

User's News

UN

ISSUE #97

2021



Celebrate  
difference!

NUAA

# NSW DRUG ALERTS ⚠

## MORE OVERDOSES FROM COCAINE CONTAINING OPIOIDS

NSW Health has released a warning about more people dying and being hospitalised from using cocaine that is contaminated with opioids. Opioids can cause unexpected, rapid and life-threatening overdose, even with the amounts contained in a single line of powder.

- Symptoms of overdose:**
- Drowsiness.
  - Loss of consciousness.
  - Face is very pale or clammy.
  - Slow, shallow, and/or erratic breathing.
  - Vomiting.
  - Change in skin tone: bluish/purple for lighter skinned people, and greyish for darker skinned people.

### How to treat an overdose?

If you see the warning signs of overdose:

- Seek help immediately from your nearest emergency department or Call Triple Zero (000).
- Start CPR if someone is not breathing.
- Use naloxone if you have it. Call '000' even if naloxone has been given.
- Multiple naloxone doses may be needed.



All drug users should carry naloxone. It reverses opioid overdose.

### How to protect yourself?

- Don't use alone. Make sure your friends know what you thought you were taking, and that they are comfortable calling an ambulance.
- If you're using a new batch, start out with a small dose.
- Be extra careful if you're mixing different drugs.
- Use a reagent drug testing kit (links to buy: [www.nuaa.org.au/nuaa-blog/drug-testing-kits](http://www.nuaa.org.au/nuaa-blog/drug-testing-kits)).
- It is also becoming common for substances to be contaminated with opioids.
- NUAAs online shop has fentanyl testing strips [www.nuaa.org.au/nsp-equipment-1](http://www.nuaa.org.au/nsp-equipment-1)
- If you have any trouble getting naloxone call our PeerLine: 1800 644 413.

## OVERDOSES FROM 'MDMA' CONTAINING 25C-NBOME & 4-FA

NSW Health has released a warning about people overdosing from using a light brown powder they thought was MDMA but was actually the psychedelic 25C-NBOME & stimulant 4-FA (4-Fluoroamphetamine).

### How it looks



### What are the risks?

- NBOME can cause vivid hallucinations, panic attacks, aggression and amnesia.
- This can lead to accidents, harm to self and others.
- Small amounts can be fatal, or cause seizures.
- 4-FA is similar to MDMA and amphetamines.
- The combo can be overstimulating.

### How can you get help?

- If you see the warning signs of overdose:
- Seek help immediately from your nearest emergency department or Call Triple Zero (000).
  - Start CPR if someone is not breathing.

### How to protect yourself?

- Don't use alone. Make sure your friends know what you thought you were taking, and that they are comfortable calling an ambulance.
- If you're using a new batch, start out with a small dose.
- Be extra careful if you're mixing different drugs.
- Use reagent drug testing kits: [www.nuaa.org.au/nuaa-blog/drug-testing-kits](http://www.nuaa.org.au/nuaa-blog/drug-testing-kits).
- It is also becoming common for substances to be contaminated with opioids.
- All drug users should get fentanyl test strips (free via: [www.nuaa.org.au/nsp-equipment-1](http://www.nuaa.org.au/nsp-equipment-1)) and naloxone (it reverses opioid overdose and is free via NUAAs NSP, or <https://yourroom.health.nsw.gov.au/getting-help/Pages/Naloxone.aspx>)

## Connect with the drug-using community

*We're safer together.*

- Stay up to date with drug alerts and peer-led harm reduction information by following NUAAs & DanceWize NSW on social media.
- If you want non-judgemental support from an experienced member of the drug using community, contact NUAAs & DanceWize NSW's PeerLine by calling 1800 644 413 or messaging us on social media.



DANCEWIZE:  
NSW

[www.nuaa.org.au](http://www.nuaa.org.au)

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**Disclaimer:** The contents of this magazine do not necessarily represent the views of NUAAs. NUAAs does not judge people who choose to use drugs illicitly, and UN welcomes contributions that express opinions and raise issues of concern to drug users – past, present and potential. In light of current laws on self-administration of drugs, however, it should be clear that by publishing the contents of this magazine NUAAs does not encourage anyone to do anything illegal. While not intending to censor or change their meaning, UN reserves the right to edit articles for length, grammar and clarity. UN protects contributors by not printing their real names. UN allows credited reprinting by community-based groups and other user groups with prior approval, available by contacting NUAAs. Information in this magazine cannot be guaranteed for accuracy by the editor, writers, or NUAAs. UN takes no responsibility for any misfortunes that may result from any actions taken based on materials within its pages and does not indemnify readers against any harms incurred. The distribution of this publication is targeted. UN is not intended for general distribution.

**Acknowledgement of country:** NUAAs would like to show respect to and acknowledge the Gadigal People of the Eora Nation as the traditional custodians of the land upon which *User's News* is published. We respectfully acknowledge all Aboriginal nations where this magazine is distributed. We pay our respects to elders past and present.

**Community acknowledgement:** NUAAs is a peer-based, community-controlled drug user organisation. We represent the voices and needs of drug using communities in NSW. NUAAs and the community of people who inject drugs were instrumental in averting the HIV epidemic and we remain central to improving the health and human rights of all People Who Use Drugs in NSW. We would like to take this opportunity to acknowledge the legacy of the peers who went before us and reaffirm our commitment to fighting the effects of stigma and criminalisation in all their manifestations.



# PaC Forum 2021: TOPICS

Our speakers will be talking about **many meaningful topics.**



Don't miss this great opportunity to **learn and grow**

# PaC Forum 2021:

## Peers as Leaders

# Lockdown or not ... It's on!

**NUAA's Peers and Consumers Forum  
(PaC Forum) is back for another year!**

## 2 DAYS

of informative workshops, panel discussions and networking opportunities in the AOD sector.

In-person and streaming live online



NSW Teachers Federation  
Conference Centre  
37 Reservoir Street, Surry Hills NSW 2010

## 11-12 October 2021

Register online today at  
[www.nuaapeerforum.org.au](http://www.nuaapeerforum.org.au)



# Strength in difference

**Last issue** we wanted to show the differences and similarities that exist among users of different drugs — that we're all in one huge band with many songs!

This issue we aim to show the differences and similarities that arise when some of us are part of Australia's 'Culturally and Linguistically Diverse' (CALD) community.

It's impossible to represent all of the richly varied ways CALD communities and drugs intersect, but the *User's News* team have brought together some great stories of strength and survival — as usual!

We hope you enjoy hearing how 9 exceptional Australians attempt to balance their drug use with respect for

their community, family and religion. They have welcomed us along on their journeys as they work to stay safe as people who use drugs and embrace growth and self-awareness in the face of stigma, discrimination and prohibition in its various manifestations.

For some of the contributors to this issue, CALD is a contested term. For most, Australia is all about the mix. People come to Australia and enter a dance of cross pollination as cultures intersect. Some of these dances are eerily similar to life in their first homes and histories and some are wildly dissimilar. Sometimes it's about one culture injecting its influence into another, and sometimes it's about

assimilation, both willing and unwilling. Sam tells us "I feel like Australia is really a multicultural place", while Camil comments "It's funny that there is stereotyping around people from my background and drugs, but I was just doing what I saw the 'cool' white people do!"

The stories and views of the people in this issue come from a variety of backgrounds — Afghan, Egyptian, Indian, Swiss, Russian, Vietnamese, Lebanese. They come with a wealth of experience in negotiating drugs and negotiating cultures.

While addressing drug use as a way of fitting into Australia socially and commenting on the tensions between cultures that view drugs differently,

**“It is not our differences that divide us, it is our inability to recognise, accept and celebrate those differences.”**

– Audre Lorde



these stories essentially reflect the growth of people who ultimately own their drug use in different ways.

People who use drugs share many things, and it is important that we connect with those things to support each other as peers. Our goal for *User's News* is always to bring the drug-using community closer together around our identity as people with experience of drug use.

But that does not mean we need to endlessly focus on our similarities.

It's also important that we recognise that there is nothing 'cookie cutter' about our community! We each bring a unique perspective and our differences can be as important in building connections as the things that obviously unify.

There is always space for another history, another way of doing things, another point of view.

As American writer and civil rights activist Audre Lorde said: "It is not our differences that divide us, it is our inability to recognise, accept and celebrate those differences."

So here we are celebrating the way we experience commonalities like stigma, criminalisation and stereotyping in different ways. As we do so, we trumpet our ability to foster empathy between us as we stand strong in our similarities and our distinctiveness!

**Love Leah and Gulliver and the rest of the UN team.**

**We would like to introduce Gulliver McLean, *User's News*' new Deputy Editor. Read all about it in his own words!**

**My name is Gulliver** and I'm the new deputy editor of *User's News*. UN has been Leah's baby for many years and we're now starting the long process of handing UN over to me! They're big shoes to fill, but I'm excited to see what unique things I can bring as a (still!) young person.

I've come from Melbourne, where I've been involved in Students for Sensible Drug Policy Australia (SSDP Aus) and Harm Reduction Victoria's DanceWize program.

I have a deep respect for drugs and I love people who use drugs. I think we have so much untapped potential. I've seen again and again how criminalisation and stigma stop us from being comfortable standing up and openly fighting for justice and looking after each other.

An organisation like NUAA, and a magazine like UN, is such a powerful way of connecting with other drug users, educating each other and creating better ways of managing drugs at the individual, community and state level. I know a better world is possible and I'm so grateful to be able to join the NUAA team and you all on this journey!



# 'Fake benzos' are now widespread. What do you need to know?

## What your dealer calls:

- 'benzos' / benzodiazepines
  - 'xannies' / Xanax / Kalma / Mylan / alprazolam
  - 'vallies' / Valium / diazepam (+ more!)
- ...may actually be dangerous 'fake benzos'.**



## Fake benzos = higher risk of overdosing.

- If your benzos are not from an Australian pharmacy, they're probably counterfeit! The darknet or your dealer is no substitute for a prescription.
- Dealers make tablets, pills, 'bars', bottles and packs look real, but they can contain anything.
- One common substitute is etizolam, which is similar to Xanax in potency. But other substitutes may be much stronger or weaker. Duration can also vary.
- Pills next to each other in the same pack can differ in dose/strength. There could also be more 'filler' in one part of a pill.
- Reagent pill testing kits can't tell you the exact ingredients or dose.



## Taking high doses and/or mixing benzos with other drugs is risky.

- Even low doses can lead to doing things you regret and blackouts.
- Risk of overdose is multiplied when mixing benzos with depressants such as opioids, alcohol, ketamine and GHB.
- Be careful if mixing with stimulants, dissociatives, anti-psychotics or anti-depressants.
- For more interactions, see: <https://www.dancewizensw.org.au/medications>
- Fake benzos may not be benzos, so watch out for complex interactions.



## Benzos are easy to become dependent on. Help is available to withdraw safely. Don't rely on fake benzos.

- Physical and psychological dependence can happen quickly.
- Using regularly then stopping suddenly can be unpleasant and harmful, and may cause seizures, psychosis or death.
- Fake benzos vary in strength, so measuring and gradually lowering your dose is difficult.
- If you are dependent on fakes and need help withdrawing safely, a doctor can prescribe you real benzos.
- If you want non-judgemental support from an experienced member of the drug-using community, contact our NUAA & DanceWize NSW PeerLine by calling 1800 644 413 or messaging us on social media.
- Alcohol and Drug Information Service (ADIS) (1800 250 015) run a 24/7 phone service and Web Chat offering confidential and anonymous counselling, referrals and information for individuals and concerned others.

### To find out more about staying safe when using benzos visit:

- <https://www.health.nsw.gov.au/aod/public-drug-alerts/Pages/counterfeit-alprazolam-july.aspx>
- <https://yourroom.health.nsw.gov.au/a-z-of-drugs/Pages/benzodiazepines.aspx>
- <https://www.nuaa.org.au/peerline>

Last updated: June 2021







## Help us improve *User's News!*

Tell us what you think about *User's News*, what could be better and what you'd like to see more of (and less of). Don't forget to include an email address or phone number if you want to be in the running to win \$150.

