

Users News

UN

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Nov 1 is International Drug Users Day



NUAA



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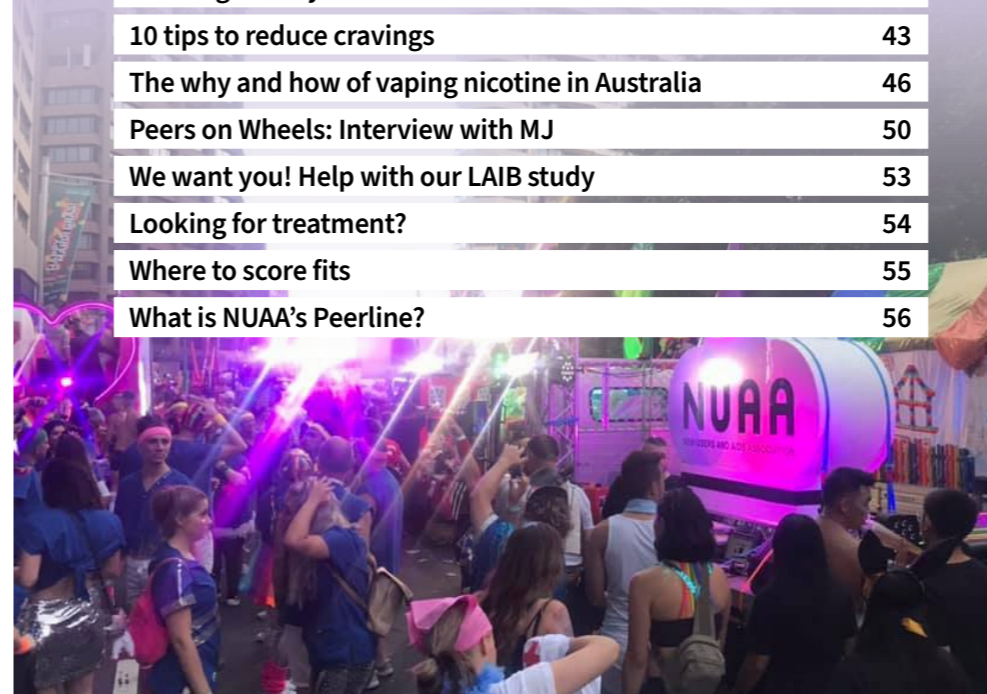
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Published November 2022. *Users News* (UN) is distributed to various AOD services throughout NSW, as well as via post to members of the NSW Users & AIDS Association, Inc. (NUAA). Membership is open to anyone who supports NUAA's aims and objectives, regardless of drug use history. Contact us to get a form. UN is no longer distributed in NSW jails. However, people in jail who are NUAA members or write to us asking to join NUAA will be sent their own copy of UN in the mail.

Disclaimer: The contents of this magazine do not necessarily represent the views of NUAA. NUAA 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 NUAA 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 NUAA. Information in this magazine cannot be guaranteed for accuracy by the editor, writers, or NUAA. 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: NUAA would like to show respect to and acknowledge the Gadigal People of the Eora Nation as the traditional custodians of the land upon which *Users 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: NUAA is a peer-based, community-controlled drug user organisation. We represent the voices and needs of drug using communities in NSW. NUAA 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.



We drive innovation IN DRUG USER HEALTH

At NUAA's recent Peers and Consumers Forum, NUAA's Deputy Chief Executive Officer Charles Henderson gave the keynote address: *Driving innovation: the role of NUAA in drug user health in NSW. This is a taste of his awesome presentation.*

In order for both organisations and individuals to be innovative, you need to know who you are, what you are and why you do what you do. That's not always easy.

Drug user community-controlled organisations like NUAA have a great handle on what makes us special, what drives us and what we are trying to achieve — our vision, purpose and objectives. It can be trickier to work out how we fit in the wider community. What are the government structures that support us? What is our role in health policy and NSW's economic priorities?

If innovation is change and the process of changing, then NUAA must keep measuring ourselves against other services in the Australian drug policy arena. We have to focus on

connecting with other organisations and find ways to work together. That means being flexible and adaptable. If innovation is about making ideas work in the real world and getting new and improved services out there, then NUAA is way ahead. One stand-out example is the way we reacted to the changed conditions caused by the COVID epidemic.

We pivoted into action fast. We talked with our community members to find out what they needed, then we quickly connected to our organisational partners and funders. As COVID conditions changed, so did NUAA. The first priority was getting fits and other injecting supplies out to our people, when most health services had shut down and there were limitations around travel. We responded with a postal NSP service across NSW, which at first was internally funded by NUAA because we saw the need. We understood illicit drug markets and what drug using 'on the ground' meant — regardless of the rules around things like social distancing.

Resources were developed quick smart. We focused on messaging around using safely in COVID. We held podcasts with health professionals

and peers talking about COVID itself and the changes to services, so we could keep people informed. We raised overdose awareness and distributed Naloxone. We provided tips to reduce the risk of COVID for people in drug sales. We set up a 1800 PeerLine number. We made changes at our NSP at 345 Crown St, Surry Hills, including providing vaccines and boosters to community members. We distributed a card to remind police that OTP clinics and NSPs were essential services.

The harm reduction festival space was turned upside down but we provided online interactions, drug alerts, education and events in the digital world, keeping our connection to the festival community intact.

COVID-19 is the new normal and NUAA maintains community connection because our purpose is simple and because humans — including drug users — are great at coping, even when things are uncertain.

In all this, we stayed focused on how we want people to think about NUAA. What is our truth? What do we want to be known for?

I believe NUAA holds at its heart the desire to serve. We uphold the health and human rights of drug users. Just because it is law does not make it right — our current situation is unworkable. We want our community to get health care without stigma and discrimination — whatever we need and whenever we need it.

Innovation is crucial to the continuing success of any

organisation. NUAA's role in driving innovation starts with the way we communicate and connect with the people we serve — the community of people who use/inject drugs in NSW. Community engagement is NUAA's beginning, middle and end. We acknowledge the needs, the achievements and the strength of our community because these things define NUAA's place in the world.

We must always keep that connection and understand who we are and where we have come from, because that is what keeps us focused and true to our purpose.

We understand that drug use is part of the human condition, that drug use is neither good nor bad, that the first cut, the jagged edge, the ultimate trauma, is criminalisation itself. We also know that others do not hold this view. Drug user health to many in society means not doing drugs.

We acknowledge the peers that came before us. The HIV epidemic landed in Australia in 1981 out of the blue. It was very real and confronting to people who inject drugs. If it weren't for the deliberate and concerted efforts of people who injected drugs and the forming of NUAA then, we would not have met the challenges so well. HIV would have ripped through our community with many more lives lost.

NUAA continues to innovate around the HCV (hep C) epidemic, which primarily affects people who inject drugs. Although we have always advocated for access to HCV treatment, it wasn't always a priority



NUAA's Deputy Chief Executive Officer Charles Henderson.

for decision-makers. We innovated, we worked with research institutions to provide treatment access, all the while building an evidence base while our community were treated all too slowly.

When DAAs, the medication that cures HCV, became available in 2016, our community was finally able to get sorted. Yet again NUAA was at the forefront with education, advice and expertise. We made sure that treatment was available to everyone. It didn't matter if you were using, or were on the street, or in jail, or in rural areas.

We worked to gain our state-wide Dry Blood Spot (DBS) site code for getting our people tested, and our peer workers have since tested hundreds of injecting drug users. We provide a peer-led nurse-based clinic at our NSP and walk with our community from testing to cure. Our current efforts in the HCV space

include our Peers-On-Wheels (POW) Project, a totally peer-led pilot mobile service that travels all over NSW with a 1-hour testing service.

We acknowledge that what we do today matters. It matters now and it will always matter. We are providing a legacy that will endure. We have a duty to all those who have dedicated themselves to harm reduction and ending criminalisation. We have a duty to end the senseless loss of life.

We do these things because we care. We build a connection because no-one else does. We know who we are and will continue to reaffirm the reasons for doing what we do.

NUAA continues to raise our profile and work where we can affect change, realising the vision shared by our community all around the world. We move ever forward with passion. Advancing the health, human rights and dignity of people who use drugs is what drives us — now and always. ■

“What is innovation? It's about doing things better, it's about moving forward in a creative way, it's about finding new and fresh ways to solve problems.”



Maali asks about methadone and getting older

Dear Editor,

I am worried about using methadone as I get older because there are no obviously older people at my clinics. I am looking for my elders and I can't see them.

Where are the people in their 70s, 80s and 90s?

Do older people die because methadone is bad for you as you get older?

Where can I find my elders if they are there?

Are people more at risk of dying than the general population due to taking methadone?

Do people get methadone if they need it in nursing homes?

Can you overdose on methadone? Should I have naloxone in my first aid kit? Will that help?

Is there anything that is dangerous to mix with my methadone that might lead to an adverse event?

Are people swapping over to Buprenorphine... is that why I don't see them anymore?

Yours truly,
Maali

Dear Maali,

Thanks for getting all these questions to us. You are obviously concerned, and we would like to bust a few myths for you.

Usually people on the Opioid Treatment Program (OTP) are much healthier than their peers who are still using street drugs on a daily basis. Methadone and buprenorphine are kinder to the body because they do not include unknown impurities and additives. In addition, people who stop injecting avoid associated harms like infections and viruses. People on the program often find they have healthier lifestyles as they become more financially stable, improve their relationships with their families, and achieve in the workforce. These factors all contribute to a longer and healthier life.

One of the reasons you may not be seeing older people at your public clinic is that as people reap the rewards of the program over time, they often move to accessing their dose in the private sector, moving to a private GP and chemist combination. It may be that they need to have takeaways so they can work, that they want to leave the scene behind them or that they are required to leave the public clinic to make way for people starting on the program or transferring from jail. You might also be right that some older people may have moved to Buprenorphine, which is an OTP option that works well for those who want to put using behind them and are sick of daily dosing.

Having said all that, recent research from UNSW found that people in NSW who have ever been prescribed methadone or buprenorphine have a life expectancy that is about 15 years less than the wider community. This finding was true for both men and women.

The reasons for this reduced life expectancy are complex. Drug related deaths were a large factor in the finding with 16% of the men and 19% of the women dying from overdose or other drug-related causes. Another big factor was physical diseases (heart disease, lung disease) which may be related to the high rates of smoking in people who are prescribed treatment for opioid dependence.

However, another factor that contributes to this sad statistic is the stigma and discrimination experienced by our community. Stigma and discrimination in the health system is a factor in poor health outcomes. There is an assumption that all people who use drugs are lying about pain in order to 'drug seek' and that we don't deserve proper care and treatment because our health issues stem from 'self-abuse'. This belief can even be unconscious on the part of the health care provider. In addition, we are often shamed because we find it difficult to give blood for tests. Because we have faced a lifetime of disrespect, many older people simply stop trying to get health care because it is too stressful.

