. I was not one to be pushed around. I push right back. The more I pushed back, the worse thngs got. I was not used to having to lock my stuff in a room, or worrying about what's gonna happen to my stuff in the night. I stuck though and really learned a lot.

I got to the point where pushing back wasn't good enough. I started to run to get further away from the problem.

(NOTE: When one is placed in a group home, it is better to leave them there until they have a foster home or move out.)

From there, I was moved to a group home further north in the North End. By the time I went there I had already wizened up so it was easier to see what the other kids were all about. I got there and settled in.

I come from an educated family - all of them were educators. So to me failure has never been an option. Throughout my time being in group homes all I was hearing from some people around me was: "He's a bad kid." "He's going nowhere." I was not having that. I worked harder and harder. The more I heard people bringing me down the harder I worked. I like to think of these people as my motivation. We children in care should thank those people that sometimes put us down. I tend to be stubborn sometimes. Sometimes I work hard for what I want, especially when people say I

can't do it. I also spent a lot of time playing sports, basketball and other things, just to relieve me of stress. I took the bus from school, downtown to play basketball all the time. I found activities that I enjoyed so I had no time to cause trouble.

There is one group home that I learned a lot from and where I really grew. I've kept in touch with a few people that worked there, some I still talk to today. And I see kids I saw as my little brothers from that home, who I watched come and go until finally I was put in a foster home.

I cannot be more thankful for any human beings as I am of the foster family. I was not just a foster kid - I was a kid. I was treated like a kid, like a young adult. I was treated fairly. I was treated like one of their own, to the point where their own sometimes said: "I think you have the special treatment!" In return all I had to do was be respectful, go to school, and stay out of trouble.

I remember one day I got in a run-in with one of my foster sisters, and she said to me: "You don't belong here!" I was upset and I ran away from home. But she got in trouble. The fact that she got in trouble for saying that, even though I was wrong, made me feel welcome. I felt like I belonged. I felt nice; I felt protected; I felt like part of a family again.

They fed me well, and were always on my case when I was running my body too much. At one point I was playing on 2 basketball teams, school and community. I was playing touch football, pick-up basketball at a near-by gym or community centre, and going out to under-age socials. I was just tired and sick. My foster mom used to say: "You gotta stop doing this to yourself; you kill me; I can't keep up with you; you are too much."

I guess I just found my spot. All kids have spots. I never liked to be told what to do and they never did. That's how the growing up and maturing came to be. If there was something to do, I knew what I had to do. I would either do it or they would ask and I would do it, no questions asked. Maybe a few jokes about it, but I would do it, out of respect. I always stayed on top of my game.

(NOTE: During my time in the system I went through 4 social workers. Each time, I would have to let them know what was going on and re-tell my story. Social workers are juggling many cases at a time. If there's a shortage of social workers - recruit more! Some kids don't like confiding in more people than they already have. I didn't always feel like having to confide in my new social worker but I felt I had to. My point is: we need more families that are willing to give children like myself a second chance in life, a chance to be a part of a family. We certainly need more social workers.)

In June 2005, I graduated from high school. I was a candidate for athlete of the year, but unfortunately the recognition was given to someone who had better grades than me. I was the winner of another scholarship which I had to turn down because I already had scholarship. I made it through half a year in a program before I figured out that it was not really what I wanted to do for a living. During second semester, I was awarded a basketball scholarship at university. I wanted to decline the scholarship but I love basketball. I accepted the scholarship and focused all of my attention on basketball. I did some school but basketball was the one thing on my mind. I didn't do well in my classes: low marks that I wasn't proud of.

The advice I would give to young people is don't rush yourself after you graduate. You have a lot of time. I wasted a lot of tuition jumping around from school to school. And always keep your priorities straight.

I have taken the past 6 months to think through what I really want to do, and I realize that the one thing that really matters the most to me is helping kids like me. I want to go into social work. I have applied to start as soon as possible. I still enjoy playing basketball but it's not my #1 priority.

My priorities are:

- 1) God
- 2) myself
- 3) family
- 4) school
- 5) others
- 6) sports, partying....

(NOTE: Always keep in touch with people that helped you. Never forget that you are never alone.)

(NOTE: to the system: I forgive you)

I turned 18 during my last school year, 6 months before graduation. I think - in fact, I *know* I would have done a lot better in school if I had stayed in the system until June. It was not pleasant for me to work, go to school, stay out of trouble, and do well in school. But what matters is that the challenge made me realize that play time was over. It was time to be my own man, pay my bills.

My suggestion though: if a kid in care is turning 18 a few months before graduation, please don't hold them back. Let them worry only about school, not bills, especially because I was doing great in school. I really think I could have done a lot better for my graduating year if I did not live on my own, working at McDonalds to pay my own bills.

I'm saying this for future in care kids who would like to do well in school and graduate knowing that they can attend any university they wish to attend.

This is my story.

P.S. My younger sister is now in care, and through my success I want, within the next few months, to put heads together with my brother and get her out of Manitoba's youth system.



CP Yards

What about you?