Fill out the survey below and mail it to us, or scan this QR code and do the survey online: [www.usersnews.com.au/un97-survey](http://www.usersnews.com.au/un97-survey)



### 1. About you

#### How did you get this copy of *User's News*?

<input type="checkbox"/>	My OTP clinic/doctor	<input type="checkbox"/>	At my NSP
<input type="checkbox"/>	I am on the mailing list	<input type="checkbox"/>	Peer/friend
<input type="checkbox"/>	Other (please specify)		

#### I like to read *User's News* as a: (tick all that apply)

<input type="checkbox"/>	Printed magazine
<input type="checkbox"/>	Online PDF
<input type="checkbox"/>	Individual articles online

#### How old are you?

<input type="checkbox"/>	Under 18	<input type="checkbox"/>	18-25	<input type="checkbox"/>	26-35
<input type="checkbox"/>	36-45	<input type="checkbox"/>	46-60	<input type="checkbox"/>	Over 60
<input type="checkbox"/>	Prefer not to say				

#### What is your background/ethnicity? (tick all that apply)

<input type="checkbox"/>	Aboriginal and/or Torres Strait Islander	<input type="checkbox"/>	Non-Aboriginal
<input type="checkbox"/>	Born in Australia, first language English	<input type="checkbox"/>	Migrant/visitor, first language English
<input type="checkbox"/>	Migrant/visitor, English not first language	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other (please specify)		

#### What is your gender?

<input type="checkbox"/>	Man	<input type="checkbox"/>	Woman	<input type="checkbox"/>	Non-binary	<input type="checkbox"/>	Prefer not to say
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### 2. About us

#### *User's News* is: (tick all that apply)

<input type="checkbox"/>	<i>User's News</i> is easy to read
<input type="checkbox"/>	<i>User's News</i> offers me practical advice
<input type="checkbox"/>	I would read <i>User's News</i> even if it was only available online
<input type="checkbox"/>	<i>User's News</i> has information I can't get anywhere else
<input type="checkbox"/>	<i>User's News</i> helps me feel like I'm across the drug-related news & information I need
<input type="checkbox"/>	I can relate to the stories in <i>User's News</i>
<input type="checkbox"/>	I have changed the way I use drugs because of <i>User's News</i>
<input type="checkbox"/>	<i>User's News</i> has helped me access treatment/other health services
<input type="checkbox"/>	I trust the information in <i>User's News</i>
<input type="checkbox"/>	I have changed how I inject after reading <i>User's News</i>
<input type="checkbox"/>	I feel like I understand more about hepatitis C from reading <i>User's News</i>
<input type="checkbox"/>	<i>User's News</i> helps my confidence
<input type="checkbox"/>	<i>User's News</i> is an important tool in fighting stigma
<input type="checkbox"/>	<i>User's News</i> helps me stick up for myself
<input type="checkbox"/>	<i>User's News</i> makes me feel part of a community
<input type="checkbox"/>	I usually share my physical <i>User's News</i> magazine with my friends
<input type="checkbox"/>	People who use illicit drugs are represented in <i>User's News</i> in a way that respects and values them
<input type="checkbox"/>	<i>User's News</i> helps me fight for drug user rights
<input type="checkbox"/>	<i>User's News</i> helps me look after my health
<input type="checkbox"/>	I think it is important to be a member of NUAA, the organisation that creates <i>User's News</i>

Thanks for your feedback. If you'd like to be in the entry for \$150 (cash or prepaid Visa), write your email address or phone number here. (We'll store your contact details separate from your survey answers.)

Tick here if you would like to receive *User's News* via email.

Anything else you'd like to add? Use the blank space we have provided on the next page.

# OK, great! Now please get the survey back to us.



## There are two ways to send us this survey.

Either complete this page, cut it out, fold it and tape it and send it to us at the Reply Paid address, or complete it online by going to [usersnews.com.au/un97-survey](http://usersnews.com.au/un97-survey)

### If mailing it in:

- 1 Cut this page out of *User's News*
- 2 Fold the completed survey on the dotted lines
- 3 Make sure the address and barcode are on the outside of the package
- 4 Use sticky tape or a stapler to secure the package
- 5 Pop it in a mailbox, no stamp required, but if you add one, it would help our budget!

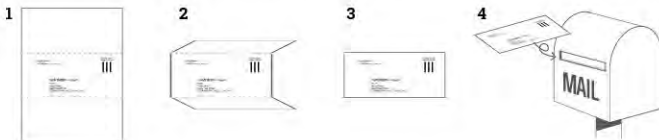
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You can add anything else you'd like to say here:

## Letter to the Editor

# Casey asks

## Moving on and paying up



**Dear UN,**

I have been on methadone at a public clinic for about 14 years. After getting some takeaways at a pharmacy during COVID, I have now been asked to move out to the pharmacy for all my dosing. I am told I can stay with my doctor at the clinic.

I'm feeling really mixed about this. To be honest I am not sorry to say goodbye to the clinic and the queues. I also like the idea of getting more takeaways — I wasn't looking forward to losing my day off in a little bottle.

The main issue is that I am not sure how I will manage the fees. I am on a pension and I am worried that I will get behind, then they won't dose me and I will be sick. When you don't get much, it's hard to budget it — there just isn't enough to go around.

This will be totally different getting dosed there, rather than just paying for one takeaway a week, which is what I've been getting during COVID.

Another thing is that my chemist was asking just for the money on the day and I am worried I will end up with an arrangement that means I have to somehow hang onto my money. It's hard to keep even \$5 if you don't have any bread or milk or bus fare. Taking \$70 out of my pay each fortnight fills me with anxiety.

I'm worried that all this will mean that it will all fall apart and I will be back to using like I was.

Can they really make me go? Help!

**– Casey**

**Dear Casey,**

First off, just breathe!

I do understand how daunting getting another bill on your plate must be. The money seems to race out faster than ever these days for all of us.

I wish I could say that you 'own' your spot at your clinic and they can't move you on, but sadly this is not true. Public clinics are there to help people start on the Opioid Treatment Program (OTP). The clinic staff help them settle onto a maintenance dose and support them as

they get on top of various issues and work with counsellors and social workers.

Once people are successfully on a maintenance dose, clinic staff will often support them to move out to private services so they have the space available to take another person and support them to do it all over again. Your 14 years seems like a huge gift if you think some people don't get more than a year.

Your clinic may have made the decision to support you to pharmacy because they are



under pressure to accept new patients. New patients must be dosed at a clinic for at least the first 3 months or until they are settled. In addition, there are hundreds of new people now on Buvidal injections from jail, and they need to come to a public clinic when they are released. Demands on services have increased during COVID and funding has not increased and clinics across NSW are under extreme pressure.

I am sure you will agree that if there had been no spots at a public clinic when you started, you would have been devastated.

You may also have been selected to go to pharmacy because your prescriber and dosing staff really believe in you, think you are ready to move on and want to see you spread your wings! Maybe you impressed them with your self-management over the COVID period.

You can often stay longer with your prescriber, just moving out to a chemist as your first step away from the clinic. Later on you may move to a private prescriber if one is available.

It sounds to me like you can see some of the good things about being at a pharmacy. Takeaways. Longer hours for getting dosed. No more queues. Maybe the pharmacy is closer to your house than the clinic. You get to feel a bit more normal. If you've got kids, it's not a drama to have them there. It's good to focus on those things — they can keep you motivated.

If you are concerned about how it might play out, get all the facts. Don't panic over things that you aren't sure of. It's worth having a talk to your clinic, your doctor and the chemist about your concerns. They may even be able to rethink the amount they will charge you or the way you can pay it. You never know what is negotiable if you don't ask and put your case forward.

In addition, your clinic may be able to help you out with a financial support payment to your chemist if you get behind with fees and

the worst case scenario you are anxious about comes to pass. Alternatively, they may allow you to come back to dose for a week or more for a period of financial relief until you catch up. There may also be other organisations who can help. It's amazing how helpful people can be if they decide you are doing the 'right thing'. Give the NUAA PeerLine a call on 1800 644 413 for some ideas, including what services are open during lockdown periods.

Another option is making an appointment to see a financial counsellor. While your money is very tight, you still may be able to move something around, consolidate some debts if you have them, and so on. Financial counsellors often have some great practical ideas that are more than just 'pull your socks up' and they can sometimes act on your behalf – e.g. to make a deal to reduce the amount your pharmacy might charge you for a start-up period, or reduce any payback amounts if you do get into debt.

There are also a few things you can do with Centrelink:

### **1 You can request weekly payments**

Want to get paid weekly instead of every 2 weeks to help manage your OTP payments? Have a chat to them first and feel them out around eligibility to go onto weekly payments — after all, you want to get better control over your money, not less! Usually things like budgeting for medical bills and prescribed medications are satisfactory reasons.

You're potentially eligible for weekly payments if you receive one of these benefits:

Job Seeker, ABSTUDY, Age Pension, Carer Payment, Disability, Parenting Payment, Partner Allowance, Special Benefits, Youth Allowance, Widow Allowance.

Once it has kicked in, it can be easier to manage your money as you only have to wait for



**It's worth having a talk to your clinic, your doctor and the chemist about your concerns. You never know what is negotiable if you don't ask and put your case forward.**



**I think you will pull this off and be amazing. The extra time you buy with takeaways can see you doing a course, doing some exercise, going to the art gallery or even volunteering at NUAA!**

7 days between payments. Believe me, I get paid weekly and I don't know how people manage fortnightly payments!

## **2 Get your bills paid more easily**

You can ask a Centrelink staff member to help you set up Centrepay so that your pharmacy payment goes directly out of your pension into the pharmacy account. It means you don't have to see it, worry about it or make a decision whether to pay it or not. You will know that you will always be dosed.

A peer friend of mine says that her methadone is always the first bill she pays, because if she is dope-sick, nothing else will work in her life, while if she is dosed, everything else seems to fall into place ok.

A bonus with this payment form is also that you always have a record of the payment in case of any dispute with the pharmacy. And if they don't have to hassle you for money ever, you may become their favourite customer!

Centrepay is also good for paying other bills, like making sure a little bit of money comes out of each payment for your bills like your phone, electricity or rent. You're in control of it because you say how much you want taken out each payment. Get peace of mind by paying your whole chemist bill, or just give yourself a head start for the week. You can choose to pay out as little as \$10 per payment.

To organise this, go in and see a Centrelink staff member or, better still, book an

appointment so that you don't have to line up and wait for hours and hours! To book an appointment, just phone up the contact line for your payment, or ask a Centrelink staff member at an office to book an appointment for you.

It may also be possible to set some of these tools up yourself online or via Centrelink's app — check it out.

Of course, another option is to think about moving to Buvidal, at 1 injection of long-acting buprenorphine each month. You would stay at the clinic while you move across from methadone and get established, starting from a weekly dose until you are stabilised on a monthly dose. Then after that, you may be able to get your injections for free. The medication is free, just like methadone and Suboxone. Some GP clinics with practice nurses are set up so you can get your injection for free, with a bulk-bill Medicare appointment with a nurse.

I think you will pull this off and be amazing. The extra time you buy with takeaways can see you doing a course, doing some exercise, going to the art gallery or even volunteering at NUAA! You may be surprised at how good you feel being independent from a clinic you have been tied to for many years. ■

*Good luck as you enter a new exciting time in your life!*

**Love Leah, Gulliver and the UN team**

Get a letter to the editor printed and not only can we guarantee (anonymous) stardom, we'll put \$50 in your pocket! Email us at [usersnews@nuaa.org.au](mailto:usersnews@nuaa.org.au) or write to **User's News, PO Box 350, Strawberry Hills 2012.**



# NEWS DOSE

## User's News



Stories from recent media you definitely need to know about!



### Pressure on truckers leading to stimulant use

The NSW Workers Compensation Commission has just awarded half a million dollars compensation to the family of a truck driver who was killed in a 2013 crash, which also seriously injured two other people.

The driver's employer and its workers compensation insurer had declined liability on the basis that he was under the influence of methamphetamine and therefore not acting within the course of his employment. However, Workers Compensation Commission arbitrator John Wynyard ruled that the company was liable, because it had illegally enforced a schedule with insufficient breaks.

"The deceased had been engaged in driving a load and had been working for some 24 hours (more probably 36 hours)," he said.

In his ruling Wynyard cited a 2004 precedent where an employer was found responsible for the fatal heart attack of a truck driver after he took amphetamines as a result of a work schedule that forced long periods without sleep.

If you are a freight driver seeking support for stimulant use, try 1300 DRIVER. The project provides education, information, one-off and ongoing support, and referrals for long-haul truck drivers and their families with issues related to health, wellbeing, stress, anxiety and managing sleeplessness. It has a particular focus on the use of stimulants, alcohol, tobacco and other drugs.