The dangers of stigma and discrimination and how power imbalances can cause people who use drugs to stop seeking the care we need are becoming well-known and well-accepted and a number of people are working to reduce stigma. We know that being treated with respect leads to better health outcomes. NUAA works on a number of projects and trainings to improve the way people who use drugs are treated.

Most older people who use drugs die from are long-term conditions like heart and lung disease. Smoking tobacco is a big killer of people who use drugs. It is important for people on methadone to have their hearts checked out from time to time, and to get

on the right treatment if necessary, so we aren't dying prematurely. Liver cancer stemming from hep C has also claimed many users. This situation will shift as the new tests and treatments will see hep C gone from our community.

OTP is available in health settings like hospitals and nursing homes because it is listed as an 'essential medicine' by the World Health Organization.

You most certainly can overdose on methadone, especially if injected or if you take more than usual or in combination with other drugs, especially additional opioids, benzos or alcohol. Naloxone reverses all opioid overdoses and you should definitely have some at home. Anyone who uses any opioids, whether they are street drugs or on prescription like the OTP or pills like Oxy-Contin, should have naloxone and know how to avoid and recognise overdose. Knowing the risks and how to manage them will certainly help keep you alive longer.

There is no reason why people who used drugs should not live long and healthy lives. Certainly, the OTP does not cause health problems; in fact, it helps us live longer. But to live as long as we should, we need to keep trying until we find a good GP who can make sure we are getting the right tests and going on the treatments we need. You should also talk to your prescriber about your concerns.

Another place to get info is from NUAA. Call PeerLine on 1800 644 413 to ask any questions about drug use and your health. It's also at NUAA that you can find peers of all ages. You can get involved with other people in our community at all stages of our drug use by checking out the many opportunities in this mag. For people like you who are keen to connect with our community, NUAA is your organisation.

“ I am looking for my elders and can't see them. ”

Miranda's uplifting influence

"I've had time to reflect on myself."



Dear Editor,

I'm 33 years of age and am currently in jail. I've had 2 children and one passed away (stillborn). The day my daughter passed away felt like the day my life ended.

I was really young at the time and didn't even know how to use a fit.

I would end up in bloodbaths or I'd pay someone to do me, which sometimes was hard because I had a raging dependency. Eventually I learned how to do myself and didn't have to share anymore. So I would go out, do an earn, go get on, have a shot, and do the whole thing again. Every day and every night, over and over again.

Mind you, I still hadn't grieved over the death of my daughter at the time. I tried not to think about it as I was too busy getting my next hit.

I always had access to fit boxes as I lived right next to a community centre that handed them out, so I thought I was a safe user, until one day I went to get on, then tried to get sterile fits. Every place I went to was closed. I didn't even have one of my old ones.

My mate who sold me the gear didn't have fits, except his old used one. This one time I used someone

else's fit changed me. I still remember it like it was yesterday. He even told me he had hep C at the time, but I was hanging out and didn't care.

It all went over my head until I came to jail. I ended up doing a blood test. They told me I was positive for hep C. The doctors explained the treatment and said I had to do a 12-week program. At the time I was really embarrassed. I took it the same time I'd get my methadone, so no-one noticed.

Since I cleared it, I realised why I had no energy. I realised why my appetite changed, my mood, everything. Now I've had time to reflect on myself, I've found time to cry. As years have gone by, it's hard, but I've accepted the death of my daughter and that honestly comes with time.

Now I've got my son to think about, and now that I've gotten rid of that nasty hep C, for me the sky is the limit.

**Best wishes,
Miranda**

Dear Miranda,

Thank you for this amazing letter. By honestly telling your story, you are doing so many things for other our readers – you are reminding people to use safely; you are encouraging people to get tested for hep C – and letting them know that treatment really does make a difference to people's lives; and you are encouraging other people who might be scared to face their trauma.

You show us that it's not weak to experience grief but that facing our fears can make us stronger. You remind us that even though we may feel shame at times, that the opinions of others should not stop us stepping up to look after our health.

We know that your journey forward is going to be a lot easier than the road behind you and wish you all the love and joy that is yours to claim.

Love Leah, Gulliver and Tony

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.

Remember:
Existing members need to renew their membership every July.

Membership Form

First Name

Last Name

MIN (if in Jail)

Address

Address Line 1

Address Line 2

City

State/Territory

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 or Visa/Mastercard at nuaa.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

/ /

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Letter to the Editor

I love not chasing and not worrying all day and all night



Bill discusses life-changing Buvidal.

Dear Users News,

I just wanted to talk about Buvidal and say how it has changed my life. I am writing from inside one of NSW's regional jails, where I am doing time. I used to ring my old girl for money every week, hundreds of dollars every week, begging and screaming at her to put \$200 to \$500 a week into an account.

I used 18 grand of my savings, then 30 grand of her savings during COVID, when strips were \$500 each.

I took 20 grand out of my Super to pay my Mum back. Since starting Buvidal I have not had to ring and beg for money once. It's been so good. My Mum now answers every call and I'm no longer constantly worried, every day of my life. The chasing all day, standing at the fence waiting, hoping I don't get ripped off \$1000, having to bang (assault) blokes who

try to say the money isn't there, the fighting because certain people demand a cap. I no longer have to hide my fit and I no longer ever have to worry about hanging out.

Since starting Buvidal, all my dramas and all the bullshit has stopped. I love not chasing and not worrying all day and all night.

Thank God for Buvidal. I am on 128mg every 28 days. I don't hang out.

I go on the nod every afternoon and I can sleep whenever I want. Not sharing a fit is also something I'm very proud of. If you can get on the Buvidal, I say: Go for it! It has changed my life.

From Bill

Dear Bill,

Respect. It's amazing to hear how you have turned things around. And the emphasis is on YOU.

YOU are the one who asked for help in the first place. YOU are the one who has put in the hard yards and shifted YOUR thinking and changed YOUR actions. Buvidal is a good tool, but it's not a 'silver bullet'. And while we have heard some great stories, it works differently for everyone.

The Opioid Treatment Program (OTP) has helped a lot of people to stop or reduce their using. Some people find buprenorphine

— whether Suboxone, Subutex or Buvidal — supports their goals. Others find that support in methadone.

But along with the support of the OTP, you have to learn new ways of being in the world. It takes courage and determination to make changes in your life. That's what you did — and it's what made all the difference.

We salute you!

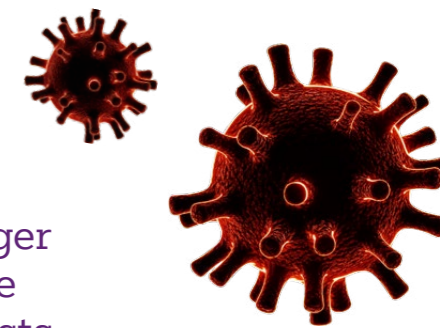
All our best, Leah, Gulliver and Tony

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 or write to **Users News, PO Box 350, Strawberry Hills 2012.**



True story about a

DIRTY SHOT and the BONE-EATING BACTERIA



Matthew has a big scar, and an even bigger story. He says it's the "what not to do" tale that completely changed the way he injects.

I have been an opioid user for most of my life. A few years ago, I was regularly injecting a fair bit of heroin and street methadone.

One morning, I woke up with a sore stiff neck. I didn't think much of it. I thought it was just from sleeping on it funny.

It slowly got worse over a few days, so I went to the doctor.

The first doctor literally walked around in circles, repeatedly saying, "I don't know what it is!"

He just gave me some strong paracetamol and codeine pills to numb the pain. But that didn't work — the codeine didn't touch the sides because I was already dependent on opioids. I had told him I was dependent, so when he showed no understanding through his choice of prescription, I should have taken that as a big hint that he wasn't a good doctor!

Then the pain got worse. I had a fulltime job as a gardener and couldn't work. I went back to the medical centre a week later and saw a different doctor. But he wasn't any more interested than the first one. He just said, "You look stressed, your shoulders are hunched up, take some Valium to relax". And I said, "Sure, whatever you reckon". I mean, we're taught to trust doctors. But the Valium didn't help.

It was getting worse, so a couple days later I went back again. I saw a lady doctor I'd seen once before. I knew she was a bit more switched on.

She had a good look at me and we got some x-rays done straight away. She showed me the x-rays and said,

"It looks like you've had a big accident, or something has fallen on your neck."

I told her, "Neither of those things have happened".

She said, "Weird. Go to the hospital ASAP because you have a significant injury. You need urgent attention."

Being a typical Aussie bloke, I was scared of hospital — I'd never been before. I put off going, but after a few more days of pain, I decided to go in. I remember driving down the road on my way and I was finding it hard to drive because I couldn't twist my head around to check the lanes. Driving over a speed bump felt like my head was going to fall off.

At the hospital, they took a blood sample and did a CT scan straight away. They said, "You better stay the night".

The next morning, a doctor showed me the scans. He said "You've got a really nasty thing going on here. According to your blood sample, you have a lot of bacteria that is floating around, and it has landed on your spinal cord. As you can see from these scans, it is eating your backbone vertebrae."

I was gobsmacked.

My vertebrae looked like rotten teeth. Like a bone with a big piece eaten out of it. Like a hungry little puppy dog was in there munching away. I had pain shooting up and down my arms and neck.

I told him I was a person who

injected drugs, and he said, "You probably got this bacteria into you from a dirty shot".

I said "Yeah, that is probably what happened... What now?"

"We have to give you an operation and rebuild your spine."

They tested a sample of the bacteria and told me it was "Burkholderia cepacia complex", which is apparently found in soil and plants.

I'm a gardener and I used to score after work. I'd shoot up in my hands and my hands would be filthy, because I work with soil!

I also remember that a few weeks before the neck pain started, I had one of the worst dirty hits I'd ever had. I felt so sick, I thought I was going to die. I was spewing and pissing. I guess my hands were dirty

when I did that shot.

But I had also recently bought and injected a bottle of methadone that the owner had used from — it had her blood in it — and I had a bad feeling about that, too.

I was itching to get out of the hospital right up until he said, "You're going in first thing tomorrow morning".

After an 8-hour operation, I woke up in a

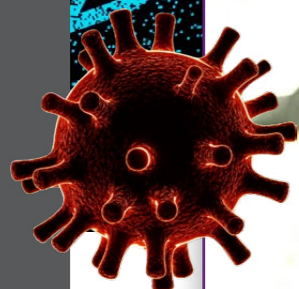
neck brace with a steel cage around my spinal cord and they had fused together several sections of my neck bone.

I had to stay in hospital for a month on heavy duty antibiotics.

Everyone in the hospital treated

"After an 8-hour operation, I woke up in a neck brace with a steel cage around my spinal cord."

Injecting equipment delivered free to your door by NUAA's NSP visit <https://shop.nuaa.org.au> or scan this code



A photo of one of Matthew's scars from the surgery.

me well, except for a comment from one of the surgeons. When he found out it was from a dirty shot, he looked at me with disdain and said "What did you use? Toilet water." I thought it was unprofessional, but I just replied with a plain "No".