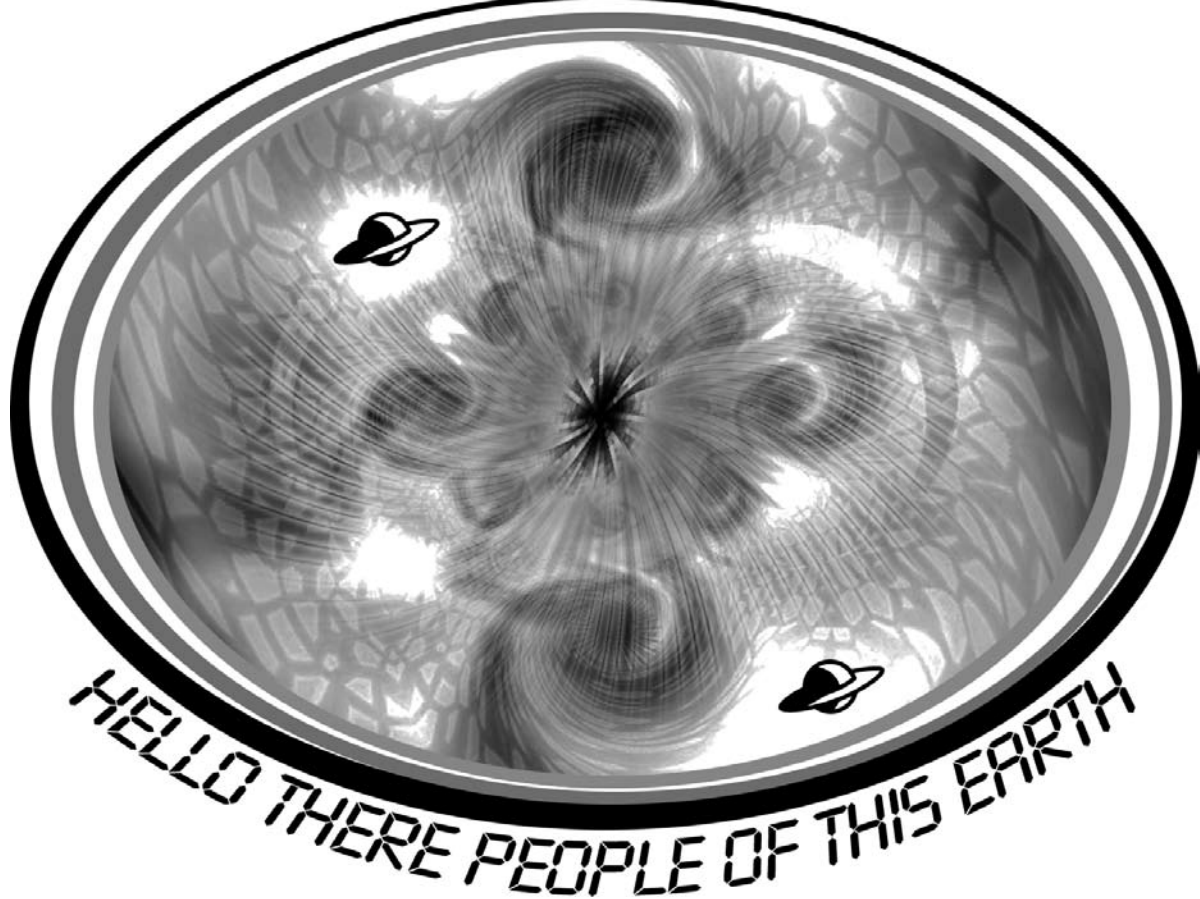


BITS UNSAID

→ *REDACTED*
← *DAVID PERLANS...*
JEP FUSON J. THAMMAK

SAT UR DAY, NOVEMBER 6TH 2004





When I do my method of crystal meth I usually inject it straight in my blood stream. Yep you guessed it I stab a rig thru my flesh and take the plunger draw back some of my soul as some trickles down my frown and lashes and splashes in life's gallery. and as Quick as I SUCKED IT BACK I KICK MY SOUL IN THE FACE AND PUSH IT DOWN AND BACK WITH AS MUCH FORCE like a curb stomp AS IF IT were TEETH THEY WOULD BE FALLING CRUMBLING TO THE SEA CAUSE MAYBE MAYBE THERE IS A FORCE ON THE EARTH THAT IF YOU WERE TO KNOCK THE RIGHT KNOCK AND TALK THE RIGHT TALK YOU WOULD THEN BE STALKED BUT IF YOU STEP IN AND YOU RECKONIZE THAT RIGHT BEFORE OUR EYES WILL MATERIALIZE YOUR FUTURE AND DEMISE WAS ONLY IN DISGUISE AND AS IT DECOMPOSE INTO SOMETHING NO ONE KNOWS YOU GIMMIE A BREAK WHILE I MANIPULATE YOUR MIND, YOU'RE MINE. Such a battlefield while all the gibbers yield and surrender to you they do, in your head we call

the **ZOO.**

SO COME WITH ME LITTLE TOY TO A PLACE THAT WILL ANNOY ANYONE WHO KNEW WHO REALLY WHISPERS BOO! WHETHER ITS IN YOUR HEAD OR ALIVE UNDER THE BED OR IF YOU ARE TRUE AND REALLY KNOW YOU DO, DO YOU REALLY THINK YOU ARE?

IT IS YOU! YOU ARE THE STAR!

THREE PLANETS DOWN, OVER TO THE RIGHT. THAT'S WHERE DREAMS ARE MADE
SORTED EVERY NIGHT, WE SEE YOU LIKE TO FLY AND OFTEN REMINISCE YOU
DON'T NEED DREAMS FOR THAT. YOU HUMANS GOT THE CRISS.