1300 DRIVER is available via telephone 24/7 on 1300 DRIVER (1300 374837), '1300 DRIVER' on Twitter and online at [1300DRIVER.org.au](http://1300DRIVER.org.au).

### Watch those encrypted apps!

Encrypted messaging apps are becoming more and more popular with people who provide drugs on the illicit market and their customers. However, not all these apps are what they appear.

An operation to set up a fake encrypted messaging app has so far netted over 800 arrests worldwide, with 250 occurring in Australia. The US Federal Bureau of Investigation (FBI) and the Australian Federal Police (AFP) led the operation, with involvement from police from 17 countries.

The ploy was supposedly cooked up over a few beers. The idea was to create an app 'An0m' marketed as a way for criminals to talk to criminals when, in fact, all conversations on it were being closely scrutinised by police.

Unsurprisingly, most of those arrested were involved with the illegal drug trade.

Prime Minister Scott Morrison believes that the arrests have prevented tonnes of drugs from coming onshore.

He stated: "There's nothing social about illicit drug use in this country ... And all of us have a responsibility in our own relationships and our own families, in our own communities, to be doing what we can to encourage positive behaviours ... that don't indulge illicit drug use. Illicit drug use ruins lives and it fuels organised crime."

Such emotive statements deny decades of evidence showing that most people use drugs safely and that many of the harms are caused by the failed policy of prohibition. Views like these expressed by our political leaders fuel stigma and discrimination and fly in the face of community beliefs and expert evidence.

So, today's lesson is that the messaging tool you are using might not be as secure as you think. It is always a good idea to be careful about what we say and text.





## Investors eye psychedelics

The *Australian Financial Review* (AFR) recently reported that the growing amount of research into the use of psilocybin and other psychedelics in psychiatric medicine was attracting investors' money in financial markets.

The AFR reported that Atai Life Sciences, a Berlin-based company, has announced plans to raise \$129 million to go public with investment shares in newly developed psychedelic medications. Several other big pharma companies are also getting involved, with a total estimated market value of more than \$US3.5 billion.

It is believed that the value of the shares will quickly rise, with a prediction that the global market for (legal) psychedelic drug treatments would be \$US7.6 billion by 2028.

Psilocybin treatment has been shown to be effective in a range of conditions including smoking cessation and depression. NUAA is currently collaborating on a proposed study led by Jonathon Brett at St Vincent's Hospital that will trial psilocybin treatment for methamphetamine use. It seems like truffles are not the only fungi worth billions.

## Call for GPs to routinely prescribe naloxone to people who use opioids

**Naloxone works** effectively to reverse opioid overdose, a fact that is evidence based and well known to our peer community. Experts are now calling to have naloxone prescribed to anyone with an opioid prescription. Victorians Dr Pallavi Prathivadi and Associate Professor Suzi Nielsen recently studied why naloxone is not prescribed more often for people who are prescribed opioids. They found that only a small percentage of people prescribed opioids are also prescribed naloxone.

At the moment, over 97% of all naloxone in the hands of opioid users has come from drug and alcohol and harm reduction programs. While it is good news that people who use illicit drugs are getting their hands on naloxone, this life-saving drug should be in home medical kits wherever opioids are used, all around Australia.

“ The paper concluded that in spite of how effective naloxone is and how strong the evidence base is that it saves lives, it is still a stigmatised product.

Dr Prathivadi and Associate Professor Nielson thought that the reason so few people on opioid prescriptions were getting naloxone was because GPs weren't aware of naloxone or were unwilling to prescribe it. They also thought that GPs wrongly believe that patients on pharmaceutical opioids are at low risk of overdose, in part because many patients did not tell their GPs how many opioids they were actually taking.

The paper concluded that in spite of how effective naloxone is and how strong the evidence base is that it saves lives, it is still a stigmatised product. Dr Prathivadi and Associate Professor Nielson suggested changing the focus in promoting naloxone to GPs from 'overdose treatment' to 'routinely prescribed emergency medication'.

At NUAA we see a great deal of evidence that stigma kills and nowhere is this more clear than in the shame dealt out to people who use opioid medications. The rising overdose rate is a real-life indicator of stigma.

Camil's story

# Bikes, drugs, jail, bodybuilding and religion

Camil tells us about coming from Afghanistan as a refugee, using drugs and learning to tell his story.





### UN: What was it like first arriving in Australia?

**Camil:** My family left Afghanistan when I was about 12 years old and we went to India. After a few years, we got our permanent visa and came to Australia.

For the first 3 months at high school, my brother and I had to attend Intensive English Centre. I spoke 4 languages already, but that didn't make it any easier to start on English from ABC, 123.

I found it hard to fit in. All the non-White kids were called racist names. The White people were the 'cool people'. But I've done plenty of cool stuff. I practised Taekwondo since I was in high school and did well competitively. I always had good jobs. I worked in IT and I had some really important jobs. Then I got married and she became pregnant. For a long time, life was good.

### UN: When did you start using drugs?

**Camil:** Things got hard for me when my son was born with cerebral palsy. And my grandfather passed away around the same time. That's when I started drinking and using drugs. I got it together again, but then my father all of a sudden passed away. Four months later my uncle passed away, on my birthday. My main role models were gone from my life. So, I started using again.

Really, the reason I used the way I did was because I didn't know how to deal with grief.

I did a good amount of damage. I was spending \$1000–1500 a day on coke. So, I started selling drugs. Because how else am I going to afford it? And I got arrested and ended up doing 8 years in jail.

### UN: Do you still use drugs?

**Camil:** In moderation. After Eid [a religious holiday celebrated by Muslims], if we go and have a few drinks, maybe I'll have something.

Why not? As long as I don't go off the rails like before.

You can't always stop completely. Sometimes you are who you are.

When I feel like shit and want to fight someone or do something like that, I'd rather take it out on myself. So, I get a bag, sit down at home with a few drinks and relax. But I don't do it all day, every day, like I used to. Look, I would love to stop completely but I don't think I'm ready.

Still, I hardly use at the moment — it's not because I'm on parole, it's just I'm competing in bodybuilding and the next morning you get up and feel shit and can't train for a week. So, I've got to balance that. But we've got a big party coming up, and after fasting a month for Ramadan it's going to be massive!

“

People want to hear what I have to say and it feels good that I can change the way people think just by sharing my experience.

### UN: What was it like in jail?

**Camil:** I didn't use in jail. I trained, I prayed, I studied. I did all the courses that came for free. I don't use inside because jail is not a safe environment. My advice is: if you can avoid it, avoid it. Outside you can get sterile needles. Inside, it's 1 needle between 40 people. They clean it in Fincol sometimes, but there is a risk of hep C and abscesses. And when

you keep using the same needle over and over, it goes blunt; it hurts and it wrecks your veins.

### UN: What's it like now that you're out of jail and on parole?

**Camil:** When I got out of jail, I got a chance with the Drug and Alcohol Multicultural Education Centre (DAMEC). I was receiving counselling there and I got a job through that. That has meant a lot and I learned my story is powerful. People want to hear what I have to say and it feels good that I can change the way people think just by sharing my experience.

But out in the street? People won't listen to a bokie or a convicted criminal. And when you tell them that you're not doing anything, they don't believe you.

I can't convince the police. They say, "You're probably doing something bad." And I say to them: "I'm on parole with 4 years to go. So 10 years ago I used to swear at you and cause you problems, but what have I done now?" But they're still chasing me. Two days ago, I got searched and the officer said to me: "We don't want you on the street." And I said: "Why not? What have I done? You searched the car. You called 10 people for back-up. Did you find anything?" Of course they didn't.

The police won't even let me and a couple of friends sit together because we've got criminal convictions.

### UN: What's it like being part of a migrant family and community?

**Camil:** My family has got a very big name. We're all well-educated. My mother was a school principal in Afghanistan.

In a migrant family, as soon as you come to Australia you have to be a doctor or you have to be an engineer. I don't know how I became whatever I became. No-one in my family uses alcohol or drugs except me. Even this morning, I wake up and say, "Mum,

“

I got used to Australian living – I started drinking, racking, smoking, girls and everything. These aren't allowable in my culture, so does doing them make me White?

I've got an interview to go to" and she tells me such-and-such's son has become a doctor and I said "Mum, maybe I didn't want to become a doctor? Maybe I wanted to be a gangster, maybe I wanted to work for DAMEC?" I wonder why can't you be an Uber driver? A pizza delivery guy? Work at Subway?

Of course, every parent deserves a good kid. My parents got at least one 'good kid'. My brother is a mechanical engineer. He has 20 people working for him and earns \$200,000 a year. But I'm working 2 days a week for DAMEC and I reckon I'm the happiest. I can go home and sleep, I've got no dramas, while they're awake at 6am. I don't want their life. I've done it before and I don't want to do it anymore.

**UN: What do you need to watch out for in your community?**

**Camil:** In our community, everyone knows everything. It's hard to keep some things private. But they don't know everything. I'd rather die than my family find out the detail about my bad things.



It's been my experience that there are interpreters who don't keep what you share confidential. They tell everyone in the community. That's why people don't want to get involved with a lot of services if they can't speak English.

The day I got arrested everyone found out because of the interpreter we used because my mum didn't know how to speak English. The entire community found out and were gossiping about me going to jail. "He got done with drugs and guns."

**UN: Would you like to see harm reduction resources translated into the Afghani language?**

**Camil:** I think some general ones are helpful, something to educate them a little. But I wouldn't want to see anything to do with things like overdose, or vein care, or things like that. I don't want my Mum reading that, or other people in the community. That is my business. Yeah, keep that stuff in English. I can read it, they can't.

**UN: What discrimination have you experienced?**

**Camil:** I've found that stigma, shaming, stereotyping – they're the main concerns right now in society.

Yesterday I was talking to my supervisor at DAMEC about 'Culturally and Linguistically Diverse (CALD)' communities. That's the words they use. I find that stigmatising. I find it amazing when people say 'culture' like in 'diverse culture'. Are we trying to say that the White Australians are not a culture? When they talk about

'culture' it should be the entire Australia. That's what I found unfair. How are we going to say 'diverse'?

I got used to Australian living – I started drinking, racking, smoking, girls and everything. These aren't allowable in my culture, so does doing them make me White? And it's funny that there is stereotyping around people from my background and drugs, but I was just doing what I saw the 'cool' White people do!

And look at all the discrimination against bike clubs. I'm a member of an outlaw motorcycle club, and I love them to death because they supported me – when other people didn't, when even my family didn't.

They never asked me to sell drugs. They never asked me to rob someone. I chose to do those things, and it is my responsibility to pull myself out of that situation. I didn't do on anyone. I did my time and I got out.

You can't discriminate against people, because of their race, what they do, where they go. I'm sure you guys have seen it – there's good and bad in everything.

**UN: How has stigma towards drugs made your life harder?**

**Camil:** Stigma stops us getting proper healthcare.

For example, right now, I need Xannies. But my doctor says, "No, I'm going to give you something else." I say, "I want Xanax because it works on me, it is the only thing that makes me able to sleep at about 10pm and wake up in the morning feeling normal." Instead, he's now giving me medication that makes my feet go itchy. So, I tell him it's not working. I say, "Give me 2-3 months, put me on something like Xannies so I can sleep."

I don't want to do things with Xanax that the doctor wouldn't approve of. I just want one a day so I can sleep. I'm the patient. I train 6 days a week. Why can't I get what I need?

I've been buying Xannies off the

street. I use them at least three times a week because sometimes I can't sleep, because I think about things — life and everything. It's not easy to adapt: I was in jail for 8 years and just got out a year and half ago. But the doctor says, "I've got to give you something else" and I say "I don't want something else that makes me physically uncomfortable."

Because I have a history of drug use and because a small number of people use Xannies off-label, I can't get the medication that I know really helps me deal with my trauma. I don't think that's right.

### **UN: Tell us about steroids and competing**

**Camil:** I love steroids. People who use them are usually quite health conscious. I racked or swallowed other drugs, but injected steroids. I used to go to the community health centre and get a pack of 100 needles and syringes and use one a day. People I know won't use a syringe twice. They'll bin it straight after one use. We're not in jail. We're not in Afghanistan. Fits are free from Needle and Syringe Programs (NSPs). You don't have to boil them and re-use them in Australia. We are able to protect our health by never using a needle twice, including never sharing them.