When I woke up after the surgery, a nurse asked me about the experience. I told her what the surgeon had said and that I was feeling really low about it. She said, "He shouldn't have said that. Don't feel ashamed. We're not here to judge you, we're just here to treat you."

I was so close to becoming a quadriplegic, but they fixed me pretty good. I still have a lump of steel screwed into my spinal cord, and some massive scars on my front and back. But it is 95% as good as what it ever was.

I now see how important it is to take your health into your own hands and press your doctor for better answers. If you think they're being shit, get a 2nd (or 3rd!)

opinion. Don't let them push you around because you are a drug user.

Later on, I visited the good doctor who got me the x-ray, and I took her a bunch of flowers to thank her for saving my life. I had got to her just in time. If she had been as woeful as the first two, I'd probably be dead.

I have changed the way I mix up and inject. Before this experience, I was never the cleanest user in town. Because we do it every day, we forget injecting can be risky business.

Nowadays, before I use, I always wash my hands really well, as well as any other injecting site, with soap and water, then with antiseptic hand sanitiser or swabs. I've learnt that the way to clean an injection site with swabs is to just wipe once with the swab in one direction — not to

keep rubbing it about because that just pushes the germs around.

I haven't shared a fit for a long time — not since living through hep C — but I did reuse my own fits, partly to save money and partly from laziness. Now I use sterile injecting equipment every time.

I even get NUAA's free home delivery — because around here you either pick your fits up free from the health centre opposite the police station — no way I'm doing that — or buy them from the chemist and I don't always have the means. You can order a box of fits in whatever brand you want, plus water, cotton, swabs, tournies — even 2 kinds of wheel filters for methadone or pills plus naloxone for reversing overdose.

You can't tell what it is when it comes — it's just a box and it could have anything in it. Another thing is that I'm very careful who I buy my drugs from, and I use filters every time.

All this stuff doesn't take much thought or time, and it's worth paying attention to the details for my health. An extra couple of minutes is nothing when it means your life. ■

“ I now see how important it is to take your health into your own hands and press your doctor for better answers. If you think they're being shit, get a 2nd (or 3rd!) opinion. Don't let them push you around because you are a drug user. ”

Peer's Gallery

Change is scary but can be beautiful, by Ern210



One man's journey to change his drug use

Alex's model of treatment isn't about not using drugs, it's about freeing himself from habits that don't serve him.

Alex has been dependent on opioids for 20 years. When conventional treatments did not help him reach his goal of abstinence, he looked to ibogaine treatment. UN interviewed him the week before and 2 weeks after the 7-day guided treatment.

Before the treatment

UN: Despite the dangers, why do you want to do ibogaine?

Alex: I first heard about ibogaine about 10 years ago. An ibogaine advocate admitted at a conference how it had been a cure for his family who were all opioid users.

I wanted to move on from opioid use. I weighed the risks up and came to the conclusion that this is something I need to do. Not doing it has risks, too. For me, using had become a dead end and I didn't want to live the rest of my life not growing, not moving forward.

UN: Why was this the right time?

Alex: I'm an example of what a 'successful' person you can be if you don't get off drugs. But heroin ain't cheap and I'm getting tired of the Opioid Treatment Program (OTP) lifestyle. The time for being on opioids is when I'm older and in pain that can't be dealt with any other way.

I've tried to stop before many times. In my late 20s, I went on an overseas trip and pretty much went through withdrawal on the plane. It was actually a surprisingly easy

withdrawal, but I started using as soon as I came back to Australia. I've tried both methadone and buprenorphine. I'm over being treated like a sick person and it's dull for me. I would have preferred legal heroin.

Luckily, I'd been putting feelers out for ibogaine and one of my old tripper friends connected me with his friend who had recently used ibogaine to withdraw from opioids. This guy was interested in helping other people. I said "yes" on the spot, and my old friend agreed to be a sitter, too. I'm their first guinea pig.

UN: How much does it cost?

Alex: I spent a flat fee of \$4000 for them to be able to source the drugs and spend the time with me. That fee does not include the Airbnb and other random stuff, which costs at least another \$1000.

It's 7 days of being with the sitters, and 5 days of actually using ibogaine.

UN: What do you need to do to prepare for your trip?

Alex: I need to stay on heroin and not use any synthetic opioids like fentanyl or long-acting opioids like methadone or bupe. I also have to get an ECG test about a week prior to show that my heart is healthy.

2 weeks after the treatment

UN: How was your trip!?

Alex: The trip was amazing. Iboga completely withdrew me from my opioid dependence, but it was brutal (although nowhere near as brutal as cold turkey). Iboga is an intelligent plant medicine — it gives you what you need, not what you want. I feel like I've gone through a rebirth. I'm



About Ibogaine

Ibogaine is a psychedelic alkaloid extracted from the Tabernanthe iboga plant. It is illegal in Australia, but in central Africa it's been used as a spiritual tool for several centuries, particularly in Gabon, where the Bwiti religion developed around it.

There have been several controlled trials looking at ibogaine for substance use. Overall, the data suggests it's effective at reducing withdrawal and craving but there have been severe medical complications and even deaths associated with ibogaine use.

Ibogaine is illegal. It is hard to get in Australia, let alone find someone with the experience needed to guide you through the journey and the willingness to take on the risks.

It can be pretty brutal on the human body and can even cause a heart attack.

Furthermore, when taken recently after opioids, it increases the opioid effects to the point of overdose, which can also be fatal.

In addition, ibogaine resets your opioid tolerance — so if you use opioids again afterwards your overdose risk skyrockets.



yet to see whether I can stick the landing now that I'm back in Sydney.

UN: How did ibogaine work for you?

Alex: I did a 'flood dose', not a 'saturation dose'. I think a flood dose is how the Bwiti do it traditionally. It's much more brutal, and much more of a rite of passage.

Because my body was so damaged from 20 years of opioid dependency, I didn't have a particularly psychedelic experience. Instead, I had a very physiological trip. It's weird that something so hard on the heart is so healing for the body. It is cardiotoxic and a flood dose of ibogaine is an ordeal — you're awake for 72 hours. You have ataxia and can't move and you're eventually throwing up everything toxic in your system.

The iboga lodges in your heart and your heart beats it through you like a tidal wave to wash the gear out of your system. When you feel it flood you, it is like a freight train.

During the purge I could feel it gathering up every last bit of poison I'd built up in my life, then wringing me out like a squidgy with surgical precision. I felt violent waves of nausea, purging, shitting and vomiting out stuff. It felt 'good' because I could feel the relief as the poison exited.

I'd stopped using methamphetamine months ago, but it felt like I was

purging toxic traces of meth or the adulterants in meth or opioids. Iboga literally got the poison out. It's physical, not metaphorical.

You wake up after 18 more hours and are not dope sick. Western medicine can't do that.

UN: What has your initial integration process been like?

Alex: If I was left without sitters to give me aftercare, I'd be fucked. In the immediate aftermath, I just needed to be nursed — almost like an infant. Everything is accentuated after ibogaine.

After your trip, you're meant to give yourself at least 2 weeks of time to just integrate everything and care for yourself. You need to have a support system in place and have good guidance.

Some of the benefits have been immediate. It has fixed problems I didn't even use ibogaine to fix — my back and spine were injured from a car accident and now I walk comfortably with good posture. But learning to listen to my body has been challenging — I had 20 years of avoiding feelings.

The patterns I set now need to be healthy, because your brain is really neuroplastic for 3 months after iboga. I must avoid getting overwhelmed by a toxic workplace or toxic relationships and going back to old patterns.

UN: How do you feel about heroin, opioids and other drugs now?

Alex: For me, iboga has killed the 'shame and recovery' narrative associated with '12-Step Programs' that focus on abstinence. I'm no longer in 'recovery'.

My model of treatment isn't about not using drugs, it's about freeing myself from habits that don't serve me. I used psychedelics such as 5-MeO-DMT, bufotenine (toad) in the week following my flood dose, and I'm looking forward to using psilocybin soon.

I don't hate heroin, but I no longer romanticise heroin.

I didn't go into my trip with an intent to reduce my use of benzodiazepines, but I've already cut down to less than a quarter of my previous dose.

I think iboga has something in common with 12-Step Programs — they are trying to reconnect people with spirituality. I'm not a spiritual person and I don't like feelings and emotions — that's probably why I got into opioids. But iboga has helped me connect with spirituality. I've been getting into 'Wu Wei', the Chinese art of not forcing anything.

This is absolutely not a 'transformational testimonial' — fuck that. I'm just unafraid for the first time in 20 years. ■

Want to read more?

You can read the whole story of Alex's treatment journey in two interviews online at usersnews.com.au

Part 1



Part 2



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 the 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.

Supported by the



Think a kid has
taken your meds?

Act straight away:
Call 000



PeerLine
1800 644 413

Hep C testing and treatment are incentivised at the moment — call NUAA to find out how you can get paid to be tested and treated for hep C.

SHOULD'VE DONE IT SOONER!

Ross's 20+ year journey towards hep C treatment.



Ross was lucky to survive 20 years living with hep C and even luckier to be treated and cured 5 years ago. In this interview, he tells us how easy it is to miss the symptoms and how much easier it is to get treatment, even when you live beyond Sydney's city limits.

UN: How did you find out you had hep C?

Ross: I found out I had hep C way back in 1996 during a general medical checkup for a job. The blood tests came back positive for hep C, but the doctor didn't really explain what that meant. I was more focused on being angry that it lost me the job. I didn't end up getting treated until about 20 years later!

UN: Why didn't you get treated sooner?

Ross: I didn't realise the effects of hep C creep up slowly. Plus, it was back when tests and treatments took

a real toll. Whenever I spoke to people about going through Interferon — the only available treatment then — it sounded really hard, so I just kept putting it off.

A mate did get cured after 6 months of painful Interferon injections into his stomach. And as if that wasn't bad enough, he was dependent on alcohol but had to give up drinking while being treated. I didn't think I could deal with that because I used alcohol for methamphetamine comedowns.

I also didn't like the sound of the biopsy I was told I needed — that's where they take a chunk of your liver out for testing.

Thank God all those things are in the past.

UN: Did you have any symptoms of hep C?

Ross: Every year I got sicker. I thought it was just a product of my lifestyle. I didn't realise that the symptoms of hep C get worse the longer you have it — or that it can lead to liver cancer.

It wasn't until I cleared hep C that

I realised I had been using drugs to mask the symptoms. I was so run-down all the time, drugs were the only way to give me energy.

It started to take longer and longer to recover from my methamphetamine and alcohol use. After 20 years I felt tired in the mornings even when I hadn't been using.

UN: How did you get started on hep C treatment?

Ross: I was worrying more and more about the symptoms I was feeling and a couple of mates younger than me died from developing liver cancer. One was 10 years younger. He never wanted to get a biopsy. He put it off and off like I had. That was a shock for me.

In 2017, just after my mate died, I took another friend to a doctor at the hep C clinic. I was shocked at how easy the treatment process had become. Direct Acting Antivirals (DAAs) had replaced Interferon, most people got cured, it took less time and there were few side effects. I immediately booked my own

appointment with the doctor.