Every now and then we peek in on the show, we ask the same old question. How's it go? How's it go? it takes a little time but surely we do find. the DANCER WITH THE ANSWER the one with the song and keeper of the gong. it is you! it is you! it was you all along, so take a blast for me in the blastphoMy. you cast the spell you are now me, I did it, I did it, I rang your gong, who ever you once were ,you are gone you ARE gonged. So you can play and flail away but listen up. gibber not, gibber what! gibber. not today. Three steps forward but right on your heel, I'm in your head boy making yah squeal.

So let's get Chris style and our gibb on, is it really worth your while I'm the DRAGON LEPRE-
CHAUN, DISECTORCON MYTHICAL CRYSTAL DELUSION OF ILLUSION.

WITHOUT COMATOSIS COME AND TAKE A DOSAGE SLIP INTO PSYCHOSIS And we'll
All Call you a liar , AND dance around your fire, that burns inside your head, THAT WISHES
YOU WERE DEAD

WATCHING BIFOLKULARS ON YOUR BACK READY TO ATTACK THRU THE EAR ITS
SEEPING, THE TRUTH YOU'VE BEEN KEEPING. I cut out your middle sight condemn your
kind to knight, water forever craven, you belong to the ravens, and WOLF PACK DOPPLE GAN-
GA GANG ERA SHAPE SHIFTERS GIBBA WHO GIBBA YOU.

PLAY ALONG ON THE RIPPLES OF THE GONG, YOUR MIND, YOUR MIND, YOUR MINE
DO YA, DO YA MIND, MINE YOU DO! ARE YOU TRULY METHIN' FRONT OF ME ME-
THINFETTAMEEN. MEANS FRONT OF YOU, GIBB A TRUE NOT! WRONG! NOT RUNG
"GIBB A WRONG NEXT GIBB TECK WARRIORS AHH ME TAKE IT WRONG NEXT. GIBB
TECK WARRIORS TECHATRONICS ARMY, ARE YOU STILL WITH ME HOPPING ALONG
CRIPPLING DANDY OR SHALL I SAY HANDY GRAB YOUR CAP AND LETS GO TO NO
BARKING AREA. JUST A LESSON OR A BUNCH OF GIBBERISH?"

TAKE DA WRONG NEXT A THRU DA TING, RING AND BRING THE BLING BLING AL-
WAYS SMOOTH LIKE MALL BRO MALL RATS GYPSY SALAMI SCAMWITCH, NOT
CROSSED, JUST SHRED, OR TOAST ARE YEH PLAIN, OR WHITE? I said "GIBB SCENE
SEE ALL OF ME, I'M A HEAD ARE YOU PLAYING OR WHAT I LIKE TO BOAST, JUST A
LESSON OR A BUNCH OF GIBBERISH?"

YOU CAN SHUTE, BOOT, WIG, OR WAK, SMOKE, OR POKE, YEP EVEN DAT, SO IF YOU
WANT TO NEVER BE HERE AGAIN YOU NEVER WERE THAT'S MY WORD MY FRIEND.

THREE TINGS CHA NEED TO BRING. A BROKEN CLOCK DAT DOESN'T RING

THE OTHER TWO IS UP TO YOU.

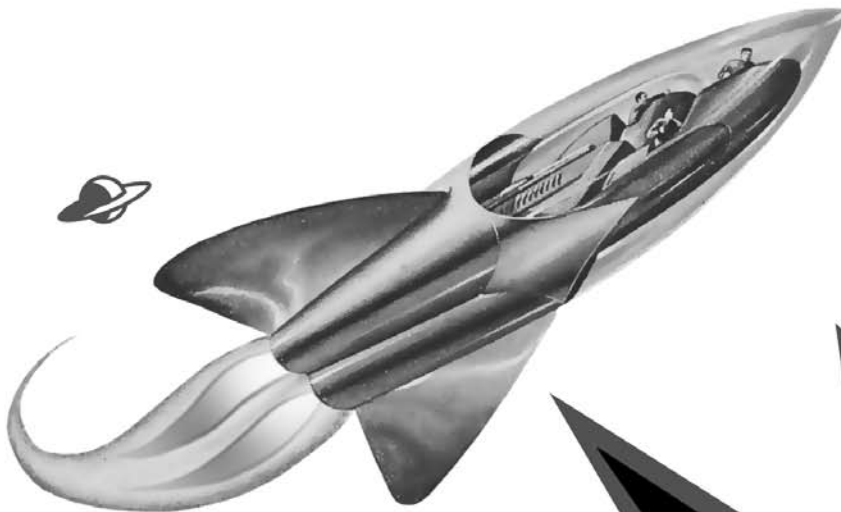
STEP ON IN IT'S ABOUT THE ZOO.

ONCE YOU CHOKED ON ALL THE SCHETCHAGGES, TOLD YOU ONCE ABOUT THE MESSAGES, YOU WILL BE BELIEVING AND BE GRIEVING AND BELIEVING WHEN YOU RUN THRU THE AREA DIDN'T MEAN TO SCARE YAH OH YES OH YES I FORGOT TO BURY YAH, TOLD YOU FOUR TIMES BEFORE, CHARDENNEY SHARD TODAY. YOU HAVE BEEN FORETOLD, CAST A STARE IN A FRIENDLY DIRECTION YOU WOULD THINK I HAD AFFECTION, I AM COLD SHALLOW AND LOW AFTER ALL I WAS THERE BEFORE.