### **UN: Do you have any tips around steroid use?**

**Camil:** First thing to remember — you can overdose on steroids. Your body will shut down. And you need to cycle them — you can't just keep using them every day. Your heart will get bigger and your health will deteriorate — a lot.

Second thing is that if you're using steroids, you shouldn't be mixing it with drug use or alcohol. Here's a word of advice: if you're doing a 12-month, 6-month, or 8-week course of steroids, do not party in that time. Drink lots of water. Have all your vitamins. Eat red meat and good

food. But do not even touch alcohol or other drugs. I've lost 4 or 5 friends to accidental overdoses caused by combining steroids with another substance, so I am saying this from some sad experience. Drugs and steroids don't mix. Alcohol and steroids don't mix. I don't care who says what, they do not mix.

This is also part of my personal drug story. I've OD'd from using other drugs while on steroids. I was on steroids and someone gave me a bag of coke. I had a line and I got paranoid, so I went downstairs and I had 10 shots of alcohol and woke up in the morning in hospital. If I hadn't gone to hospital, everything would've melted inside me. I was shaking. I was awake but it was ugly. I OD'd, I was on a drip for 5 days. I nearly died. So yeah, it's a lesson I have learned the hard way.

### **UN: Do you have any other overdose experiences?**

**Camil:** The overdose I just described was my second overdose ever. My first overdose, I mixed Xannies and coke. I ended up on the floor with blood coming out of my nose. The police came and they found a name on the prescription label on the Xannies. Of course I said, "I don't know him." He goes, "Where did you get them from?" I said, "I stole them." I'm not going to dob someone in, especially someone who is trying to help me.

I've lost 4 friends so far to 'Fantasy' [GHB]. They overdosed on a mixture of Xannies, Fantasy and coke.

I actually had to bury 2 of them myself. In our religion, Islam, no-one will help you bury someone who dies intoxicated. No-one wants to touch their bodies. No-one will do the prayer. One of their mothers just grabbed my hand and said, "What should I do? They don't want to say his prayers." And it broke my heart. I had to call bikie club people to come and give me a hand to carry

the bodies from the mosque to the cemetery. We took the bodies, said the prayers, buried those bodies ourselves. And that is not the only time this has happened. The kind of compassion my fellow club members show with this stuff is another reason why they are so important to me.

Like all illicit drugs, you don't know where Fantasy is from, or what's in it. As far as I'm concerned, it could be acid from a truck battery! Some people take 10ml and nothing happens, someone else takes 2ml and dies. Because of prohibition, we don't have the information we need about what is in illicit drugs or how strong they are.

Because people are going to use regardless, we should let people test their drugs before they take them. We really need to persuade our Premier that promoting the testing of all illicit drugs is not only a caring thing to do, it's about saving lives. For many of us, we are talking about the lives of our friends and family members. That's too important to leave to chance. ■

## **Rich in history**

Humans lived in what is now Afghanistan at least 50,000 years ago.

Settled life emerged in the region 9000 years ago, evolving gradually into the Indus civilisation (Shortugai site), the Oxus civilisation (Dashlyji site), and the Helmand civilisation (Mundigak site) of the 3rd millennium BC.





# GAMMA HYDROXY BUTYRATE

[ G / GHB / GBL / 1.4B / Fantasy / Juice ]

**This can be a deceptive drug.  
There's a fine line between a fun time and an overdose.  
Here are some tips to stay as safe as you can:**

## Simple things to be safer

- Eat beforehand.
- Stay hydrated.
- If necessary, sip a sports drink for faster rehydration.

## Alcohol and steroids are drugs too

- Mixing G with other drugs can increase risks.
- Steroids and alcohol are 'other drugs'.

## It's easy to become dependent

- The more you take, the more you need to feel good.
- Break your use up.
- Daily use is a quick path to dependency.

## Don't go 'cold turkey'

If you've been taking G for 7 days or more, stopping suddenly will make you feel worse.

Professional help is available.

For a referral to treatment services: call NUAA's PeerLine (1800 644 413) or ADIS (1800 250 015).



OH



### GET YOUR DOSE RIGHT

- There is no such thing as a ‘standard’ dose of G.
- Every batch, every person, every day is different.
- Go slow – split your dose. Have a little bit first, then top up.



### GUARD YOURSELF AGAINST OVERDOSE

- Make sure you’re with a friend and that they know what you’ve taken.
- Don’t leave your friends to ‘sleep it off’ – try to wake them.
- Ring 000 quickly if you suspect an overdose.



### G DOESN'T MIX WELL WITH OTHER DRUGS

- Drinking alcohol on G increases the risk of overdose.
- Combining ice with G does not reduce the risk of overdose.
- Always swallow G – it’s an acid and will burn your veins if injected.
- Booty bumping may also produce scarring. If you must, dilute with water by at least 1:1.

**Did you know?**  
In Australia, GBL and 1.4B are commonly sold as GHB.



### Buddy up with someone you trust

*A trusted mate can help you:*

- keep your body temperature down.
- stay awake.
- relax and keep calm.
- make decisions about what’s helpful.

**Want to learn more?**  
**Check out DanceWize’s GHB guide:**  
**[www.dancewizensw.org.au/ghb](http://www.dancewizensw.org.au/ghb)**



## HepCured – reaching out with good news

“The new treatment is a game changer!”

You might have seen the new HepCured posters out and about. They are spreading the good news that today’s hep C treatments are a lot less unpleasant, and more effective, than past treatments. The HepCured campaign is a partnership between the Ministry of Health, NUAA and Hepatitis NSW. NUAA worked hard with our partners to create a new style and messaging that we hope speaks to the communities of people who inject drugs across the state, providing our tribe with easy-to-access information about hep C and with options for testing and treatment.

Following on from the interruptions of COVID last year, we are very happy to see this very public campaign rollout across NSW with advertising on billboards, at train stations and even in toilet cubicles. There will even be a ‘Mobile Mural’ coming to a town near you! HepCured advertising is located near targeted services such as Needle and Syringe Programs (NSPs) and Opiate Treatment Programs (OTPs).

NUAA has trained new Key Peer Educators from all around NSW to work for the campaign. Their job is to engage people who inject drugs at services such as NSPs, OTPs, some general Alcohol and Other Drug (AOD) services, and even Automatic Dispensing Machines (aka syringe vending machines) and give them information about hep C.

Through our peer-led conversations based on clinical information and life experience, we provide workable options for testing and treatment. We are out there busting the myths some of our community members still hold from the ‘bad old days’ of biopsies and interferon.

NUAA is spreading the message throughout NSW – not only in areas we regularly visit on our regional runs such as Wellington, Parkes/Forbes, Orange and the Nepean district but also breaking new ground in locations such as Lismore/Byron, Griffith and Broken Hill.

If you haven’t been tested recently, make sure you get on board the HepCured peer program. It’s incentivised for the injecting community so if you qualify, check out your local NSP to find out when NUAA will be there – or give us a call on 1800 644 413 to ask when we will be in your area.

## Ice Inquiry: NUAA responds to government’s lack of response

Part of NUAA’s work is in the area of advocacy and policy. As part of this, NUAA made submissions to the NSW Government’s ‘Ice Inquiry’ sharing our expertise and experience. You can read our submission on the following page.

Unfortunately, when it comes to drug policy, politics carries more weight than logic and evidence. The government has still not responded to the Commission Findings, a fact that Professor Dan Howard, the Commissioner, recently called attention to. In support of Professor Howard’s call to the government to respond to the Commission findings, NUAA CEO Mary Harrod sent this letter to the *Sydney Morning Herald* on 5 May:

### Inquiry put on ice

Dan Howard (‘Drug reform failure shocks inquiry leader’, May 4) is spot on in calling the government’s non-response to the ice inquiry a disgrace. This government has prided itself on its COVID response and ‘listening to the experts’. Why is expert advice, comprehensively documented through an exhaustive inquiry it called for, now being ignored? The answer is when it comes to the health and wellbeing of people who use illicit drugs and their family and friends, politics, not evidence, rules the day. The politics were visible at the end of last year when, following the recommendation of the NSW Police to the inquiry – a Criminal Infringement Notice scheme – Cabinet was thrown into such a spin that the promised government response to the inquiry has now been pushed back to mid-year. All because any evidence-based strategy would be at odds with the ‘tough on illicit drugs’ approach that currently increases the harm to the community.

**Mary Ellen Harrod, CEO, NSW Users and AIDS Association**

A number of concerned organisations and policy leaders have also sent a letter to the government calling on them to take on board the recommendations of the inquiry the government set up. In reply, the government has promised a response in 2021. Watch this space.

On 26 June, ‘Support Don’t Punish Day’, Fair Treatment launched a petition calling on the community to contact the NSW Attorney General to pressure him to respond to the Ice Inquiry. You can sign here:

[www.fairtreatment.org/ice-inquiry-response/](http://www.fairtreatment.org/ice-inquiry-response/)

# NEWS

Professor Dan Howard  
Commissioner  
Special Commission of Inquiry into the drug 'Ice'  
GPO Box 5341  
Sydney NSW 2001



Dear Professor Howard,

Thank you for the opportunity to prepare a submission to the Special Commission of Inquiry into ATS. This submission is in addition to our comments of the 31st of January on the Draft Proposal for the Conduct of the Inquiry and our evidence to the Commission on the 8th of May 2019.

The NSW Users and AIDS Association (NUAA) is the peak body representing drug users in NSW. We are a member of the national network of drug user organisations with funded representative bodies in Queensland, Western Australia, Victoria, Canberra and a national peak. NUAA is a peer-based organisation, meaning it is staffed, led and governed by people with current and former lived experience of drug use. NUAA was established in 1989 as part of the NSW response to the HIV crisis and has been continuously funded since this time. Our core funding is from the NSW Ministry of Health to work on delivering the hepatitis C strategy but in the past four years our funding base has diversified and we hold two ongoing contracts with the Ministry of Health to work across hepatitis C and alcohol and other drugs; two contracts with Primary Health Networks and a number of agreements with Local Health Districts.

NUAA represents people who use or have used drugs. Our work, and our community, is diverse. While we have traditionally had a membership base largely of people who do or have injected drugs or are on pharmacotherapy for opioid dependence, we have recently developed programs in music festival harm reduction and consumer engagement. We represent people who use drugs across a number of NSW and Commonwealth Strategic Advisory committees and planning forums.

This submission represents the collective 30-year history of organisation and reflects our understanding of the challenges faced by our stigmatised and marginalised community based on our continuous consultation with the community across NSW through our publications, education and training and community forums. In recent years we have delivered services and held consultations across Sydney and regional NSW in locations such as Moree, Orange, Katoomba, Surry Hills, Lismore, Nimbin, Wollongong and a number of correctional settings in partnership with the Justice Health and Forensic Mental Health Network.

Please don't hesitate to contact us if you require any further information,

Best regards  
Mary Ellen Harrod  
Chief Executive Officer

**To read the full 15-page letter,  
you can view it online by  
scanning this QR Code.**



## **NUAA's Outreach team are breaking new ground in Northern NSW**

The Outreach team has been hard at work finding new ways to reach and support our community, as well as implementing better ways of tracking our community engagement work.

Our amazing Key Peer Educators (KPEs) now operate in 3 Local Health Districts (LHDs) — Western NSW, Murrumbidgee and Nepean Blue Mountains. We are currently upskilling our KPEs with education sessions focusing on hep C prevention, testing and treatment.

The Outreach team is also looking to expand our peer promotion activities into the Northern NSW LHD. We aim to provide peer engagement work in the Ballina, Byron Bay and Tweed Heads region.

Give us a call if you are interested in participating.

## **Mandatory disease testing legislation**

Part of NUAA's work is advocacy on behalf of our community, including when parliaments introduce laws that will have a potentially harmful effect on our community. Unfortunately, our work is not always successful.

NUAA has been advocating strongly against the Mandatory Disease Testing (MDT) Legislation that has just been passed by both houses of the NSW Parliament. This harsh new law allows for anyone 14 or older to be detained, have their blood forcibly drawn and be tested for HIV, hep C and hep B if a 'senior officer' believes that they have deliberately exposed a 'health, emergency or public sector worker' to their bodily fluids.

The law also authorises police to transport people to testing sites, using 'reasonable force'. Under this legislation, testing can be done if the bodily fluid involved carries no blood borne virus transmission risk, such as saliva.