UN: What was the treatment process like?

Ross: At the first appointment, the doctor got me to do a fibroscan and blood test on the same day in the pathology next door. Biopsies were no longer needed to test the state of your liver. The fibroscan to check my liver was really easy, and not intrusive.

I was worried that I had cancer like my mates, but the results ended up showing I didn't have much damage at all. I felt like I had gotten a second chance at life.

The doctor was in a clinic on the outskirts of the city, but I lived about an hour away in a country town. To save me having to travel,

she organised for most of my treatment to be handled by the local rural hospital.

She gave me a prescription for 2 months of the new DAA treatment pills and I picked up 1 month at a time at the hospital. I took 1 pill a day for 1 month, then got a blood test and picked up my 2nd batch of pills. I got my results the next day via phone. I was cleared of hep C after the first month, but I still had to take a 2nd month of pills to make sure. After the 2nd course, I got another blood test and was still clear.

6 months later, I saw my doctor again to have a follow up test.

The clinic calls me each year to make sure that I get a yearly checkup. At the time I got tested, blood for

the tests was still taken from your vein, but these days they can tell everything they need to know by getting blood from pricking your fingers. You don't even need to know what genotype of hep C you have in order to get treated. It's getting easier and easier.

UN: What was the treatment like? Did you have any side effects?

Ross: The only side effect I got was some boils on my stomach and legs, but they cleared up quickly. The doctor had given me a hep C treatment hotline number to call if I ever had any questions and they said it was nothing to worry about. Most people don't get any side effects.

I was working at a job doing physical labour 5-6 days a week and the

Getting tested is quick & easy

Get test results in less than an hour with the latest Point of Care technology using blood taken from the capillaries of your fingers. Available on NUAA's peer-staffed van travelling throughout NSW in 2022-2023. Find out when the Peers On Wheels (POW) team will be in your town by calling us on 1800 644 413.





Most people don't get any side effects. I was working at a job doing physical labour 5-6 days a week and the treatment didn't slow me down at all.

treatment didn't slow me down at all. I ate the same and drank the same. I still had the occasional alcoholic drink (and I didn't feel sick when I did). Because I was working, I wasn't really using drugs much. We were rained off for a couple of weeks and I used ice once or twice, but it didn't affect the treatment.

UN: How has getting your hep C cured changed your life?

Ross: I started to feel healthier and happier about 1 month into treatment — and my life keeps improving.

I sleep and eat a lot better. My appetite has come back. I was barely eating prior to treatment.

I can now have a late-night drinking session and wake up good as gold!

But I also use less and less now. Since my mid-20s, I have mainly used amphetamines, alcohol and cannabis. My use had never really been a big problem — I've always had a good job and supported a family — but I felt so good without drugs and wanted to live a quiet life. I also became a rural peer distributor for NUAA.

UN: What is it like being a peer distributor for NUAA?

Ross: I heard about the role as I was finishing my treatment.

The training was really easy and I love feeling useful for other people,

and helping other people not have to endure the same things I've had to. NUAA gives me a bunch of equipment and then people who use drugs come around to my place regularly to get all their equipment.

I also tell each person my top 3 tips:

1. Prevent the spread of hep C by making sure all your equipment is new and sterile and don't share at all. Treat every item as single use and dispose of it properly after you have used it. Back when I was injecting in 1996, I didn't know about hep C. Even though we used our own sterile fits, everyone used the same spoon, and that's probably how I got hep C.

2. Getting tested is surprisingly easy. You might have hep C and not be realising that you're slowly getting sicker. You can order a Dried Blood Spot (DBS) kit online and it gets mailed to your door. The way it works is you prick your finger to take blood from a capillary and smear it on the filter paper. Once it has dried, you post it back to be tested and wait for your result. You can also be tested with Point of Care technology when the Peers on Wheels van is in your town. Blood for the test also comes from your fingers, but you get a result in less than an hour.

3. Getting treated is surprisingly easy, too. Young people who use drugs often say, "I'm not feeling sick, so why bother," and I say, "Pretty soon you won't be able to use as much because your liver will be damaged and your mental health might be impacted, too. All you need to do is book an appointment to get treated and you can start healing and then you'll feel healthier than you have in years!" You can be treated even if you are still using, plus you can get treatment as many times as you need it — no shame.

I also really encourage other people to become a peer distributor for NUAA. ■

Order a DBS test kit here for free: <https://shop.nuaa.org.au/products/dbs-test-kkit>

or scan here!



PEERCONNECT TRAINING

Are you interested in peer work and volunteering?

NUAA runs a 2-day workshop for people who are looking to volunteer at NUAA's NSP and other health services.

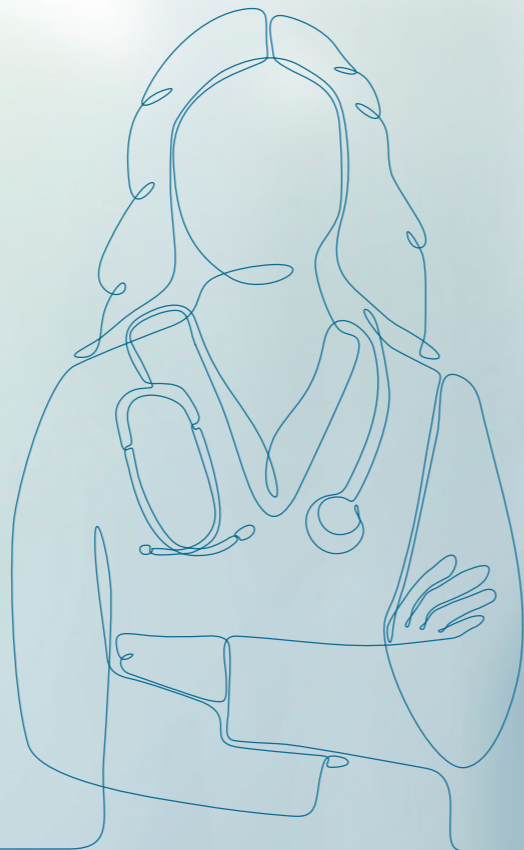
- Find out more about peer work and the role of professional peer workers.
- Learn about brief interventions, professional boundaries and workplace practices.
- Learn how to turn your real-life experience into workplace skills.
- Hear from peers who work in the alcohol and other drugs (AOD) sector and bloodborne virus (BBV) sector.
- Get more info about safer using, vein care, infections, hepatitis C, bloodborne viruses and more.



For more information about volunteering and peer work contact Lucy at NUAA on 8354 7300 or 1800 644 413 or Lucyp@nuaa.org.au

Finding a PROPER DOCTOR

Wayne shares his experiences and tips regarding getting a GP.



Stigma and discrimination

If you experience stigma and discrimination from a health professional, you have the right to call them out on it and remind them that everyone deserves to have their health needs met in a respectful environment and to be active in decisions about their own health care.

You also have the right to make a complaint. This can result in getting an apology from the health professional, who may have to attend. By speaking up, you may help other people get treated better than you were.

Call NUAAs PeerLine on 1800 644 413 for info, advice and personal advocacy. Get support to build a lasting health partnership with your GP, respond to stigmatising behaviour in health settings and/or make a complaint about a health professional's attitude and behaviour... plus more!



It can be hard to find a good GP. Often the best ones aren't taking new patients and if you live in a rural or remote area, your choice can be limited. But getting the right doctor makes all the difference and it's worth trying a few out until you find one that is professional, skilled and caring.

When you are someone with lived experience of drug use, stigma can be a barrier to even finding out what is wrong with your health, let alone getting pain relief or treatment.

A while ago I was a visitor in a rural NSW town when I had a medical emergency. I presented to the Emergency Department and even though I felt a little bit intimidated, I was quite up-front about my health and drug use history. I told them

about previous hep C infections but explained I was now cured, so there was no chance of anyone being infected. I let them know I had a long history using opiates but hadn't used illicit drugs for a while.

The moment I mentioned that I'd once used opiates, you could see this wall go up in their eyes. It was nothing that I could really put my finger on, but you could tell there was an attitude change. Like they thought that it was a drug-seeking episode, because I couldn't point to a big hole in my leg.

I was in an extreme amount of pain, but they said that because of my previous 'drug history', as they called it, they couldn't prescribe anything stronger than Panadeine Forte.

At first, I thought it was associated with an old hip replacement so they did an x-ray — but didn't find an issue. That seemed to make them more suspicious. It became clearer that they didn't think that I was being real

when I was talking about the pain.

I found out much later that although the pain was in my hip, it was actually a nerve thing and was coming from the spinal column. But this wasn't something they found out for me at this hospital.

People with lived experience drugs often get substandard treatment, whether they are currently using or not. It's that whole "once a drug user, always a drug user" attitude that some doctors have. I have given my history to doctors, saying: "Look, my previous history is hep C, cured, IV opiate drug use, not using at this point in time," to have them pre-empt the consultation even before I have had a chance to tell them what the complaint was. They've jumped in straight away with: "I can't write a script for painkillers". I've had to say: "I'm not here for painkillers" and tell them: "I'm here for a referral" or "I'm here to deal with a possible infection" or whatever.

I've been around, so I've seen a whole lot of doctors, and very few good ones. In order to get a decent level of health care, I've learned how to be loose with the truth, so to speak. I've learnt over the years that when you walk into a doctor's surgery and you're upfront and let them know you have a "previous infection of hepatitis C", the first thing they say is: "How did you get it?" If I don't know the doctor, I won't say IV drug use. I've got quite a few tattoos, so I'll say that I got tattooed back in the day before they had the Skin Piercing Act. I sometimes have to lie to doctors to sort of combat the stigma that I am fairly sure is on its way.

Being treated that way makes me feel I'm not being heard. I honestly think that they prejudge me because I mention opiate use or hepatitis C infection. You can pinpoint it. You just pick it up. Their body language changes just a little bit and they come out with that sentence:

"I can't write painkillers" or something similar.

With all the stigma and discrimination on show, that rural NSW hospital never found out what was causing me pain.

Luckily, after I went home to Sydney, I found a really good GP who sorted it out — at a surgery that was only 150 metres from where I live. I'd walked past a dozen times but never before gone in.

She really won me over when she went straight to the problem. She said: "I think it's related to your back. Go and get these scans and we'll get to the core of the problem." I hobbled off down to the hospital and got the scans, then went back to her that afternoon.

The moment she saw all the scans, she said, "You must be in an excruciating amount of pain". I said with relief: "I've been trying to tell people that for months now".

Then she said: "Okay, I'm going to

give you some opiate pain relief. I'm also going to give you Lyrica." She explained to me how she expected the medications to work for my pain; what Lyrica is and why she was writing a specific dose; and why we were keeping the dose of OxyContin as low as possible. And she said, "We will work out a withdrawal program when it's time. We'll drop the dose gradually."

She was a breath of fresh air. I felt respected and listened to. I felt that she matched my honesty with her honesty.