DECREPIT DECRYPTED KIFER LIFER ON THE LINE GIBB A WRONG NEXT TECK-ATRONICS NEXT TIME NEXT TIME

WHEN YOU FLAIL I WILL BAIL AND CATCH YOU ON THE REBOUND. TRACKING YOU YOU DIRTY RAG LIKE A FUCKING BLOODHOUND.

COMASTATE SUBCONSCIOUS...



JO KING

In 1920, the Native children were not given the choice of freedom. They were taken from their homes, families and traditions and forced into Residential schools. The reason for this was to transform Aboriginal children into “civilized” members of Canadian society. Although the Universal Declaration of Human Rights was adopted by every country in 1948, not every country followed.

In Article 1, the Declaration states: all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. Even though these Rights were there, the Aboriginals put up with their crap for another thirty-five years. In 1983, the last school was shut down but only after leaving the scars of abuse and hatred in them.

My mother was a victim of these schools and now she is an angry person and people don't seem to understand why. When the Residential school children became adults and elders, they often passed on the abuse or emotional damage they endured in Residential schools to their own children and families, beginning a cycle of abuse. During one of my visits back home, I asked her if she would tell me a little about her experience. And she did. She talked very quietly but held nothing back. She remembered how they cut her hair off when she first arrived at the school at the age of twelve. They hit her if she spoke her native tongue. She also remembers crying and always wondering when she would be able to go home.

Although Residential schools were way before my time, I feel it has affected not just my life but also the lives of my siblings. When you experience abuse it just doesn't stop when you leave the situation, it goes everywhere you go. If the person doesn't receive proper healing, the cycle of abuse keeps going. For us, we were lucky not to have experienced the violence she did. But the truth of neglect was there. My grandmother told me on several occasions to never hold a grudge, no matter what the circumstances. I've tried, and I'm sure everyone else has, but how does a person live down such a nightmare?



Morning Prayers (1986)
by David Williams

We must emphasize the need to face the issue within families and to work together as a family or with counseling to help heal the wounds of Residential schools. I know there are many flaws with our world and not much is being done about them, but we must all take a step forward if we want all wrongs to decrease. Instead of fighting or crying about shit that's happened, we should concentrate on how it could be fixed. I have a lot of respect for the survivors of residential schools. And I hope they will live long and prosper and maybe share their stories with their families like my mother did.



My Unique Ways

by Matthew Schact

My life as a shcabee I do believe is an interesting one. Every time the sun-dance came around, I would run and hide. Last year it finally got me LOL. Inside I was crying, crying for a better life, crying for a better way. I knew if things were going to get better I would I would have to do it myself.

My father is a traditional man and runs a lodge at his home. So I went to visit him and had a nice talk about my life and the direction I was headed. He asked me what I would like to do with my life and I told him I am not sure, I think I would like to be a nurse or something where I can work and help the people in my neighbourhood. He told me I can stay at his place, and start working for the people.

I started participating in ceremonies, and sweats on a regular basis. The responsibilities of a shcabee are very sacred. You do not do the work for money, fame, or power. However you do the work so the people can gather in this sacred way, and do the good work that they do, so they can receive healing for their family and friends or whoever they hold in their heart. Here is a List of just a couple of the many things a shcabee does for the people, and the sweat lodge ceremony:

- ◆ Set-up fires
- ◆ Watch fires
- ◆ Collect Wood
- ◆ Collect Stones
- ◆ Collect Medicines
- ◆ Watch over the people in the lodge
- ◆ Open and close the doors of the lodge
- ◆ Offer tobacco to the fire for the people.

My father would teach me about the trees and the medicines. I had many teachers along the way, and picked up many teachings. This way of life helped me get through hard times, and guide me in a safe way. I learned how to treat everyone with respect and communicate with the spirits around me. My job as a shcabee is full-time and I believe it is the most rewarding job one could do.

My Personal Experience

BY G.

My sisters and I have been in and out of foster homes throughout our lives. It was a harsh reality. Well I wouldn't say very harsh. Most people would probably think it is not such a big deal but it really is. A lot of people think that it doesn't have a big impact on their lives as they get older. I don't believe this.

Being in and out of foster homes was very emotional for me. Being dragged out of your home with having no say in where you want to go or even not being aware of what's going on, is the worst. As a child, it was confusing with wondering everyday what the hell is going on – why I was being taken away from my siblings and why I couldn't see my mother. I knew my mom was always leaving my sisters and I home all alone, and came home smelling like she hadn't showered in months. It was awful. That was the only time my mom was nice and happy – when she smelt (which I'd substitute for drinking). Might sound funny but that's the truth.

I remember we were in at least six foster homes. They were not the best. There was one foster home we were in where we had to feed ourselves because our foster parents "smelt" which means they were drinking. It was very scary. My mom would even try to keep us together but somehow we were split up. It was lonely. I'd always be at the window crying for when I'd see my mom again. I didn't blame her as a child because I didn't know what the hell was going on. I also remember my older sister was always taking off from these foster homes and my other sister was right behind her.