MDT ignores evidence, overlooking facts like that HIV and hep B and C are not transmittable by spitting. It allows police officers with no knowledge of, or expertise in, disease transmission to determine what is a risk. It will force nurses and other health workers to conduct testing on people who have not consented, which may place them in danger, in addition to being contrary to their ethical professional duties towards patients.

NUAA was particularly concerned that this new police power could be misapplied in a similar manner to strip searching, with the groups most hard hit being people who already experience marginalisation, such as Aboriginal people and young people.

A large coalition of organisations, working with ACON, who have led the fight against this legislation for many years, argued against MDT. A very special shout out to the Australian Services Union, the only union who argued against MDT and Penny Sharpe who resigned her role as Deputy Leader of the Opposition over Labor's support for this unjust and unscientific legislation.

Unfortunately, the advocacy work by NUAA, ACON and others was not able to counteract lobbying by the Police Association and support for the harsh new laws by sections of the commercial media.

The legislation was supported by both the Liberal-National and Labor parties with virtually none of the amendments suggested by medical, research and community experts incorporated into the final version.



**More news and articles available online**



*Scan this code with your phone's camera to go straight to the website.*





# Become a NUAA member!

By becoming a NUAA member, you add to the voice of people who use drugs, helping us be heard from the grassroots to policy-making levels. NUAA membership is open to anyone interested in the issues affecting people who use drugs illicitly.

## Membership Form

First Name

Last Name

MIN (if in Jail)

### Address

Address Line 1

Address Line 2

City

State/Province

Postcode

Email

Telephone

To become a member, you can either ask the Board to nominate you (tick the box below) or else you can be nominated by two NUAA members (write their names and phone numbers in the area below).

### Board to nominate

Yes, I need the Board to nominate me

I hereby apply to become a member of the above incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association being in force.

Apply

Membership payment (via PayPal on [www.nuua.org.au](http://www.nuua.org.au) or call 8354 7300 for help).

You can ask for the fee to be waived for financial reasons.

I will pay the \$10

or

Please waive the fee

Signature  
of applicant

Date

/

/

You can cut out this page and send to us free using the address on the reverse of this page (NUAA, *User's News*, Reply Paid 87434, Strawberry Hills 2012). Alternatively, you can scan or take a photo of this page and send it to [nuua@nuua.org.au](mailto:nuua@nuua.org.au). You can also fill out the form on our website: [nuua.org.au/membership](http://nuua.org.au/membership).

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# WE WANT YOU!

If you are on or about to start  
Depot Bupe (Long Acting Injectable  
Buprenorphine – LAIB)

To help us with an important piece  
of work about Depot Bupe (LAIB)



**NUAA has a policy of making sure peers are  
rewarded for their expertise and advice.**

Please call NUAA on  
**1800 644 413**  
to find out all about it!



Natasha's story



# From Russia with love

Jail, the 'register', rehab and  
life without harm reduction.



### UN: So how did a nice Russian girl like you end up as a nicer person who uses drugs, Natasha?

**Natasha:** I was born in a Russian city and grew up in the suburbs of Sydney.

My mum came out as a refugee from the hectic times. My dad stayed in Russia; he was a businessman who was doing very well for himself in the new post-Communist era and decided to stay. But I moved with Mum.

### UN: How did you find growing up in Australia?

**Natasha:** For as long as I could remember I have been a free spirit and a social butterfly. I prided myself on being able to punch the biggest cone, do an impressive tackle in footy, know every lyric to a rap song and so forth.

I felt safe smoking pot and was not a fan of alcohol. I liked to be in control and being a girl who hung around a lot of guys I believed that alcohol put me at risk.

When I was a teen, there were surfies who drank and skaters who smoked pot. I could neither surf nor skate, but my preference of pot meant that I hung out with the skaters. Funnily enough, the skaters didn't skate much either — we were all too busy having a sesh!

We were like family. Most of us had similar reasons for not wanting to be at home — stressful parents who either weren't coping (like Mum) or were abusive. Together, we didn't feel so alone and scared.

### UN: And then you grew up.

**Natasha:** Fast forward six years, I met a guy and madly fell in love, like a typical 18-year-old.

He was paroled to his mother's house for selling drugs and had lots of connections. I had cash. Together we start dealing pot.

I found out he was on the methadone program and that made me curious about opioids. At some point, we decide to get heroin together. It was love at first taste and I started using heroin daily — and several times a day. I couldn't see a reason not to. I was very happy.

A few months into it, I got locked up for the first time. I'm not even sure for what — either I don't remember, or I won't tell you, but let's leave it at that!

### UN: So how did you end up back in Russia?

**Natasha:** Well, after that, I kept on getting locked up on a regular basis. I reckon I woke up in the Waverly cells at least 50 times, was transported to the Surry Hills holding cells 4 or 5 times and ended up on remand at Mulawa about 5 times. The longest time I spent in Mulawa was 4 weeks.

In jail I met a lot of women who also

used drugs like me and who in my opinion had never harmed anyone. I could not understand how they were locked up. These perfectly nice women were mothers whose kids were in foster care and whose partners were locked up as well. It was very confronting.

The women were lovely to me — I was 18 and looked about 14, I was terrified and was lucky that some women in there looked out for me because I was so young. Most of the time I'd get locked up for forgetting to attend court, breaching my bail, breaching something else, forgetting to report or some other crap.

I have never harmed anyone and although I enjoyed my drugs and was occasionally a red-hot mess, I was a harmless and fun mess. I was a young kid using drugs and missing legal appointments, I was forgetful and a bit irresponsible, and I could not comprehend how society had equated that to a crime.

Eventually, through constant police contact, I was looking at a year. I'd never done time and was terrified. I called my mum for the first time since leaving home and asked for help. She rang a lawyer and begged the judge to not lock me up. I was

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I was 18 and looked about 14, I was terrified and was lucky that some women in there looked out for me because I was so young.

given a year's house arrest and then through court I was able to leave the country for 'treatment'.

Ha, I just wanted to not get locked up, I was not planning on getting any treatment.

### **UN: So if you didn't have any treatment lined up, what did you do in Russia?**

**Natasha:** I quickly understood that I was out of my depth. I did not have the cultural fluency to safely use heroin over there and started using speed with a younger crew.

There is no Housing, no Centrelink, no harm reduction, no government-funded detoxes or rehabs, and a lot less hope for a good quality of life for people who use drugs.

Life expectancy for drug users is much shorter, HIV and hep C among the IV drug using community is widespread. Of the people who injected drugs that I met, I reckon at least 10% had HIV and 90% had hep C.

### **UN: Wow, those figures are crazy. I read that there are currently 250 people who use**

### **drugs still getting HIV every day in Russia. And the rate of hep C is now around 70% of users. Do you think the new hep C treatments have made a difference?**

**Natasha:** My Russian friends love the new treatment as it's much cheaper than the old one — not to mention much more pleasant! There is no Medicare or PBS, so people have to pay for it themselves. But with the new cheaper treatment, at least now some people can afford to get treatment.

### **UN: Tell us about living without harm reduction services?**

**Natasha:** You can get fits because there are certain chemists in Russia who will sell them to you. You soon learn who will sell them to you. Yeah, the chemists might treat you like scum, but I've had that in Australia, too.

You can't get fits for free and there are no wheel filters, tourniquets, sterile waters, spoons or any of the stuff we take for granted here.

The stigma isn't any worse than Australia, because there are so many users, so people are kind of used to it.

There are a few government detoxes but no rehabs and no Opioid Treatment Program.

But the main difference is that there is a register of people who use drugs and once you get on it, it's almost impossible to get off it. You get on the register if you get arrested, go to detox or even get identified as a drug user by someone in a government service — police, health — that kind of thing.

There is also a register for people with mental health issues.

Once you are on a register, you can't get a job or a licence to drive. If you have been to jail — no job, no licence. I know it is hard here if you have experienced any of those things, but there you can't get a job unless you work on the black market — and even then it's hard.

And remember, there is no Centrelink or Housing to support people who are doing it tough. Because it's a community-minded society — not like Australia's individualism — people are supported by their families. So you don't see homelessness, but there is a lot of overcrowding and tension.

Once you're a 'registered drug addict' you only get off if you have been abstinent for several years. It also takes you a long time, if you can get a job 'off the books', to save up for

“ The main difference is that there is a register of people who use drugs and once you get on it, it's almost impossible to get off it. ”



the very expensive process of hiring a lawyer and lodging for the many court appearances you have to attend. You also have to be able to advocate for yourself, and then be strong enough to go through the taxing process of showing you have changed and saying how sorry you are. So it's not only the cost, there's the humiliation and emotional weight of the process as well.

### UN: Did you end up arrested in Russia?

**Natasha:** The top two countries in the world with the highest rate of imprisonment are the USA and Russia. They don't just criminalise drug use in Russia, they criminalise being poor. I mean, I guess being poor is a sin everywhere, even in Australia.

But no, I didn't end up in jail but I did end up in rehab. I became pretty mentally unwell.

### UN: How was rehab?

**Natasha:** Rehabs are quite expensive and I was lucky that my father supported me. Not many people have that, but I was and am really grateful. I would have ended up in jail very soon if I hadn't gone to rehab, and I didn't ever want to be there again — especially in Russia.

Being at rehab set me on a journey of finding myself and what's right for me — a path I've been on ever since.

To be honest, I didn't feel well enough to leave after my 6 months was up, so I ended up working at the rehab and stayed another few years.

But Russia stopped being right for me, so I returned to Australia.

### UN: Were you changed after your time in rehab?

**Natasha:** Of course, but I still started using when I came home and then went on to use for another few years.

You know, I love drugs but I don't really love who I become when I use them. I lose my capacity to do other things important to me. I feel passionately about reducing the injustices that occur today and I have worked a lot around homelessness. That work is very important to me. But I find it hard to do when I use. I know other people can use and do that stuff — I have seen it — but for me, it's not possible.

So, I became abstinent again and have done that for a few years now. It works for me. I am so not one of those people who thinks everyone should stop using. But I am one of those people who needs to not do it themselves.

### UN: Are you happy now?

**Natasha:** I am. I've set myself up to live a life that is important to me.

I've got the experience and qualifications I need and now I want

to spend the next 10 years advocating for system reform.

I think it's unfair that people who use drugs are stripped of all their rights at times. It shits me that the government adds harmful substances to pills so you can't shoot it up. People still shoot it up and experience unnecessary harm. That's just one small example. It shits me that drug prohibition leads to so much harm to so many people who don't deserve the treatment they get.

I think policing around drugs leads to more corruption and just like the alcohol prohibition in America led to the boom of the Mafia, I feel policing around drugs only leads to the rich getting richer. I wish we as a society would spend more money on housing, cultural education, childcare, schools and other social supports instead of spending ridiculous amounts on drug busts, jailing people who use drugs, and supporting a whole industry around denying people's own choices around their lives.

### UN: And that's why we are proud to be part of a community of people with lived experience of drug use. Thanks for an amazing interview, Natasha. Udachi! (good luck!)

**Natasha:** Spasibo (thank you), that was really fun! ■



# Opioid overdose looks different in kids

**Even a tiny bit can kill a kid.**

**You know these signs ...**

**Drowsy or unconscious – unable to be woken up**

**Blue or greyish lips and fingertips**

**Pinpoint ‘pinned’ pupils**

**Unusual snoring, gurgling noises, breathing with difficulty**

**But do you know these?**

**Unsteady walking**

**Seizure/Fit**

**Confusion**

**Vomiting**

Supported by the



**Think a kid has  
taken your meds?**



**Stop and think**

# Where are your meds?

**Even a tiny bit can kill a kid.**

**Store your medicine out of sight and out of reach.**

- Keep in original container.
- Lock in a box and/or cabinet.
- Rinse empties, put lids back on then dispose.
- Get naloxone - a full dose is safe for a kid overdosing on opioids.
- Don't store unlocked in the fridge.
- Don't keep in the car.
- Don't leave in a bag or pocket.
- Don't put in bottles or containers that could be mistaken for something else.



**Act straight away:  
Call 000**



**PeerLine  
1800 644 413**

# Coming over and coming out



**Illicit drug use can often lead to difficult conversations with parents, families and communities — or it can mean people have large parts of their life that they never talk about. For people from culturally and linguistically diverse (CALD) backgrounds, the issue is even trickier, especially when parent and child don't speak in the same language! Here is how 3 women from 3 different backgrounds put their family and their drug use together in 3 different ways.**

## **Molly's story:** **There aren't the words**

I have never directly told my Russian mother what drugs I use. She only really knows what drugs I have used if I happen to have said it, in English, to someone else, in her earshot.