She said: "Wayne, I'm concerned about giving you opiates. But during the conversations that we've had, you have alleviated that concern. You're a mature man, and I'm convinced you know what you're getting into. I note that you've had a previous history of drug use — well, we'll just monitor your medication and keep on top of things."

She was being a proper doctor.

She actually knows her stuff and treats me with respect. I get a really good vibe from her. She has proper conversations with you. She will ask lots of questions to get to the bottom of things and get me the right health care. We talk through my health problems as well as emotional issues. She asks me how I'm going, how my

mental health is. And we'll talk about how I am going with the drug stuff — whether I have used or am still not using. The thing is, I feel like I could sit down and talk to her if I started using again and she would listen and act professionally to make sure I was getting the sort of help I wanted.

My GP is a fair dinkum doctor. She strikes me as a person who went into the medical profession because she's actually caring, not to make a lot of money. She has long consultations with her patients. She doesn't do a quick 'tick the boxes' appointment like some who just want to write a script, have you sign the Medicare form and get you out the door so they can get the next patient in for more of the same.

I feel blessed having her as my GP. I really got lucky finding her.

I advise you to get a good GP that knows their stuff, treats you well and that you can talk to. Shop around for a doctor and I don't mean 'doctor shopping'. I don't mean look for a doctor who will write a script for Valium or Oxy or whatever. A good doctor will make a big difference in your life.

I think you need to hunt around and do your research (I sound like one of those conspiracy theorists!).

My tip would be to talk to other people with lived experience of drug use and if you like the sound of their doctor, make an appointment to see if they will suit you.

Talk about it with friends and to peer workers and other people who work in the drug and alcohol services you use. It's not worth staying with a bad doctor and you can't do without medical care.

I also advise that you confront stigma as it arises and don't put up with bad treatment. You have a right to a proper doctor. I know from personal experience that it makes all the difference. ■

“

She said: "Wayne, I'm concerned about giving you opiates. But during the conversations that we've had, you have alleviated that concern. You're a mature man, you know what you're getting into."



Between GPs?

Let us start you on a better health journey in a stigma-free setting. NUAA's Needle and Syringe Program at 345 Crown St, Surry Hills, partners with the Kirketon Rd Centre (KRC) to provide a free peer-led, nurse-based health service. Open Clinic on Crown is open Monday to Friday from 11.30am to 3.30pm. No appointment or Medicare card needed.

Opportunities

... for peers in regional and rural NSW



If any of these opportunities interest you, get in touch with NUAA's Outreach Specialist, Rochelle Aylmer, by calling 0433 360 768 or free call 1800 644 413.

Peer workers draw upon their own lived experience to provide authentic engagement and support for people accessing harm reduction services including sterile injecting equipment and hepatitis C testing and treatment. The empathy and support that comes from peer-to-peer roles can often be the turning point for people to take action and participate in their health and wellbeing.

NUAA's peer-based approaches aim to remove barriers to accessing health services, improve health literacy and promote self-determination. We're here to help you connect with your community and empower you to take control.

Peer Distribution

Are you interested in becoming a leader in your area? Join our network of volunteers who distribute sterile injecting equipment, provide safer using health promotion and support hep C testing and treatment. As a peer distributor, you will receive great training and experience in harm reduction. Volunteers are also reimbursed for costs.

We are seeking volunteers in:

- Mid-North Coast
- Northern NSW
- Murrumbidgee
- Illawarra Shoalhaven
- Southern NSW
- Central Coast
- Hunter New England
- Western & Far West NSW

Hep C Peer Support

Do you have experience with hep C? Are you interested in talking to people and providing advice and support regarding hep C testing and treatment? NUAA has developed an approach that involves peers working alongside clinical services to help members of our community access services. Our hep C peer support workers receive training and experience in harm reductions.

Our hep C outreach team travel to:

- Greater Sydney
- Nepean Blue Mountains
- Hunter New England
- Mid-North Coast
- Western NSW
- Far West NSW
- Murrumbidgee

Outreach and Support

Want to get in touch or meet up with a peer and talk face-to-face? NUAA does regular outreach to the following locations:

- | | | |
|---------------|------------------|------------------|
| • Wagga Wagga | • Blue Mountains | • Taree |
| • Orange | • Lithgow | • Port Macquarie |
| • Cowra | • Coffs Harbour | • Newcastle |
| • Bathurst | • Kempsey | • Central Coast |

Find out more online!



Out of the Blue

What happens when police stop you on the street and you start shaking?

Most of society doesn't realise this stuff happens. Shane is regularly stopped by police and his healthy fear of police means he can barely breathe around them — which makes him look even more suspicious.

UN: What are your experiences of interacting with police?

Shane: I have a long history of police stopping and searching me. I get stopped about once every couple of months. But I've been lucky enough to never have to go to court for anything.

I've had 2 friends who were murdered by police. I've had friends who were raped by police. I've been beaten by police. I used to fuck cops to get their protection.

I have a healthy fear of police, but it screws me over every time they talk to me. Being around police triggers me. I shake, perspire and struggle to breathe — it is a sign of trauma. It's a fight or flight reflex. I can't turn it off. It is humiliating and the police take it as a sign of guilt.

I'm aware that what is happening to me is only a reality for the minority. Most of society doesn't realise this

stuff happens. I've argued with people who say I'm imagining it or making it up. People don't want to believe it.

I would not choose to interact with the police. Yet it is forced upon me, and I have to try to respond politely without shaking. I have to give them my time and dumb myself down and refrain from telling them I know my rights and I have to act like it's all good and we're just buddies. But in that moment, I'm like their pet drug user, poor person, Māori, or poof. I am proud of being those things, and yet I am made to feel — and look — like a criminal just for existing in public.

UN: Why do you think you are targeted? Do you 'look bad', or do individual police know you?

Shane: I don't know what it is. I have swagger. I'm dark-skinned. There's something about me that makes me stand out in a crowd and makes people feel that they are right to judge me or label me.

I am a sensitive person, and it makes me stand out. I could be wearing a suit, but I'd still be slightly odd. The same thing that makes me a good Peer Worker also makes me stand out to police.

I'm also always aware of police.

And sometimes when you're aware of something, you're more likely to get its attention.

UN: How does it feel being stopped?

Shane: First, I feel scared for my life.

I worry that if I get caught on the street, they might search my home and put my loved ones in danger. I've heard of that happening to people I know. The recent news about police not needing a warrant to search the homes of people who have ever been caught with drugs is not news for me. Police never needed a warrant to search my house.

Second, I feel like I don't belong.

I become uncomfortably aware that my race and my class make me stand out in public.

It might not be so degrading if other people were treated like that.

There's a range of looks I get. One of them gives me the feeling this policeperson or onlooker was bullied by a Polynesian at school. They see the Polynesian in me and it triggers the rage they had when they were 12.

Then last, I feel anger and frustration at the individual police and the system.

I'm a 56-year-old man who doesn't like feeling like they need to be submissive, especially walking in the streets or going to get takeaway — and suddenly there's police in your face.

Six months ago, a police car 'curb crawled' beside me. He stuck a hand out and beckoned with his finger 'Come here', like I was a naughty dog.

My body started to shake. And they noticed.

They barked, "I don't know your face, why don't I know you?". And I'm supposed to stand there and say "I don't know why you don't know me". But what I want to say is "Why the fuck would I know you?"

They check me out on the radio, get my birthdate, address and ask "Have you been in trouble?" and I say "A long time ago". They look my record up anyway. Then they see I'm boring and they deflate and say "Ok, on your way".

Most people have a charge in their background. Your past mistakes shouldn't be carried around with you forever. My brother got caught shoplifting when he was 10. No one should look at him 30 years later and assume he is a criminal.

Complaining or trying to claim your rights puts the police on the defensive because they aren't expecting to be questioned. They're not expecting to have their rights as police questioned.

There's this look of disdain on their face when you question them. It says "Who the fuck are you to ask the police to prove themselves?" They make clear the fact that they're doing their job and you should accept that you have to prove yourself.

So, I dumb myself down so that the 20-year-old in a uniform doesn't have to feel like I am going to hold them to account or make them answer a question. It makes me feel really alone. I'm a whole person. I know



I have value. It is demeaning when I've devoted myself to being better.

UN: What was the most recent time police stopped you?

Shane: I was riding my bike and had groceries and the cop said, "You've been smoking pot, mate?" And I said, "I'd rather not talk about that with you". He said, "I think it's strange" and I said flatly, "Wouldn't it be odd if I asked a stranger that?" He was trying to get me to say out loud that I was partaking so that he could justify searching me. I'm not that stupid, but so many people incriminate themselves because they are intimidated or tricked into friendly banter.

UN: Did it get worse during lockdown?

Shane: It was worse. Our house and bedrooms got searched by 2 police officers. They gave no reason except to say it was a "COVID search". They didn't even explain what that meant or what they were looking for. If they ask to come inside and I say "No", then there is a chance I'll be spending the night in the cell.

My partner and I were having dinner,

and then suddenly we have to be in a box acting like we're simple Indigenous boys who aren't going to embarrass the police. I wanted to defend my partner from being spoken to roughly by police, but knew I'd just make it worse.

We were also stopped on the street more, but at least they didn't get too close!

UN: Have you ever been caught with anything?

Shane: No, even when I've had a joint or cap on me.

UN: Do you know what you're meant to do if you're stopped?

Shane: I know I have to give my name, DOB and address, and show ID — it gets them off my back quicker. And then I try to say nothing until I get a lawyer.

UN: Did you try and film or record the police?

Shane: No. I was always too late. I'm also anxious about doing it. It could make me safe, but it could also put me in danger.

UN: Have you ever had any positive interactions with police?

Shane: No. Never. ■

“ Being around police triggers me. I shake, perspire and struggle to breathe — it is a sign of trauma. It's a fight or flight reflex. ”

True inspiration

THIS IS WHAT'S POSSIBLE



An interview with Keenan Mundine.

Keenan Mundine, an Aboriginal man in his thirties, is a co-founder of Deadly Connections, a service supporting Aboriginal people in a wide-ranging way. He spoke to us about his journey from hardship to the life he wanted.

It started with a difficult childhood that morphed into many years in jail. Today, he is a family man who uses his experiences to walk with people from his community towards the lives they want. In this article, Keenan smashes myths and offers 6 key messages for people with lived experience of incarceration.

1 Things CAN change
When I was in jail, there was a

focus on telling me to change my life, but I had never seen anyone do it. There was no-one in my world who had actually come from the streets and done as much jail as I had who had actually transformed their life — who had gone from jail to living a life that I would want. I would say “Just show me someone! Prove it can be done!”

Now I am here to say to people in jail — “I am proof. I am a person who has changed. I am a person who is happy.”

I live my life with people I love. I am husband to a woman I admire and respect and a father to 2 amazing boys.

I proudly speak up for my community. In my work I get to share my transformation with people, talking about how hard it was growing up, going through the criminal justice system, then pulling out of that.

My wife, Carly Stanley, and I founded Deadly Connections. It's a grassroots Aboriginal Community-Controlled Organisation (ACCO). We use our experience and knowledge to help people navigate the system. We advocate and support our communities and families in a way that heals and grows the whole community.