When I was 12, that was when I started to think about what had happened to me as a child and I was angry. I began to look at my mother in a different way. I started to express my anger to her, yet she didn't know what was really bothering me. I just couldn't believe how careless she was which made me not care how I treated her. This is one of the reasons I started all the drinking and smoking up. That is a very young age to start these bad habits but I knew that it upset her so that's what I wanted. I remember I used to steal large amounts of money off her too, just to make sure I had weed for that day. I was a straight A student up until I reached high school. I didn't care about anything anymore, even when people would try to help me. I just wouldn't listen to anyone.

As soon as I hit Grade 7 that was when I was totally out of caring for anyone. I wasn't the only one to have turned sour as years went age. My mom pretty much disowned us but like I said before I didn't care. What goes around comes around. We(my sisters and I) all began to go down the same bad path as each other. This meant more and more grief to my mother. I can't really remember the exact time it was but something clicked inside my sisters' heads and they somehow straightened out. But not me I was just getting started.

Actually I was still in school but was hardly ever going. I was a bully to everyone. Everybody was scared of me just because I was being a little punk. I swear to god that is what I was. That was the worst part of school because I'd beat on anyone who got in my way. Everyone was afraid of me but that's how I liked it. Whatever you said I didn't like, you'd be down on the ground yelling for help. To this day I look back and laugh at how dumb I must've looked.

Il'd even steal these very expensive objects they were bringing to school. I'd even sell whatever stuff I stole just so I could get high. I got busted. I'm not going to deny it. Let me tell you, it was very embarrassing. The police were always there to see me and there would be a big audience. I never felt so stupid in my life. As I went on, my selfish acts got more intense because I stole my mom's friend's car and went cruising around. Me being my stupid self I put the car in the ditch. Someone had called the police on me and we (my two friends and I) were busted at the beer store. On top of that my mom had reported it stolen and I got into trouble because of that. I told my two friends that the car was lent to me. They trusted me and jumped onto the vehicle with me. And now these friends were no longer my friends anymore because I had lied to them and put them behind bars. They just hated my guts.

The trouble didn't stop there. I was involved with the cops again. I had been in and out of court for a long time but they kept on releasing me. I guess you can say I was really lucky. I can tell you that I spoke too soon. I found myself in the courtroom again with charges of assault and another of which I will not mention. I knew from the beginning that this would be the last time they would ever let me go free. I know that my story has changed a lot but to my knowledge I've been this way as long as I can remember since the first time I started to recognize how my childhood was and how it affected my life as a teenager. It really doesn't seem like the reason but it really does fit in that category. The last time I ever looked at my life was when I got six months in jail. I awaited trial three and a half months. So I was in jail eight and a half months. It might seem like a big deal but being in jail is not a place you want to spend your life. It's a waste of time.

During those long months locked up I began to realize I wasn't going to go down for something that was not my fault. Blaming myself for my mom's wrong doing was not the option. I decided I was going to change my life around for the better. I looked at my life and realize I have a lot to live for and I'm going to do it the right way. Throughout the years I've been searching for that special someone to love me the way I should've been loved and I've found that person. This particular person showed me, my mother could not hurt me anymore.

I've gotten into a lot of trouble while I was growing up and I just want to let you people out there know that this is not the end and there are people out there that care and are willing to help if you just give them a chance. Throughout my whole life I've been searching for that special person to love and I've found it. His love is the best thing I can ever ask for. This person showed me there was more to life than crime and loneliness.

HEARSE REALITY

NOVEMBER 2004



4

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ink

ARTWORK BY PAUL MATCZUK-KGBINK@HOTMAIL.COM

The KILLER VIRUS

It's hard to watch him
wither away when all he
can do is fight for another
day

It was very scary when
we realized just how he got
it, who would of thought
that sex can be ironic

The VERY INSTINCT that drives
US to SURVIVE became his
VERY OWN demise

The feel of aids is far
to surreal to make any
such kind of deal!!!

for when you see someone
you like don't just jump
at their side

So to KEEP you safe
from this ride

Don't let your dick be
your guide.

Anonymous

Life's Hard

My life is hard I got too many problems,
I like to smoke crack, but I don't love it.
I'm tired of it, I wanna change,
Guilty conscience make me insane.
My life is a waste feeling hopeless inside,
My baby Kyle Boo keeps me alive.
If it wasn't for her I would've ended it you see,
So I wouldn't have to live with misery.
I gotta get help to improve my self,
So I can get good health and lots of wealth.
Its a road that never ends, it feels like a dream,
I wanna wake up and let out a scream.
Its a battle I'm losing but I gotta win the war,
So I don't live with this addiction anymore.
My dad passed away a while ago,
Why did he have to let me go.
I needed his guidance to help me live,
Hes gone, now he can no longer give.
Theres a void in my life and its to be sober,
Before its too late and my life is over.


ANONYMOUS.


The Potter's Field Where Hatred is Buried


There were days when I drifted into graveyards and pondered through and through: "Where do the damned sleep when the burial grounds are so far away?" I had vivid thoughts of the dead from self-infliction, pestering the ones who rest in peace, those who withered from age and laid to rest by natural causes. Disturbing children who were born into a stone that they left too soon. I used to think that when you commit suicide, you are unforgiven and are cast into the lake of fire, then I realized that's nonsense because god isn't that callous. It was a misinterpretation of what was translated. All the cold foreheads I kissed of family and friends who hung on trees. I was tormented by the thought that they were cast into such a place where bellows of apologies fall from the mouths of those banished souls. I then questioned and spoke. In closing I'd just like to say to those who lost someone to suicide - all who die in sadness will inherit peace regardless of what makes many sleep at night. puph


NORTH END/POINT DOUGLAS

HEALTH


A  **Health Sciences Centre**
Emergency: Entrance on William St. between Sherbrook and Tecumseh. **Youth Clinic:** Children's Hospital, 840 Sherbrook St.. 787-2401. Clinic open to all youth under 18 years. Every Tue. and Thu. from 1-4pm. Appointment required, but some same-day appointments accepted.