My mother isn't a closed-minded person, but she does worry, like mums do. Most of the time when I have mentioned drugs, she has responded with mild curiosity, and begrudging acceptance. Sometimes she has even surprised me by saying that she has liked a certain drug (she got a lot done on meth) or that she wants to try nitrous (I'll surprise her one birthday).

Since I started getting more involved in drug user activism, she has been nudged to learn more, and — bless her socks! — she will occasionally send me articles, such

as on decriminalisation in Portugal. And yet I still can't bring myself to directly tell her about my drug use.

I think partly it was leaving my birth country at an innocent age. I grew up never hearing about anyone's drug use, unless it was a problem. Someone in the family had died of a heroin overdose before I was born, and that was the only person I knew of who used drugs.

The only word that comes to mind in my native tongue when I try to describe someone who uses drugs is *narcomaniac* — literally meaning 'someone with a mania for narcotics' — and it brings up images of someone out of control. It's the sort of language that we fight against: it puts the drugs first (*narco*), the behaviour (*mania*) second, with the person nowhere to be found.

In English, I readily use person-centric language, but it doesn't exist

in my native tongue as far as I speak it. It's not that I can't translate the phrase "people who use drugs" but language isn't just about knowing the words. Language has so much to do with feelings, implications and hidden meanings. Even though I know all the literal translations of the words for "I did some coke on the weekend", when I say it in my head in my native tongue it sounds serious and medical and dangerous.

If I had stayed in Russia, I probably would have slowly learned while growing up that some of my parents' friends take drugs, or some people from school. We are everywhere, we are normal. But I didn't stay, so my home country still seems drug free to me, except for the tragic stories. So, I'm afraid to tell my family, because

I imagine that they will imagine that I will become a tragic story.

But my story isn't tragic. Sure, I've had some touch-and-go moments in my drug-using life, but now, I am comfortable with my drug use.

I use drugs to unwind, to connect, to create. Fuck, even when I use drugs because I feel so awful about the world that I can't look out the

window, I am comfortable using drugs, because the other option for me isn't 'cheering up and getting on with it', it's 'feeling awful without any chemical cushion'.

I refuse to feel shamed for managing pain in a world that is so often painful. So I feel comfortable with my drug use. I just wish I could tell my mother that.

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**Even though I know all the literal translations of the words for "I did some coke on the weekend", when I say it my head in my native tongue it sounds serious and medical and dangerous.**

## **Amelie's story: Ski is to surf, as wine is to mushrooms**

**My dad sits** back in his chair and laughs. It's a good laugh, it comes from deep in him. When he finishes, he leans in and looks around sneakily. "OK" he says, "So, tell me... What are mushrooms like?"

I'm confused. Of all the ways I imagined this conversation going, from rage or anguish to disappointment and tears, this was certainly not one of them. I look down at my phở and stir my tofu into a messy whirlpool. "Good". I pause. "Incredible, actually. Dad, they're the best thing I've ever done for myself".

I had decided to come out to my parents a few weeks before, but it had taken me time to muster the courage. I was a law student, aceing every class, publishing articles, volunteering in my spare time. I was 'functional' to an extent that stigmatisation doesn't even permit us to imagine users can be.

On weekends, when I would relax with friends and indulge in mushrooms (or acid, or weed, or MDMA) and I would enter these other realms, I felt fulfilled. It was an essential part of my routine and success, something that kept me grounded and in line with my values and spirituality, something that brought me wisdom, connection, community and perspective in the midst of the chaos of law school.

There was nothing destructive about it. I felt pure about my use and thankful for the experiences it brought me. I still feel this way.

It had reached a point where not telling my parents felt like lying.

I devised a plan, hunched over a colour-coded mind-map, brow creased, considering contingencies, planning escape routes and researching responses to potential questions they might throw at me. I prepared like it was an exam.

And all the while, I imagined my mother crying "how could you do this

to us?" I imagined my father shouting "do you even realise how hard we worked to get you here?"

I imagined myself apologising over and over and trying desperately to explain how drugs were compatible with a happy, healthy life, and that they could, in fact, be helpful. I imagined pointing frantically to all my external achievements and accolades as proof that I was thriving, and in the midst of the disarray, involuntarily distancing myself from the core truth I actually wanted to share with them: that I was happy. And to me that was more important than any scholarship or publication.

My mother's response was similar to my father's. She brought her hands together and bowed her head so that her nose rested lightly against her thumbs. She closed her eyes and was silent for a moment.

When she emerged, she asked me, "Are you safe?"

I said "yes".

She asked, "Are you happy?"

I said “yes”.

She asked, “Do you want more dumplings?”

I said, “So much”.

My parents are immigrants who moved to Australia from Switzerland in their 20s. There has always been a cultural fault-line running through the heart of my family, a chasm between them and I. They speak French, German and Swiss-German before English. I’m a writer who, even as a child, craved parents who could recommend books to me or read my stories and fall into what I was trying to evoke.

There are jokes we can’t share, cultural references that miss the mark. I inherited a collection of English expressions that were always slightly off — I cracked myself laughing — and that took me years to untangle and relearn correctly — a blessing in sheep’s clothing.

They ski, I surf. They eat raclette, I’m vegan. They drink wine, I eat magic mushrooms.

To a large extent, I think my parents’ reactions to my coming out were a manifestation of our cultural rift. Swiss people are, above all, a pragmatic people. They have direct democracy, a system whereby citizens vote directly on issues rather than for leaders who then make those decisions on their behalf. Admittedly,

women didn’t get to vote until 1971, but things have improved since then. Abortion and euthanasia are legal. And we have progressive drug policy.

The so-called ‘four-pillar model’ that underpins Swiss drug policy (prevention, treatment, harm reduction and law enforcement) is very similar in design to Australia’s ‘harm minimisation’ policy (supply reduction, demand reduction and harm reduction) but it goes further. What is more, when the progressive policy was challenged and went to a referendum in 2004, 70% of Swiss voters said ‘yes’.

In 1986, Switzerland became the first country to have an injecting centre — and now has 13. It has had needle vending machines in its jails since 2004. Heroin-assisted treatment (where pharmaceutical-grade heroin is provided daily as part of an opioid treatment program) has been available since 1994 — including in jails.

The Swiss model has served as an example for many countries and has shifted attitudes towards drugs in the minds of even the most conservative Swiss.

I asked my dad how much of his response was related to his heritage and he told me it was impossible to say. We are all complex mixtures of the things that have happened to us,

the human sums of a lifetime of living and learning.

Maybe the mark of a good drug policy is whether your children feel safe enough to tell you what’s going on in their lives. Not just the fact that they’re using, but that they’re loving it and they’re growing because of it. Maybe the test is whether they feel safe to come to you for help if they need it, or simply to share their joy with you on the best days.

Or maybe, as my dad says, he’s just “a cool dude with a good attitude”. I laugh at that, and he continues “So, when are we taking mushrooms together?”

“

**Maybe the mark of a good drug policy is whether your children feel safe enough to tell you what’s going on in their lives.**

### **Kali’s story: My (chosen) name is my shield**

**My name is** Kali Kanivale. I am a person of colour, a sex worker, and a drug user. My lived experience being a sex worker and a drug user has provided me with the opportunity to work for national and state-based peer organisations, such as NUAA. I am currently employed as NUAA’s Special Projects and Advocacy Specialist. However, I will soon be

moving on from this role.

Through NUAA, I have had the privilege of connecting with and consulting community members from all walks of life to inform the work I do. I particularly enjoy working with other users from different cultural backgrounds and the Aboriginal and Torres Strait Islander community. I draw on the insight I gather from the drug-using community, and my personal lived

experiences, to represent and advocate for people who use drugs — to advocate for our human rights and challenge stigma and discrimination.

The work I do for NUAA is interesting, fulfilling and meaningful. However, I am not immune to the stigma and discrimination that is directed at us. Being a person of colour and an immigrant, hiding my lived experience of drug use from my



parents is a priority for me. As a result, I have never been able to tell my parents exactly what I do and where I work despite how proud I am of my work.

Being an immigrant means there is so much at stake for me when coming out to my parents. There is the guilt around the fact that my parents gave up everything to give us a better life in Australia and coming out as a drug user does not fit into their story.

I also have to deal with the stigma and negative stereotypes about drug users from the country my parents are from, on top of those common in Australia. Educating my parents requires a huge emotional investment with no guarantee of return. My parents are not fluent in English, so there is an additional challenge when trying to explain my experiences using neutral and non-stigmatising language.

Coming out to my parents is the last and hardest frontier.

But I did not want that to get in the way of me being part of the drug-user community and working for peer organisations. I control who and when I am out by using the alias Kali Kanivale. This allows me to talk about my lived experience publicly and use it to advocate for my community while protecting myself from stigma and discrimination. It is also just fun having another name to go by because it allows me to redefine myself.

Drug user stigma and discrimination can get in the way of us engaging

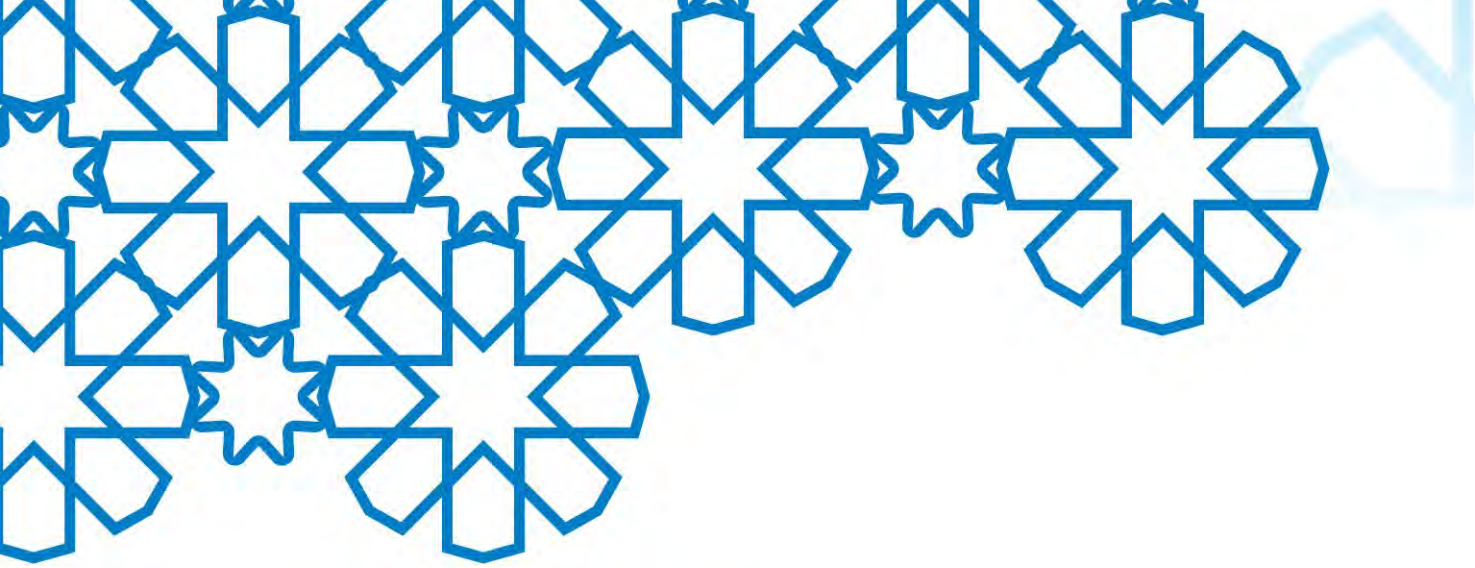
with, and advocating for, our community because we fear that exposure of our lived experiences will result in criminalisation, loss of privacy, stigmatisation and discrimination.

However, there are lots of ways I have managed these challenges while still using my lived experience to engage and advocate for our community — using a different name is just one of them.

Stigma, discrimination and not being out about our drug use doesn't have to stop us from engaging with peer organisations and our community. ■

“

**Educating my parents requires a huge emotional investment with no guarantee of return.**



Mahmoud, Omar and Amr speak up

# Balancing Act

We spoke to 3 people from Muslim backgrounds about their experiences with drug use, their communities and their best pieces of advice.

**UN: What messages did you receive about drugs and alcohol growing up?**

**Mahmoud:** Growing up, I heard everyone saying “drugs are bad” but there seemed to be an extra emphasis on it in the Islamic community. At first it was alcohol – it was a big part of Australian culture, but it is expressly forbidden in Islam. It was one of many things that just made me feel like I was different and didn’t fit in growing up.