I've travelled to the other side of the world and I've done it to tell my story and talk about Indigenous rights.

I've changed my whole life. I've built a life I'm proud of. And I'm here to say, it can happen. It does happen.

2 Crime is NOT the easy way out
I've learnt that there is no such thing as an easy life. Life is hard. But I also learned that you can choose which kind of 'hard' you live.

There's the hard life that's about

jail and poverty and abuse. And there's the hard life that is about learning and trying and working to build the life you want.

People are always looking for a way out and that's fine. It's good to want to make your life better. But growing up, I was only shown two options — a contract in the construction industry or crime. But there are other ways, too.

I don't know anyone who ended up with a dream life doing break and enters.

3 Jail is NOT normal. Violence is NOT normal

We are led to feel that it's normal to be locked up, with everything that goes with that. As an Indigenous person, you get to jail and your family and friends are there, many from your community, so it can feel

like a home coming, like that is where you belong.

I was 14 when I first went to juvenile detention and then spent years cycling in and out of jail after that. That's not normal. It's not okay to be taken away from your family as a kid and locked up. Most people in Australia don't live a life of disadvantage, abuse or violence. Why should I have to? Why should you?

4 Your life is NOT over just because you have been in jail

We think that once we have started down that road, there is no going back and no changing. We think there is no point trying to do anything differently. That we will spend most of our lives in jail — a life sentence done a few months or years at a time. We think we have no options,

“

I proudly speak up for my community. In my work I get to share my transformation with people, talking about how hard it was growing up, going through the criminal justice system, then pulling out of that.

that we have no power to choose. I'd convinced myself — this is my reality — because I had been given a lot of misinformation. I was told that there was nothing I could do to change my world — that there were no possibilities for someone with a criminal record.

I was told no-one cared about me and no-one would give me a break.

But then I started questioning EVERYTHING! I had to wrestle a lot of myths to get where I am.

My experience is that none of that is true. That's why I do what I do — I want to tell you that you don't need to believe that jail is the end of the line for you.

You CAN change your story. You can decide to do something different and you can make that happen if you put the work in. You can move on.

Yes, it is hard when you have a record, but it's not impossible. Just start with questioning things. Start with the idea of possibilities.

You can talk to us at Deadly Connections about how you can move forward.

5 People DO care

When you're in jail you can believe that you are on your own and that no-one cares what happens to people in your situation. Jail is very isolating.

Actually there are many people working to make things better for you. They want to help you. Some shine a light on the criminal justice system and suggest new ways to do things. Others support people in jail or their families at a personal level. Some of them have lived experience themselves. These are people who genuinely care about you.

You are not alone.

Ask for help. Use the services that are available to you. Let people help you. You will realise that people really want to help, especially if you



are trying to make positive changes in your life. That's something a lot of people want to get behind.

6 You CAN be an amazing role model

I was helping out at an Indigenous youth program and one of the young guys said to me: "You should be our counsellor." It really made me stop and think. At first, I just laughed. I thought there was no way I could do that. But as I started to think about what I had to offer, I changed my mind.

I realised that my life experience had value.

That was a very important moment for me. It started me on the road to sharing my personal story.

My story helps me connect to people. One of the ways I use it is when I work with Indigenous kids to help guide them away from the jail route. I want them to value and respect themselves. I want them to have choices.

I also use my story when I stand up and speak for my community. I have spoken at dozens of events. I have even spoken in Geneva, Switzerland, to a United Nations Human Rights group about how many Indigenous people are in custody compared to non-Indigenous people and how Indigenous kids as young as 10 are locked up.

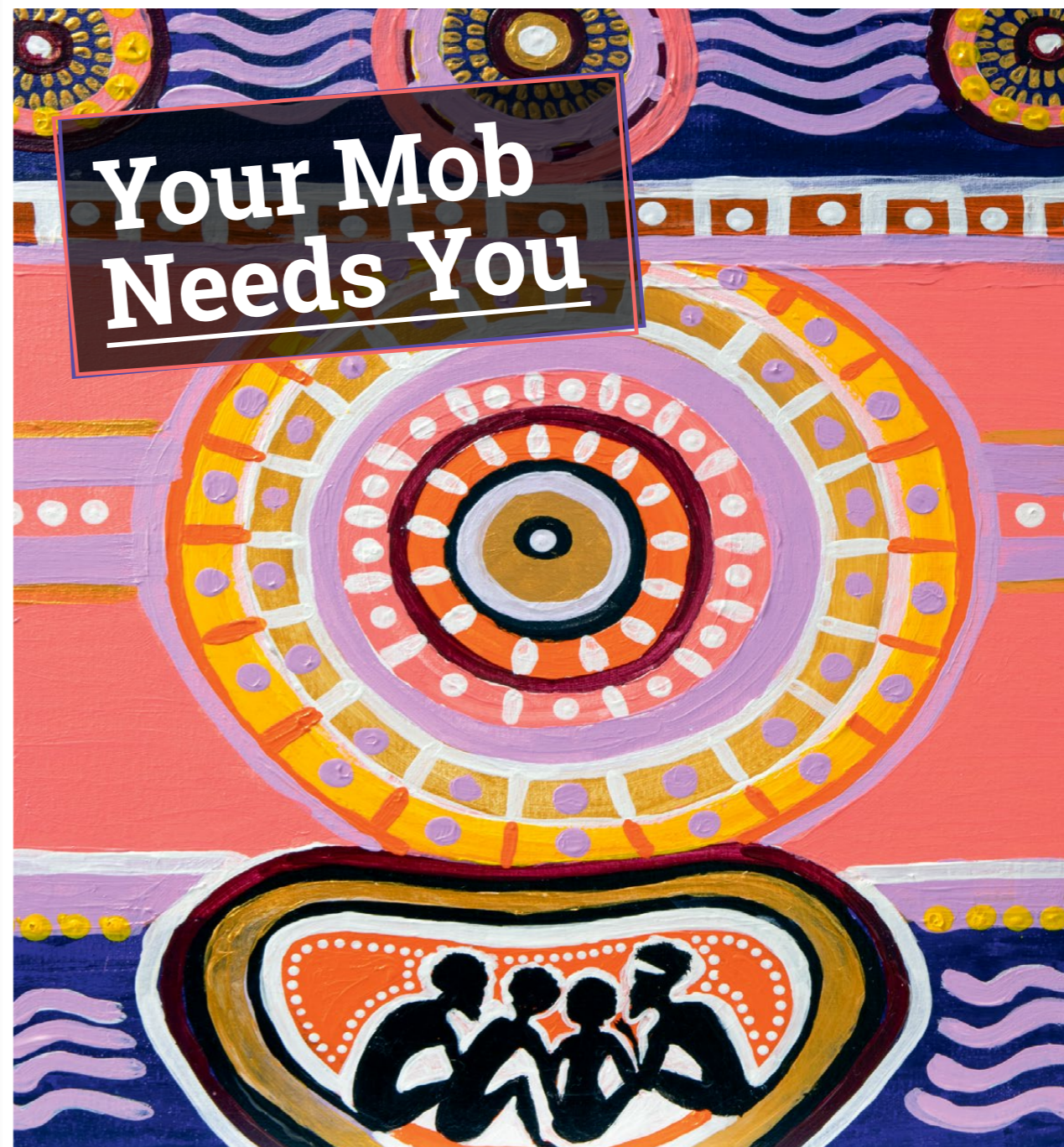
I have learned that you can achieve a lot, just by sharing your experience.

You don't need to stand up in front of a crowd. You can be a positive role model in your own family and in your own community.

I sometimes think, 'What if my uncle showed me how to write a resume instead of how to break into a house?' or 'What if my cousin showed me how to get an

apprenticeship instead of how to steal a car'. We need to be looking out for each other instead of continuing cycles that lead to damage and pain. ■

"You CAN change your story. You can decide to do something different and make that happen."



Your Mob Needs You

WE'VE LOST TOO MUCH MOB!

Don't let overdose take you:

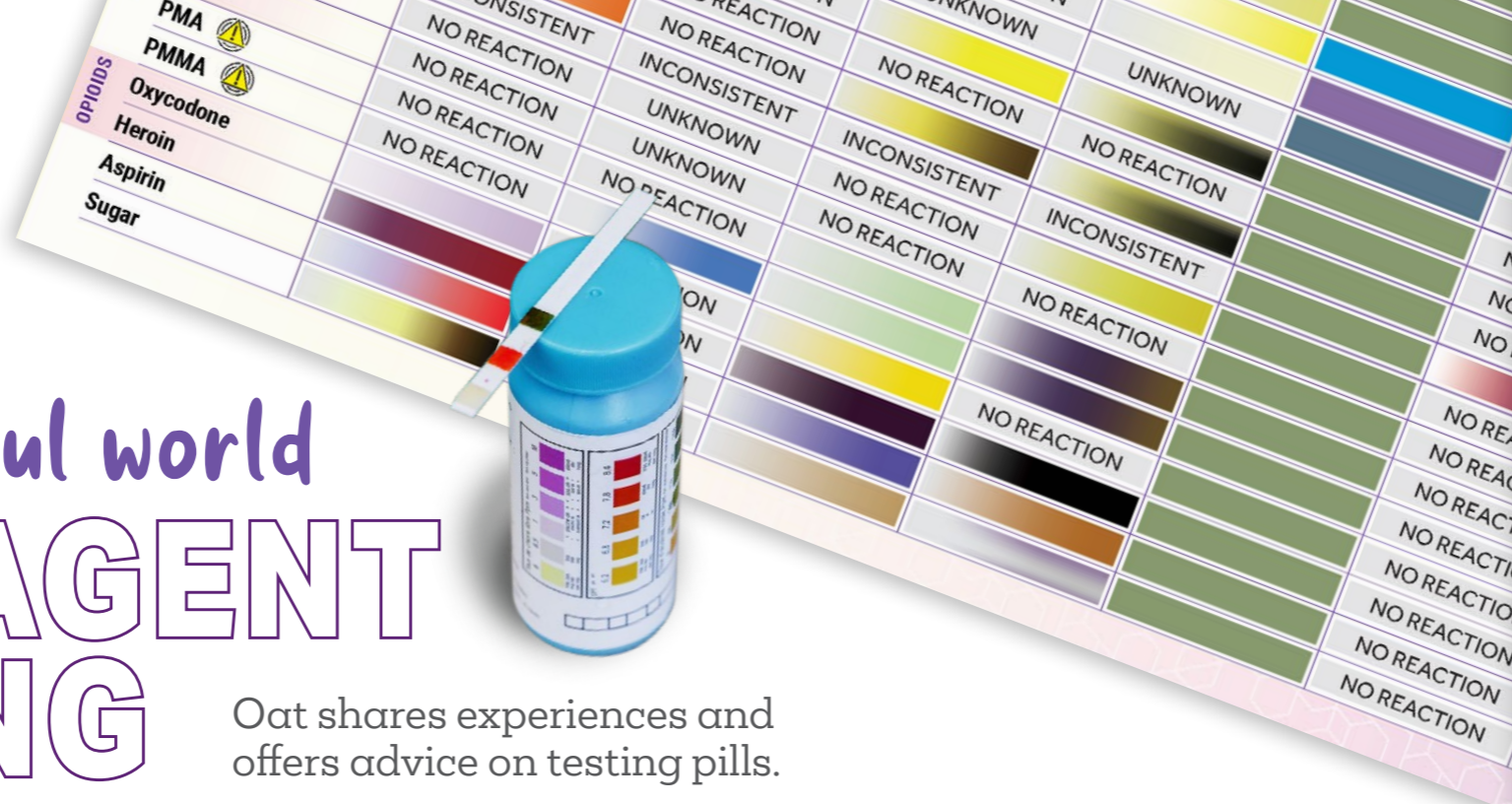
- Don't use alone
- Use less if it's strong
- Try a bit first if it's new/different

Act fast. Always call 000. Stay with them.