B  **Health Action Centre**
425 Elgin Ave., 940-1626. Primary health clinic for those in downtown/North End, including sexual health education and a dental clinic for low-income earners.

C  **Mount Carmel Clinic**
886 Main St., 582-2311. Drop-in Teen Clinic, every Sat. 12-4 pm except long weekends.


D  **Four Rivers Medical Clinic**
878 Main St., 586-5592. Walk-in clinic open 7 days until 10pm.


HELP


E  **Sunshine House**
646 Logan @ Sherbrook, 783-6369. Drop-in, meals, showers, laundry, phone, Internet access, for people affected by or at risk for HIV/Hepatitis C. Call for hours.

F  **Ma Mawi Centre**
94 McGregor St., 925-0300. Many programs for children, youth and families, including pregnancy and parenting groups, community drop-in and sexual health education. Call for hours and locations.


G  **Andrews Street Family Centre**
220 Andrews St., 589-1721. Resource centre providing youth and adult drop-ins, food buying club and support groups. Call for hours.

H  **Ndinawe Youth Resource Centre**
472 Selkirk Ave., 781-4823. Youth drop-in centre with computers, arts and recreation programs, emergency food for youth living on their own. Call for hours. **Teen clinic** offered Mon. 4-7.30pm, except for long weekends.


I  **Ndinawe Safe House**
370 Flora Ave., 586-2588. Shelter for youth aged 11-17 with no place to live. Youth can admit themselves.


J  **Sage House**
422 Dufferin Ave., 943-6379. Drop-in services for female/transgendered sex trade workers including nursing, STD/HIV screening, laundry, meals. Call for hours.

K  **Thunderbird House**
Higgins & Main, 940-4240. Provides weekly sweat lodges. Call for details.


L  **Salvation Army (Shelter)**
180 Henry St., 946-9402. Emergency food and shelter. Separate shelters for men and women.


M  **Main Street Project (Shelter)**
75 Martha St., 982-8245, Emergency food/shelter, open 7pm- 6.30am.


N  **Siloam Mission (Shelter)**
300 Princess St., 956-4344. Emergency food/shelter. Intake 9pm, closes 6.30am. Re-opens, breakfast 9am.


O  **Union Gospel Mission**
320 Princess St., 943-9904. Christian soup kitchen. Meals Mon.-Fri at 11am, bread distribution Mon.-Sat. 2-4pm, Soup Sat.-Sun. 7pm..

HANGOUTS


P  **Rossbrook House**
658 Ross Ave., 949-4090. Drop-in for children and youth, aged 4-24, open 365 days a year. Recreational and educational programs.


Q  **Freight House**
200 Isabel St., 986-5385. Community centre providing recreational, cultural, educational programs.


R  **Turtle Island Community Centre**
510 King St., 986-7902. Community recreation centre. Call for hours and activities.

S  **Norquay Community Centre**
65 Granville Ave., 943-6897. Community recreation centre. Call for hours. and activities.