**Omar:** The only thing I was told is that drug use is wrong and against our religion. No explanation was provided about why. I needed to find that out myself. Outside my family/ethnic community, the message about drugs was the same but different about alcohol. It felt like you needed to drink alcohol to fit in.

**Amr:** Growing up, my parents, community and religion only had one message about drugs and alcohol: it’s bad and you’re forbidden from using.

**UN: Tell us about your decision to first try drugs and/or alcohol**

**Mahmoud:** I was 18 when I had my first drink of alcohol. I was in a period of experimentation and tired of feeling left out. I didn’t touch any weed until I was 20. I had a few mates who smoked weed who kept telling me it was normal and everyone does it. I didn’t actually believe them until one day I went around my office at work and asked about 15 people, one-on-one, “Hey have you ever tried weed?”, and every single one of them said yes. That really changed the way I saw it.

**Omar:** I first tried drugs in high school back home in America with a few drags of a joint. I started to properly use drugs when I was in university, as all my friends around me were using it. I wanted to fit in socially, but mostly I wanted to feel the way they seemed to when they were high. Plus I have to say images in music and

movies also made drug use attractive to me!

**Amr:** I tried alcohol and drugs with friends when I was about 19–20 years old. I think seeing everyone doing it – especially people who I trusted – meant that I felt it was alright to do.

**UN: Were you worried about your family or community finding out you used drugs?**

**Mahmoud:** I’ve put a lot of effort into hiding drug use over the years. That meant I unconsciously distanced myself from my community. Eventually, I was confronted by my family and the evil genius in me managed to twist the story into being about what everyone around me was doing wrong, rather than what I needed to take responsibility for. By the time I went to rehab, there was no hiding it anymore and I genuinely had no idea what I was doing anymore either.

**Omar:** I am not from here, so my family and community finding out

was not a risk. I did have friends here who were not fans of drug use purely because of religious reasons. I was not worried about them finding out because I am a grown man and I can do what I want.

**Amr:** I was kind of worried about what my family would say if they found out. So generally, I'd keep it hidden and wouldn't bring it up with anyone. That meant I missed out on talking with people who could possibly offer advice.

### UN: Did you make peace with being a Muslim who used drugs?

**Mahmoud:** I grew up with this really black and white view of religion. At any given point in time, I felt like a good Muslim or a bad Muslim.

Later on, I let the shades of grey in, and admitted there were many parts of my religion that I didn't agree with. I read a book called "Create Your Own Religion" by Daniele Bolelli that gave me permission to start thinking about what I genuinely believe and how I wanted to live. Learning how to rely on my intuition and use it to guide me has really helped me fine tune my moral compass.

These days I see my psychedelic experiences as a key part of my spiritual development – they changed and shaped what I now believe in, in a deeply personal way.

**Omar:** My religious beliefs are quite strict and any altering of the mind with drugs is against my religion. To me, it's black and white, and there is no way to bring them together. I knew it was the wrong thing to do. As a

Muslim, I can't be happy using drugs.

**Amr:** Obviously, drugs and alcohol don't work with being Muslim, so there was always this feeling of guilt, like you're doing something wrong. But then, over time, you realise: what is the purpose of what you're doing?

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The only thing I was told is that drug use is wrong and against our religion.

What benefit are you getting out of it? I think it just depends how you use it. If you can get some benefit out of the situation, then generally it's fine.

### UN: Has your drug use changed over time?

**Mahmoud:** I've had periods in my life where I've been dependent on substances. I learned a lot when I was in rehab. I did the 12-step thing for a few years and was abstinent for about 5 years. I've had periods of dependency since I started using again but I've definitely made major progress towards responsible using.

**Omar:** The main reasons I stopped using drugs regularly were related to

age, life, marriage, family, religion and health. Drug use stopped being a positive thing for me – I was getting into a negative headspace. I made a conscious decision to stop doing it for my future. I still sometimes use in a social setting, but I don't feel the urge as strongly, or go out of my way to get it.

**Amr:** When things were going badly, I would rely on drugs to blank out or numb any feelings of pain or issues going on in your head. And I realised that wasn't always a good thing to do – you've got to address the issues rather than just numb them.

### UN: Have other people who use drugs made a difference to you?

**Mahmoud:** Stepping outside the 12-step community and hearing a bit more from harm reduction experts has broadened my horizons and allowed me to think less rigidly – more in line with who I am and what I genuinely believe.

Seeing that there are people who have had periods of dependency and then return back to responsible drug use has helped me believe it was possible. I met people who helped shape my understanding of what safe and responsible drug use looks like. A lot of those people are associated with NUAA.

**Omar:** Most of my friends were people who use drugs, but they were all on different levels. I have seen and experienced some negative effects that taking a lot of drugs in a compulsive way can have. For me, it's better to be moderate and I've seen



that the rate of use is important to me. It's better for me to be consuming a small amount over a long duration — I mean like a few joints every few months. That is better for me than smoking every day.

**Amr:** Absolutely. You need to get as much information as you can, speak to a lot of people. Don't do these things on your own.

### **UN: What do you know now about drugs and/or alcohol that you wish you knew before you started?**

**Mahmoud:** I wish I knew more about mental health before I started. I had no idea that a consequence of my use was that some of my emotions were numbed while others were amplified. It has been valuable to learn how the difference.

**Omar:** I can get dependent on drugs fairly quickly. I might want to use them to have a good time but I need to make sure that I do not rely on them. That means checking myself out so if I am wearing all the signs of getting dependent, I need to take a step back.

**Amr:** I just wish there was more education about alcohol and drugs when I was growing up. I wish I knew

the exact results and effects of what you take. I'd like to see more info on what not to take and what not to mix.

I also would like to know more about why people use drugs. And I wish I understood earlier that there are socially useful and beneficial ways to use substances, and there's also very negative ways to use them. I'm interested in why we cross over our own lines, even when it can impact our development and mess up things that are important to us.

### **UN: Got any top tips?**

**Mahmoud:** I've picked up a few things along the way. First up, there is no substitute for education — evidence-based info, not just stuff I heard on the grapevine.

I've found that isolation is a pretty common feature of people experiencing dependency — I think it's fuelled by stigma, discrimination and fear of judgement. I've noticed the difference between responsible drug use and dependency often comes down to how connected people are with their families and communities, whoever those communities might be. There is no substitute for social support.

I always ask "Why do I want to do this?" It's perfectly ok if I'm in a tight situation with a lot going on and I could really use something to take the edge off. As long as I'm consciously doing it.

I learnt to know myself. It's really hard to navigate drug use if you don't understand all the different things that could be influencing your decisions.

I realised drug use didn't prevent me from improving my health. Drug use isn't incompatible with a healthy lifestyle.

I learnt to take breaks. It's not an admission of defeat if I decide things are getting a bit too intense and I could use some space away from substances. Also, there is no shame in asking for help.

**Omar:** My advice is that if you're like me and are the sort of person who easily becomes dependent, then some things are not worth doing. I wish I had just tried it out once or twice, but instead I became dependent. It wasn't the right move for me, it just made me unhappy. I learned I could come back from that but it was hard. Or rather, it's hard but you can come back. I learned to do it "one day at a time".

**Amr:** My advice would just be to seek knowledge. Talk to experienced people. Make informed decisions. Understand why you want to explore drugs.

Know that while drugs can be fun, elevate situations and enhance moods, you can harm yourself if you use them to avoid confronting situations in your life. ■



**To help hide my use, I think I probably unconsciously distanced myself from my community.**



# Language matters

**Language is powerful**—especially when talking about alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. “Person-centred” language focuses on the person, not their substance use.

## When working with people who use alcohol and other drugs...

 **try this**

 **instead of this**

**substance use, non-prescribed use**

abuse misuse problem use non-compliant use

**person who uses/injects drugs**

drug user/abuser

**person with a dependence on...**

addict junkie druggie alcoholic

**person experiencing drug dependence**

suffering from addiction has a drug habit

**person who has stopped using drugs**

clean sober drug-free

**person with lived experience of drug dependence**

ex-addict former addict used to be a...

**person disagrees**

lacks insight in denial resistant unmotivated

**treatment has not been effective/chooses not to**

not engaged non-compliant

**person's needs are not being met**

drug seeking manipulative splitting

**currently using drugs**

using again fallen off the wagon had a setback

**no longer using drugs**

stayed clean maintained recovery

**positive/negative urine drug screen**

dirty/clean urine

**used/unused syringe**

dirty/clean needle dirties

**pharmacotherapy is treatment**

replacing one drug for another

You asked for it,  
and here it is!

# Stopping DROPPING



Avoiding, recognising and getting help for benzo overdoses.

## What are Benzodiazepines (Benzos)?

**Benzos are prescribed medications for anxiety, sleeping problems, seizures and alcohol withdrawal.**

They are a depressant (meaning they depress the nervous system). They work by helping to boost the activity of gamma-aminobutyric acid (GABA). GABA is a natural brain relaxant that makes us feel good. If your GABA gets too low, it's difficult for the body to relax after stressful events. Low GABA activity leads to anxiety, depression, insomnia and mood disorders.

Key brands in Australia:

- diazepam (Valium)
- clorazepate (Tranxene)
- oxazepam (Serapax)
- alprazolam (Xanax)
- clonazepam (Rivotril)
- flunitrazepam (Rohypnol)
- lorazepam (Ativan)

Benzos are generally a Schedule 4 ('prescription-only medication') drug in Australia, although some (e.g. alprazolam) are Schedule 8 ('drugs of addiction').

They are usually only prescribed for short term use. If you take them daily, your tolerance for benzos may increase after a week or so. You can become dependent on benzos after daily use of 3 to 4 weeks.

It can be dangerous to withdraw from benzos if you've been taking regular high doses or using them daily more than 3 weeks. To withdraw safely, you need to reduce your dose gradually. For this reason, some detox units will not accept people with benzo dependencies. However others may accept you for stabilisation with support to continue withdrawing at home afterwards. Even if you did not get your benzos from your own prescription, you can still see a doctor to help you withdraw — this could be a GP or a specialist at a drug and alcohol centre (see page 46 for LHD intake lines or call PeerLine on 1800 644 413).

**Benzo overdose can lead to coma, respiratory depression (very shallow or no breathing) and death.**



**Naloxone cannot reverse a benzo overdose, even though benzos are depressants like heroin. Naloxone is only effective with opiates. Overdose risk is highest when benzos are mixed with other drugs, particularly other depressants like opioids, ketamine and GHB – even if you took the benzos the day before other use.**

## To reduce the risk of police attending or being asked to an ambulance call:

- Be calm and polite when you call 000
- Keep background noise down if you can
- No need to mention drugs — just say “I found my friend collapsed” and explain when they come. They will have the meds to treat overdose without mentioning ‘overdose’.
- Remove any drugs and/or equipment
- Tell anyone who needs to avoid police intervention to leave, just in case.

## Knowing the symptoms of

# BENZO OVERDOSE



### Telling if you are close to overdose

Overdose doesn't always happen quickly or soon after taking drugs, especially if you are mixing with other drugs and alcohol over an extended period. These warning signs may help you know when it's time to tell someone you think something is wrong.

- It gets harder to think clearly and remember things
- It's harder to properly control how you move
- Your vision is blurry or you are seeing 2 of things
- It feels like you are hardly breathing — count your breaths or get someone else to. Are you breathing at least 12 times a minute?
- You feel dizzy and weak
- You start to feel very sleepy, like you want to drift away.

### How you can tell if someone else has overdosed

- They seem confused and disoriented
- They may behave out of character or even bizarrely
- Uncoordinated muscle movements and/or they have tremors (shakes)
- Very slow, shallow breathing (oxygen is not reaching the lungs) or not breathing at all — usual breathing is 12–20 times a minute
- Fingertips/lips are bluish in pale-skinned people or greyish in dark-skinned people
- Slow heartbeat
- Stupor (no response to conversation but may respond to touch)
- Cold, clammy skin
- Unconscious — they can't be woken up or can't stay awake if you pinch their ear and call their name
- Coma.