8354 7300

PeerLine



The wonderful world OF REAGENT TESTING

Oat shares experiences and offers advice on testing pills.

Oat is a DanceWize NSW peer who never lets dodgy pills get between them and a good night out! They regularly find themselves testing pills on the fly and in the process of keeping themselves and their mates safe, they've become a peer expert!

Hey there! My name is Oat and I'm a colour-blind chemist with a keen interest in reagent testing and all related topics. Over the past few years, I have performed reagent pill testing in a variety of situations including festival dancefloors, uni bathrooms and house parties. The following is my summary of all the basics you need to know about reagent testing and how you can keep yourself safe by using it.

What you need to know about pill testing at home
Can I test my own drugs at home?
 Yes! Yes, you can! Drug testing kits (reagent tests) can help you figure out

what drug you have/don't have in your possession. They are easy to use, legal to buy and could save a life or prevent a ruined night.

What are reagent testing kits?
 Reagents are liquids which change colour when they come in contact with certain drugs. This colour change is unique and tells us which drug is present. Often, there are multiple drugs present and this is why we use multiple different reagents because they are made for specific drugs.

Why should I use them?
 There could be anything in your drugs and sometimes what you buy will contain more than one drug, or a completely different drug than what you wanted. Both can be dangerous, and both can be identified with testing kits!

Where can I get them?
 You can buy single use kits from some tobacconists or online. The single use kits are very handy to bring somewhere you won't have much time or space to test in. However, they can be pricey. Multi-use test kits

can also be bought online from a huge range of suppliers. Multi-use kits are cheaper in the long run, so we recommend getting them. You can test other people's drugs too and keep the community safe.

How do I use them?
 Your kits will come with instructions. However, the general rule of thumb is to put a drop of the reagent onto a pin-head sized piece of the drug you are testing. The liquid may change colour. Compare this colour change to your colour chart and there you go! Repeat with different reagents to identify different substances.

So what do I need?
 You only need three things: Testing kits, colour chart and testing surface.
Testing kits. The more the better. Depending on what drug you are testing you will need specific reagent kits.
Colour chart. This is specific to each reagent; it will match a colour to a drug. These are available online or with your testing kit.
Testing surface. This should not be coloured because it will make the

results very confusing. Either a white plate (not paper), clear hard plastic or glass (think a glass cup or water bottle lid). The testing liquid is very acidic, so do not let it touch your skin, it will also destroy paper and fabric.

Benefits
 Drug testing kits are legal to buy in Australia. However, the police may still confiscate them if they find them. They are cheap and easy to use. They will give you peace of mind if you take or sell a drug. Knowing what you are taking can greatly improve your experience.

Barriers
 If you are colour-blind, tests are very difficult to interpret. However, there are phone apps available which can tell colours for you — or you can ask a friend! Reagents require access to a specific colour chart. However, these should come with your testing kits or be available online. These kits are not 100% effective — especially for products with more than one drug. You can never be certain what is in your drugs unless they are analysed in a lab. ■

Frequently Asked Questions

How reliable are reagent kits?
 Reagent kits are not definitive, meaning that they will not tell you exactly what drug or drugs you have. They give a good estimate which provides safer drug use when combined with other harm reduction measures.

Am I allowed to take these into festivals/events?
 Most likely no. Testing kits will often get confiscated by security or police as they are considered drug paraphernalia. Doofs or raves might be more lenient as they tend to advocate harm reduction practices more.

Are there better ways of testing?
 Yes. These reagent tests are just the beginning! There are a few organisations in Australia who are equipped with analytical chemistry equipment that can tell you exactly what is in your drugs. However, until these services become legal and widespread, reagent tests are our best option.

Tips n' Tricks

- High temperatures will leave your test kits fully cooked. So, keep them in a cool space when you are not using them, perhaps an esky if you're at a festival or in the fridge at home. Room temperature is also fine.
- Put some baking soda on the liquid when you have finished, this will neutralise it and make it safer to wash down the sink. Look after the fishies!
- Some handy tools to keep with your kits are: razor blade for shaving pills; tweezers or little spoon for picking up powder; latex/nitrile gloves to keep your skin safe; and scissors for cutting tabs.
- Video the reaction, you can then easily review the colour change.

Want to know more?

Check out these sites

Information



Reddit



Erowid



DanceWize NSW

Colour charts and reaction videos



Verbinding



Dancesafe



Reagent

To buy reagent kits, Google 'reagent kits Australia' for some options.

AND check out the next page for a step-by-step guide.

REAGENT TESTING IN 5 EASY STEPS

Reagent Testing is not 100% accurate and should only be used to roughly assess substance quality



PREPARE SURFACE

You Can Use

Ceramic plate, mug, bottle cap or glass

Must Be

White/Clear, clean and dry



PREPARE SAMPLE

Pills, Powder and Crystal

Pinhead sized pile

Blotter/Tab

1/8th cut off

Liquid

2 drops - evaporated



TEST SAMPLE

Drop reagent on sample

Hold bottle 5cm above the sample
One drop is enough

Observe colour change

Changes over time, look carefully
Video or write down results



CHECK RESULTS

Colour chart

Will come with kits, also available online e.g. "Marquis colour chart"

Unique colour for each substance

Compare test results to colour chart

Repeat with different reagents for better accuracy



DANCEWIZE:
NSW

PARTY SAFE

Don't use alone, especially with new substances

If in doubt, chuck it out

Start low and go slow

Weigh out your doses (0.001g accuracy scale is best)

Visit www.dancewizensw.org.au for more information



DANCEWIZE NSW VOLUNTEER APPLICATIONS OPEN

Like going to music
festivals?

Want to learn how to
support your community
with safer partying?

SIGN UP TODAY!



DANCEWIZENSW.ORG.AU/VOLUNTEER

Yes, You Can Overdose On Stimulants!

Taking too many stimulants like ice, ecstasy, speed and coke can result in an overdose that can affect your body or your mind – and sometimes both.

BODY

PHYSICAL SYMPTOMS

Very thirsty

Sweating and body chills

Nausea/vomiting

Trouble breathing

As OD progresses, may stop sweating and get very hot

Seizure/fits

Stroke

Unconsciousness

When does fitting happen?

When someone uses repeatedly for a few days, pushing their body hard into toxic overload and doesn't eat or sleep during that time.

Will it stop?

It will stop on its own after a few minutes. However they may fit again and need to be checked by ambos.

How can I help a friend who is fitting?

1. Make the area safe, moving hard edges away
2. Hold them gently but firmly, without restraining them
3. Don't put anything in their mouth – they will NOT swallow their tongue
4. Call an ambulance on 000
5. After fitting stops, put them in the recovery position (on their side) to keep the airways clear
6. Stay with them till help comes.

MIND

PSYCHOLOGICAL SYMPTOMS

Anxiety

Sudden mood swings

Extreme fearfulness

Paranoia/delusions

Extreme anger/violence

Psychosis

When can psychosis happen?

Psychosis can happen after 1 big dose but more usually after using stimulants for a few days.

Will it stop?

It usually stops on its own 6 hours to a few days after stimulant use stops.

How do I help a friend in psychosis?

1. Stay calm, talk quietly, be non-threatening and soothing
2. Move to a quiet, lowlight area
3. Acknowledge what is going on for them – don't tell them to "just calm down"
4. Offer food and water
5. Distract them by talking about their interests
6. Monitor physical signs. If they get aggressive, make sure you are safe
7. Call 000 for an ambulance or take them to Emergency at your closest hospital.





Father and son

We hear from father Scott about what life lessons he's trying to teach his son.

UN: There have been plenty of stories in UN from the perspective of mothers who use drugs. Could you give us a bit of a father's perspective?

Scott: OK, I don't know how it's different from a mother's perspective. My son is in his late teens and he is now smoking cannabis and taking party drugs — and drinking alcohol, of course. All the stuff we tend to do at that age.

It's worrying, in a way, thinking of your child using drugs because you know some of the damage it's done to you and you don't want to see your child make the same mistakes. You try and pass on your experience to them and hope that they make the right decisions. I guess you think that at least as an informed parent, you can give them some reliable information.

I try and tell my son what drugs I think he should stay clear of — the ones that can be more risky than others. I always told him, "Stick to the hallucinogens, they're fun."

That's including pot, but pot itself can be a problem. OK, it doesn't come with a physical dependency. But myself, I smoked every day for years and years and years. Clearly there's a very strong psychological dependency there.

Of course, the 2 that worried me most were alcohol and tobacco. He's asthmatic, so tobacco really worries me, and alcohol, of course, can be really destructive. So those are 2 that I really wanted to tell him about.

And I tell him about safe ways to use. So, with hallucinogenics, make sure you're with other people. If he's going to experiment, that's fine. Experiment and have fun. Because

they are fun. He was going to do it, that became quite obvious. So I said just do it as safely as you can.

UN: Do you think your own experience of having used drugs made it easier to have those conversations?

Scott: Heaps easier. I mean, I don't know how truthful he is with me about it, because he knows that there are some drugs that I would definitely be upset if he was using. So I sometimes wonder, "Does he not tell me?" If he started smoking tobacco, would he tell me that? But the conversations have been quite easy. We talk about it quite openly, which I think is quite a positive thing.

With my parents, it just wasn't something we talked about. The only knowledge they had was of cigarettes and alcohol and they didn't really tell me very much about them. They gave

me access to alcohol at quite a young age, but that wasn't that unusual back in that day.

UN: One thing we often hear from mothers is the anxiety about Child Protection Services stealing your kids if they know you're using drugs. Has that been your experience?

Scott: I guess that's not something I've been that concerned about. I guess that's maybe because I'm a father and I'm on methadone now — so I'm reasonably stable — I don't think that would really be an issue. It's not something I've ever really been concerned about. Maybe that's just me being in denial, but it's not something I've really been that worried about.

I'm sure that it's the case that there's more pressure on mothers. I think society is a lot more forgiving of fathers. It's a terrible situation but there is a lot more pressure put on mothers. It's supposed to be kind of 'natural' for mothers and the expectations on them as caregivers are a lot higher. I think that's terribly unfair, but I think that's often the case.