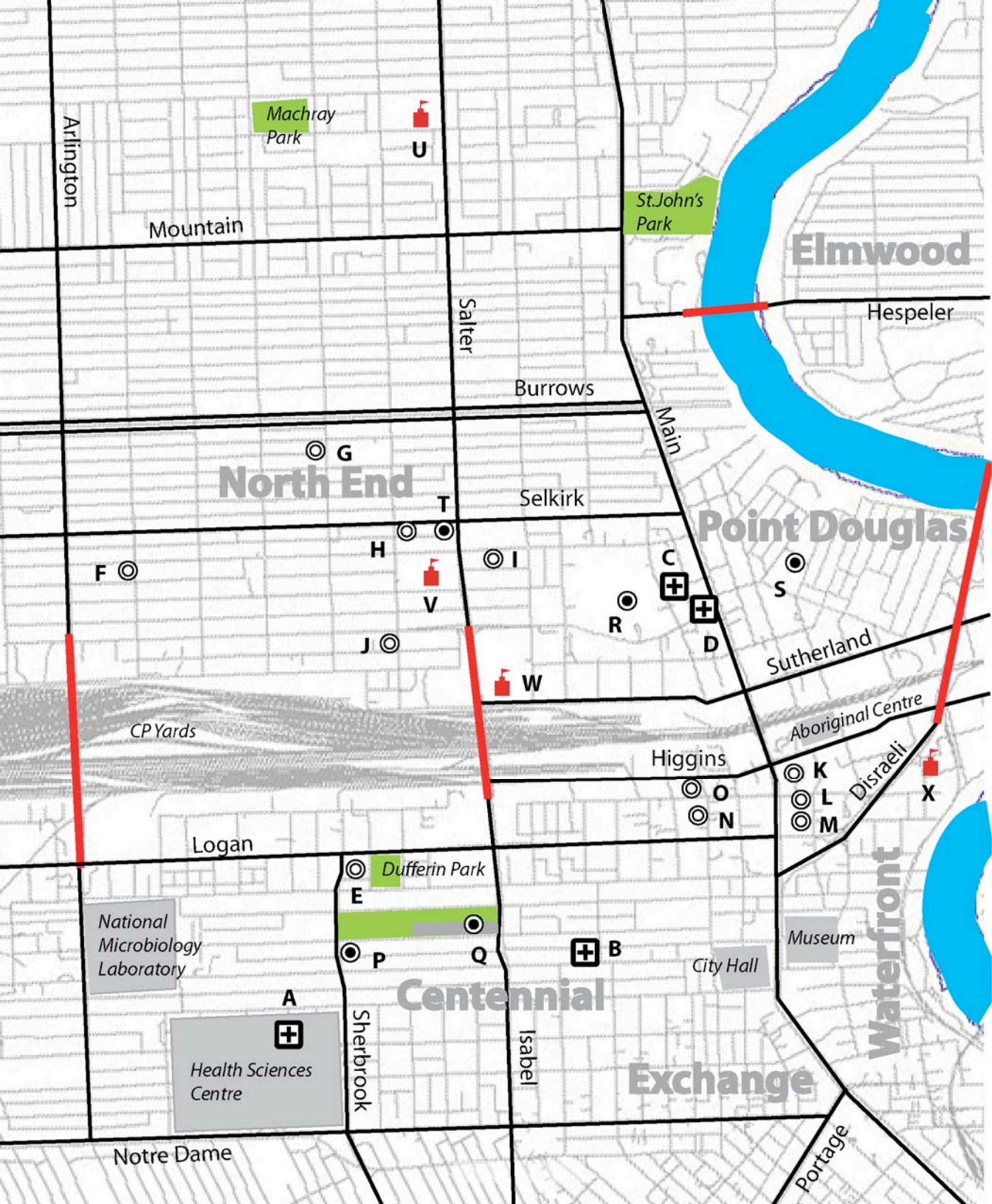
T  **Robin's Donuts (Open 24H)**
420 Selkirk St. @ Salter

U  **St. John's High School**
401 Church Ave. 589-4374. Teen Clinic for students only during school year, every Wed. 12.15-4.15pm.

V  **Children of the Earth High School**
100 Salter St., 589-6383.

W  **RB Russell High School**
364 Dufferin Ave., 589-5301. Teen Clinic for RB students only during the school year every Tue. 12-4pm.

X  **Argyle Alternative High School**
30 Argyle St., 942-4326



Arlington

Mountain

Machray Park

U

St. John's Park

Elmwood

Hespeler

Salter

Burrows

Main

North End

G

Selkirk

T

Point Douglas

F

H

I

C

S

V

R

D

J

W

Sutherland

CP Yards

Aboriginal Centre

Higgins

Disraeli

K

X

L

Logan

O

N

Dufferin Park

E

P

Q

B

Museum

National Microbiology Laboratory

City Hall

Centennial

Waterfront

A

Health Sciences Centre

Sherbrooke

Isabel

Exchange

Notre Dame

Portage

DOWNTOWN/OSBORNE VILLAGE

HEALTH

- A** **+** **Misericordia Urgent Care**
99 Cornish Ave. For info, call Health Links 788-8200 or toll-free 1-888-315-9257. For non-life threatening injuries or illness. Open 24h/7 days.
- B** **+** **Klinik Community Health Centre**
870 Portage Ave., 784-4090. Drop-in teen clinic for 21 and under. Every Mon. 4-8pm. Closed long weekends.
- C** **+** **Nine Circles Community Health Centre**
705 Broadway Ave., 940-6001. Drop-in testing for sexually transmitted infections and HIV. Every Wed. 1-7pm.
- D** **+** **Four Rivers Medical Clinic**
647 Broadway Ave., 786-8588. Walk-in clinic open from 7am to 10pm.
- E** **+** **Women's Health Clinic**
3rd fl.-419 Graham Ave., 947-1517. Drop-in teen clinic for 19 & under. Every Thu. 3.30-8pm. Males welcome!