### This is how to help with Benzo overdoses

#### What can I do?

- If someone is unconscious, not breathing or showing signs of a benzo overdose, or if they have fallen on benzos and become hurt or unconscious, call the ambulance on 000 immediately — before you do anything else
- Make the area safe, keep them safe
- Try to clear their airways if you can. You can roll their head to the side so any liquid or vomit can run out
- Give rescue breathing if you know how and want to — but being COVID-safe means using a resuscitation mask
- Put them in the recovery position (on their side) if you know it
- Wait with them until the ambos come
- Tell the ambos everything you know about the overdose
- It is very important to tell the ambos if you know your friend has a dependency on benzos.

#### How will the ambos help?

- If breathing has stopped, they will be given help to breath mechanically
- Most benzo overdoses are treated by monitoring patients until the effects of the drugs wear off
- The ambos would usually take the person to hospital for all the tools needed to keep them alive
- A health professional is trained for these situations
- Hospital is the best place for help if the situation escalates.



# Boats, family, opioids and overdose

This Vietnamese Australian tells us a bit about himself.

## UN: Your heritage is Vietnamese. Do you want to tell us about that?

**Sam:** My mum and dad were refugees who left Vietnam in little boats. The two of them were in separate boats — they hadn't met then. Dad used to talk about being on the sea for months. They were rescued by a large ship and taken to the Philippines. Then Mum and Dad met there and fell in love. They applied together to come to Australia. Then I was born in Australia.

## UN: Did you ever feel discrimination around being Vietnamese?

**Sam:** I had a hard time in high school in Sydney's southwest. Most people there were white Australians, so I stood out. But the problems were mostly because I am the type of person who sticks up for myself. I also stick up for other people, especially

other people of colour, but then I would be beaten up. For me, it was worth it to keep speaking up about things that are important to me — like treating other people with respect.

I don't feel that discrimination so much anymore. I was at high school 20 years ago. Now I feel like Australia is really a multicultural place.

## UN: Do you have a good relationship with your family?

**Sam:** Mum and Dad aren't together anymore. I live with my mum and my brother in Western Sydney.

After I left school, I worked with my dad as a carpenter for many years, but it was tough financially. Mum is a nurse and she is the backbone of the family. We used to give her the money and she looked after the whole family. But Dad and I both used and that was expensive. We had a mortgage and then got loans and

more loans to pay for it all, until eventually everything fell apart.

## UN: So, you and your dad both used. Did you start using with him?

**Sam:** No, I used for the first time when I was 15 with a friend. We snorted it. I didn't like it at first, it made me sick, but I got used to it. Other friends wanted to try it, too — they started hanging around and it just got bigger. It became a social scene. These days I still use with my Vietnamese friends.

As I went on, I was just using to feel normal — that's part of being dependant.

My dad was a user, but he was still a dad. He did discipline me physically a little bit — I think that is a generational thing in Vietnamese families — and it was just to get me into order. He was trying to be a good Vietnamese dad. My actual using was done mostly with my friends.

## UN: Do you experience much discrimination about being a user?

**Sam:** My friends are users and my brother uses ice. So, there's support there. But my mum hassles me so much. I've done so much detox, rehab, counselling — all of it. Nothing I wanted to do and none of it helped much to do what my mother wanted. At the end of it all, I just ended up the same way.

“

I don't feel that discrimination so much anymore. I was at high school 20 years ago. Now I feel like Australia is really a multicultural place.



**UN: Did you ever try the Opioid Treatment Program?**

**Sam:** Yeah, I'm on methadone. That does help. It helps me control my use. I have much better control than I do without it, that's for sure.

It is also so great not being tired and sick — I mean real sick — all the time, because that's what having a dependency has meant for me.

Now when I use it is more of a fun holiday, without the worry.

**UN: Here at NUAA, we make resources about safer using. Do you think we should make some in the Vietnamese language?**

**Sam:** I have developmental issues and I don't read easily in either language. So personally, it doesn't matter to me. But I know the info. I listen to what I'm told. I am very careful to get new needles.

**UN: Do you have any trouble getting equipment?**

**Sam:** It's mostly ok, but it can be tricky. I use the machines— except they are usually empty on the weekend, especially long weekends.

Chemists are ok though. But you need money for both of those.

**UN: Did you know you can get equipment posted to you for free from NUAA? (see below\*)**

**Sam:** That's really fantastic. Thank you so much. That's really great.

**UN: Do you have much experience with overdose?**

**Sam:** I saved someone the other day! He had just got out of jail, so his tolerance was down, then he had some fentanyl, which is a strong drug. It was a clear case of overdose, so I called the ambulance on 000 straight away then while they came, I kept him alive by keeping his airways clear, giving him rescue breaths and some CPR. When I got given naloxone, I learnt about how to save someone from overdose and that you needed to call the ambos fast — and stay and tell them what you know.

I didn't have any naloxone on me, because I wasn't home. I don't carry it on me because I worry about getting searched. But the ambos had some. I do get naloxone from the

health centre near my methadone clinic, and I know it is the best thing for saving someone who has overdosed on heroin, fentanyl, methadone and other opioids. It's worth having it around when you use with friends.

**UN: What do you think about your own drug use these days?**

**Sam:** I really enjoy an ice / heroin combo. It makes me happy and relaxed. I think of it as a real treat. Drugs are the best part of life. But they're expensive, and the COVID prices are making life even harder than usual.

**UN: If you could tell the Prime Minister or someone else in power one thing about drugs, what would it be?**

**Sam:** I'd tell them everyone does drugs. It's a big part of society. They need to just get used to that and stop treating drugs like they're something unusual or wrong. Politicians need to stop treating drug users like they aren't part of the mainstream community. ■

**\* Give us a call on 1800 644 413 and we can help you order. Or you can go to our website [www.nuaa.org.au](http://www.nuaa.org.au) and head to the Needle and Syringe Program (NSP) shop. It's like any other internet shop — you just put fits, water, filters and so on in your 'basket' then take it to the 'checkout' — only most of it is free. Then we fill your order and post it to your door in a plain box so no-one can tell what's inside.**

# LOOKING FOR TREATMENT?

## Advice about treatment, changing your use and other support

ADIS (Alcohol & Drug Information Service):	1800 422 599	(24 HRS, 7 DAYS)
Family Drug Support:	1800 368 186	(24 HRS, 7 DAYS)
NSW Users & AIDS Association (NUAA):	1800 644 413	(Mon-Fri, 9am-5pm)
Opioid Treatment Line (OTL):	1800 642 428	(Mon-Fri, 9:30am-5pm)
Stimulant Treatment Line:	1800 101 188	(24 HRS, 7 DAYS)
Youth Drugs & Alcohol Advice (YoDAA):	1800 458 685	(24 HRS, 7 DAYS)

## Local Health District Drug and Alcohol Intake Lines

Want to find out about your local public services? Ask about detox services, counseling and OTP through these intake lines.

Central Coast	(02) 4394 4880
Illawarra Shoalhaven	1300 652 226
Nepean Blue Mountains	1300 661 050 (24/7 Service)
Northern Sydney	1300 889 788
South Eastern Sydney	(02) 9332 8777 (Northern) (02) 9113 2944 (Central)
South Western Sydney	(02) 9616 8586
Sydney	(02) 9515 6311
Western Sydney	(02) 9840 3355
Far West	1300 662 263
Hunter New England	1300 660 059
Mid North Coast	1300 662 263
Murrumbidgee	1800 800 944
Northern NSW	(02) 6620 7600 (07) 5506 7010 (Tweed Heads) (02) 6620 7600 (Lismore)
Southern NSW	1800 809 423
Western NSW	1300 887 000

# WHERE TO SCORE FITS

These are only some of the NSP outlets in NSW. If you can't contact them through the number listed, or if you don't know where the nearest NSP is in your area, ring ADIS on (02) 9361 8000 or 1800 422 599.

## Key to Available Services

CL – Clinic/Nurse  
D – Dispensing Machine

C – Hep C Treatment/Testing  
N – Naloxone training

O – Outreach

Location	Phone No.	CL	D	C	N	O
Albury	6058 1800	x	✓	✓	x	x
Armidale (Inverell/Tamworth)	0427 851 011	✓	x	x	x	x
Auburn Community Health	8759 4000	x	✓	x	x	x
Ballina	6620 6105	x	✓	x	x	✓
Bankstown	9780 2777	x	x	x	x	x
Bathurst	6330 5850	x	✓	✓	x	x
Bega	6492 9620	✓	x	✓	x	x
Blacktown	9881 8767	✓	✓	✓	✓	✓
Bowral Community Health	4861 8000	x	✓	x	x	x
Brookvale (Nthn Beaches/Manly)	9388 5110	x	✓	✓	✓	✓
Byron Bay	6639 9675	x	✓	x	x	✓
Campbelltown, Liverpool, Camden Hospital ED	8738 6650	x	✓	✓	x	x
Canterbury HARM	9718 2636	x	x	✓	✓	x
Cooma	6455 3201	✓	✓	x	x	x
Dubbo	6841 2489	x	✓	✓	x	x
Gosford	4320 2753	x	✓	✓	x	✓
Goulburn Sth East	4827 3913	✓	✓	✓	x	x
Grafton	6641 8712	✓	✓	✓	x	✓
Hornsby	9477 9530	x	✓	x	x	x
Ingleburn Community Health	8788 4200	x	x	x	x	x
Katoomba/Blue Mountains	4782 2133	x	✓	x	x	x
Kings Cross KRC	9360 2766	✓	✓	✓	✓	✓
Lismore HARM	6622 2222	x	✓	x	x	✓
Liverpool	8738 6650	x	✓	x	x	x
Marrickville HARM	9562 0434	x	✓	x	x	x
Moree	6757 0000	x	✓	x	x	x

Location	Phone No.	CL	D	C	N	O
Moruya	4474 1561	✓	✓	x	x	x
Mt Druitt	9881 1334	✓	✓	✓	✓	✓
Murwillumbah	6670 9400	x	✓	x	x	✓
Narellan Community Health	4640 3500	x	x	x	x	x
Narooma	4476 2344	✓	x	✓	x	x
Newcastle HARM	4016 4519	✓	x	x	x	x
Nimbin	6689 1500	x	✓	x	x	✓
Orange	6392 8600	✓	✓	✓	x	x
Parramatta	9687 5326	✓	✓	✓	✓	✓
Penrith/St Marys	4734 3996	✓	✓	✓	✓	✓
Port Macquarie	6588 2915	✓	✓	✓	x	✓
Queanbeyan	6150 7150	✓	✓	✓	x	x
Redfern HARM	9395 0400	✓	✓	✓	✓	x
Rosemeadow Community Health	4633 4100	x	x	x	x	x
Springwood Community Health	4751 0100	x	✓	x	x	x
St George	9113 2944	x	✓	x	x	x
St Leonards	9462 9040	x	✓	x	x	✓
Surry Hills ACON	9206 2000	✓	x	✓	x	✓
Surry Hills NUAA	8354 7343	✓	✓	✓	✓	x
Sutherland	9522 1046	x	✓	✓	✓	x
Sydney Hospital	9382 7440	x	✓	✓	✓	x
Tahmoor	4683 6000	x	x	x	x	x
Taree	6592 9315	✓	✓	✓	x	x
Tweed Heads	07 5506 7504	x	✓	x	x	✓
Wagga Wagga	6938 6411	x	✓	✓	x	x
Windsor	4560 5714	x	✓	x	x	x
Wollongong / Port Kembla	4275 1529	x	x	✓	✓	✓
Yass	6226 3833	x	✓	x	x	x
Young	6382 8888	x	x	x	x	x



To see the complete list of NSP outlets in NSW, scan this QR code, or visit: [www.health.nsw.gov.au/hepatitis/Pages/nsp-outlets.aspx](http://www.health.nsw.gov.au/hepatitis/Pages/nsp-outlets.aspx)

# PeerLine



**1800 644 413**

**A peer-run support line for people who use drugs in NSW**

We are community members - we speak your language and are here to talk, or just listen, about what is happening in your life.

We can provide non-judgmental and confidential information, advice, referrals and individual advocacy.

We're here to help you connect with community. We will support you to speak on your own behalf and in your own interests.

## **To chat with one of our friendly peers**

Call **1800 644 413** or email [peerline@nuaa.org.au](mailto:peerline@nuaa.org.au)  
9am-5pm Monday to Friday  
For more information visit  
[nuaa.org.au/peerline](http://nuaa.org.au/peerline)



PeerLine is run by the NSW Users and AIDS Association (NUAA). NUAA is a peer-run drug user organisation that strives to advance the rights, health and dignity of people who use drugs in NSW.