HELP

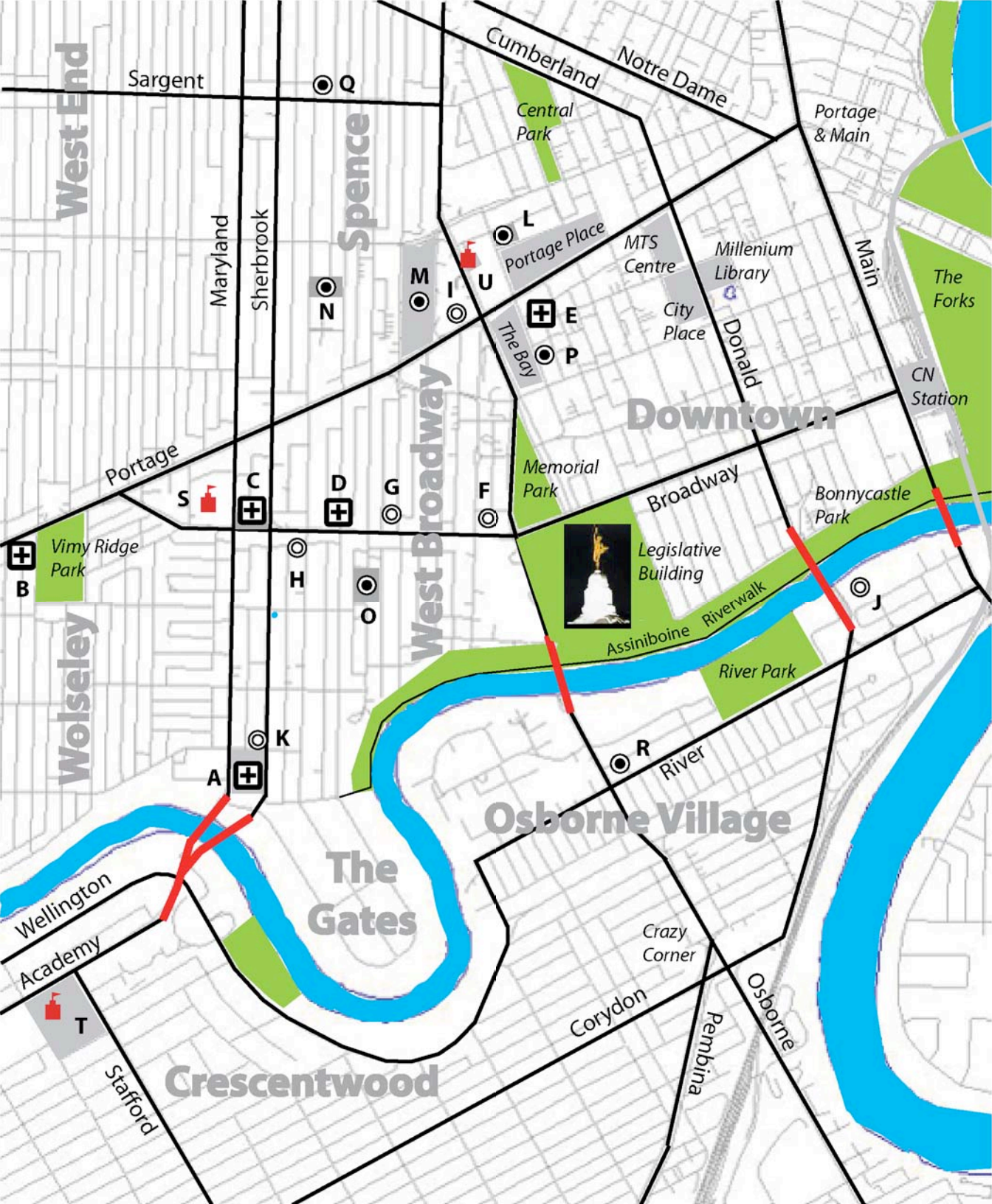
- F** **⊙** **Agape Table @ All Saints Church**
175 Colony St. @ Broadway, 783-6369. Hot meals available Mon.-Fri. 9-11.30 am.
- G** **⊙** **Resource Assistance for Youth (RAY)**
195 Young St. @ Broadway, 783-5617. Open Mon.-Sat. during the day (call for exact hours). Offers Internet access, phone, food bank (17 & under), condoms, addictions support for meth users, counsellors, referrals.
- H** **⊙** **Crossways @ Young United Church**
222 Furby St. @ Broadway, 783-0128. Food bank and cooking programs.
- I** **⊙** **New Directions**
400-491 Portage Ave., 786-7051. Very large social service agency with some programs targetting youth, adolescent parents, and those involved in the sex trade.
- J** **⊙** **Macdonald Youth Services**
175 Mayfair Ave., 477-1722. Open 24h/7 days. Emergency short-term shelter for youth aged 12-17, first-come, first-served. Drop-in resource centre for youth 12-20.
- K** **⊙** **Wolseley Family Place**
Lower level, 691 Wolseley, 788-8052. Numerous services for families and children, including drop-in, breakfast club, clothing exchange, prenatal classes, social support, resources and referrals. Call for hours.

HANGOUTS

- L** **⊙** **Downtown YMCA**
301 Vaughan St., 947-3044. Open 7 days, sports and recreation facilities, swimming pool.
- M** **⊙** **University of Winnipeg**
Portage @ Balmoral, 786-9808. Library on 4th floor, Centennial Hall, open 7 days, has free Internet access for community members.
- N** **⊙** **Magnus Eliason Rec Centre**
430 Langside St., 986-6163. Recreation facilities, Internet access, hoops, wading pool.
- O** **⊙** **Broadway Neighbourhood Centre**
185 Young St., 783-8116. Recreation facilities, Internet access, hoops, wading pool.
- P** **⊙** **Bourbon Street Pool Hall**
241 Vaughan St., 957-1293. Open 24 hours.
- Q** **⊙** **Enzo's Sports Bar**
553 Sargent Ave., 783-4137. Pool hall.
- R** **⊙** **The Circle**
River @ Osborne, in front of Subway
- S** **🚩** **Gordon Bell High School**
3 Borrowman Pl., 774-5401
- T** **🚩** **Kelvin High School**
155 Kingsway Ave., 474-1492
- U** **🚩** **Winnipeg Adult Education Centre**
310 Vaughan St., 947-1674. High school equivalency courses for adult students.



View from the Bate Building,, The Exchange District



I was born a fish
I became a zombie
I killed myself
it's that simple

2

HARSH REALITY FOUR

3

4

1

1

2

3

the only fishy fish
are fishy no fishy
say being a fish
is better if i don't
believe i could be a
still. i swim.