UN: What about with general experience of stigma and discrimination? Have you experienced that, for example, with health and medical services?

Scott: I've experienced it myself. It's not really hit my son much. He's still at the age where it's still quite social for him so it's something that he can hide quite easily. But obviously, being on methadone, it can be a real problem for me. Like trying to get pain medication when you go to hospital can be near impossible. Even with my own prescribing methadone doctor — he's a doctor, it's a medication but still there is a whole morality to the way he treats it. He doesn't treat it like he treats any other form of medication. I think I've seen that in almost every

methadone prescribing doctor I've had, and I've had a few, as I've moved around a bit.

They put a moral judgement on you. It's the only medical treatment where you get punished if the medication doesn't work. If the medication isn't working and you start using, then you get punished. It's seen as a moral flaw rather than a sign that the medication isn't at the right level or the right dose. In one way they talk about it as if they're treating it medically but then there's this clear indication that to them there is this whole moral aspect to it.

UN: Do you ever get stigmatised for setting a bad example as a parent?

Scott: Absolutely! And I guess parenthood is full of guilt and worry. And even if nobody says it to you, this goes through your mind constantly — that you're setting a terrible example. I guess I began by not telling him. I didn't want him to see me using any drugs, or talk about my history, or anything like that. But when he got to a certain age, it kind of became obvious and we had the kind of relationship where he knew what my view was towards certain drugs. He knew I wasn't going to get upset if I found out that he was smoking pot or taking acid or things like that.

I do worry that I've had that influence on him, but I think it's more that I've put that on myself than others have accused me of it.

There are both positives and negatives about it. Because having that experience as parent means you

can help guide your child, but there is also that worry that they can emulate it and it does affect their decision and choice to do it as well. But it also means that you can help them and give them information — that they can learn from your experience and your mistakes. Whether or not they do, I mean some mistakes you've just got to make yourself. Like, they're not going to listen to other people just like I didn't listen to my parents.

I didn't listen to my parents because I knew that they didn't know what they were talking about. That's what I like to think the difference is. When I talk to my son, he knows that I'm coming from a position of experience and knowledge. Whereas my parents were coming from a position of fear and ignorance. I mean, it wasn't back in the days of Reefer Madness movies, but it was almost that bad.

The stupid stuff that you heard, and very quickly found out was wrong, made you just disbelieve everything you heard. And that's why I think it's so important to give informed information to your children, to be able to say, "This is how things are" and "This is my experience" and try and be as truthful as you can. Then hopefully they'll listen to what you say when they experience that you're actually being accurate and truthful. If their experience matches yours, they'll pay some attention.

So there is kind of a positive side as well as, maybe, also the guilt of: "Has my using affected them?" ■

“When he got to a certain age, it kind of became obvious and we had the kind of relationship where he knew what my view was towards certain drugs.”

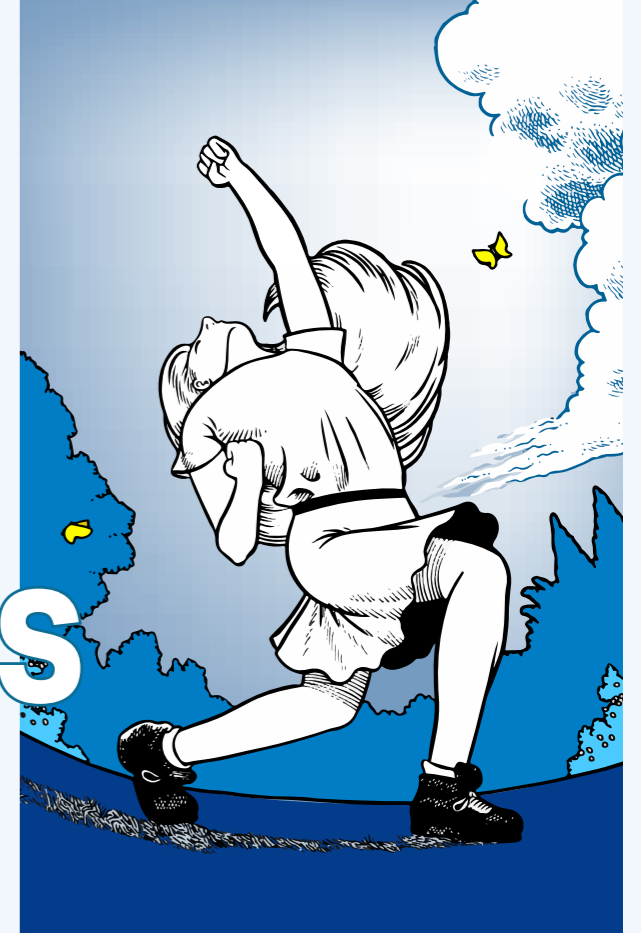
Peer's Gallery

Zaichik moi Love (Bunny Love) by AS



Take charge!

10 tips TO REDUCE CRAVINGS



There comes a time in many a drug user's life when we decide to reduce, control or cease our drug use.

Some of us decide to take an adventure that doesn't fit with our usual pattern of drug use — like taking a month-long luxury cruise, saving for a house, having a baby, getting in training to climb Mt Everest, playing competitive sport or focusing on a demanding career. Others find themselves in a crisis situation — facing a medical crisis, needing to care for a loved one, planning for the introduction of drug tests at work, changed financial circumstances or finding ourselves in custody.

It doesn't really matter if we want to embrace a complete lifestyle change, take regular harm reduction breaks or use less frequently. Learning how to deal with our cravings is a skill that puts us in control of our own destiny.

Here are 10 tips that pave the way to using — or not using — mindfully. They have been put together with

Dr Lachlan McPhail, a psychiatrist with the Justice Health and Forensic Mental Health Network.

His expertise and experience in helping people recognise and manage cravings and triggers makes this article well worth a read.

1 There are two sides of dependency

They are physical dependency and psychological dependency — but time can help with both. If you aren't taking any drugs, you may not have a physical dependency, but you may still feel like using or find certain situations hard to handle. If you are on an Opioid Treatment Program like methadone or bupe, you are getting help to control withdrawals, but you still may have cravings to use. When the mind is used to having something to help cope, it can take a while for the cravings to settle when you first stop using or first start having treatment.

The good news is: the less you use, the fewer cravings you have, because you're not reinforcing those cravings.

2 Cravings are time limited

It's important to ride the feeling because they don't last that long. You can distract yourself by doing something really simple like playing a game on your phone, drawing, doing some exercise or meditation; or spending time with a friend. You may notice that the desire to use is there — you don't have to deny it — but just ride the experience and distract yourself to get to the other side. The more times you can sit with the feeling and know that you can get through it, the easier it gets.

3 Knowing how you tick is very valuable information

Watch yourself and notice when your cravings are the strongest. What are your triggers? What emotions or experiences do you find yourself

using drugs to cope with? Stress at work? Family pressure? Mixing with a group of people in a social setting? Feeling depressed when you're alone? It's important to be aware when you are using drugs to manage your emotions. You also need to think about your belief system around your drugs use.

For example, do you believe that it's impossible for you to focus at work or be creative unless you have used a drug? Or perhaps you think that it's impossible to have a good time or celebrate a success without drugs? The longer you have used, the stronger the connections you have forged between drug use and your emotional and intellectual life. Once you see your patterns clearly and know what triggers you, you can find new ways to deal with the stuff that life throws at you.

This self-understanding is key to becoming a person who is in control of the when, how, why and how much of your drug use.

4 Getting help is a short cut

You might be able to sort it out all by yourself, but why not take advantage of the skills of a professional — like a counsellor, psychologist, nurse or doctor? Having a support team you can rely on could make all the difference in your journey to understand your

behaviour and motivations. Psychologists and counsellors are trained to ask the right questions to help you know yourself better, like what bothers you or makes you feel like using. They can also help you identify your triggers and suggest new ways of coping, other than taking drugs.

They will be most useful if they respect your viewpoint and are willing to work with you to reach the goals you have set — rather than pushing their own barrow. Don't be discouraged if your first attempts to find the right person don't work out. There are a lot of great clinicians out there, so persevere.

5 If you're feeling vulnerable, try staying away from your triggers

For some people anything associated with using could be a trigger. That could be seeing a fit, going somewhere you have used, seeing people using or hearing them talk about it, or knowing they are scoring. For some people it can even be seeing someone you know who uses. You don't have to buy into any of it and you certainly don't have to test yourself.

Try and steer clear of those situations, particularly when you are on a learning curve — for

example, practicing how to sit with a difficult emotional trigger without using. Be gentle with yourself. You will have plenty of time to learn how to fearlessly juggle multiple triggers once you have a few runs on the board!

6 Change who you are hanging around with

You may be worried about damaging friendships but sometimes you just have to make the choice to put your needs first.

You can say to your friends, "It's not about you — this is really important to me and I need some space to focus on new ways of getting through life", and a good friend should understand and be supportive. You can also explain that any break is most likely time limited, because as you take more control and responsibility around your own decisions, the less vulnerable you will be to anyone else's opinions or actions.

It really does help to rehearse what you will say to people if they ask you if you want to use, so you're prepared for the moment if or when it comes. Remember — it's your life and you have the right to live the life you choose. Sometimes that means saying "yes" and sometimes it means saying "no".

7 Learn to be more in control

Think about what is going on in your life and what parts are in your power to change.

There are many situations, rules and people in this world that we have absolutely no control over. And when things are not going our

way, we can feel especially powerless and disengaged. At those times it feels easy to give up and blame everyone but it's much more empowering to take responsibility for our own lives. It starts with deciding what sort of life we want for ourselves, then putting in the work to make it happen.

Everyone can learn how to respond to what is happening in a different way than we usually do. We can learn to be happy. That means taking charge of our own decisions and acting in our own best interest. For example, we can decide to let go of people and situations that damage and hurt us. We can make sure we treat others respectfully. We can choose to develop our talents. We can learn to manage our emotions in new ways, healing past trauma and practicing self-nurture. This and more are possible when we empower ourselves.

Once we learn how to identify the emotions and situations that can trigger loss of control, we can let them go. At this point we are no longer powerless to cravings and the choice to use or not use is in reach.

It's all in our attitude. It's all about owning our choices and actions, along with the consequences — good and bad.

8 Calm things down quickly with 3 helpful strategies

Sometimes we find ourselves in a difficult situation and we may feel overwhelmed. It's great to have a few circuit breaker tools at your disposal, like these:

→ **1.** Use a breathing technique to calm yourself. Try box breathing — soldiers use it to control their thoughts in challenging situations. You breathe in through your nose while you count to 4; hold your breath, count to 4; breathe out through your mouth for a count of 4; hold your breath, count to 4; then repeat a few times.

→ **2.** Exercise. It reduces stress hormones in your body and stimulates your body's pain killers and mood lifters. It's great for reducing anxiety too. If you aren't big on the usual ways to exercise, try dancing like no-one is watching.

→ **3.** Put a cold pack or ice on your cheekbones, splash cold water on your face or even have a cold shower. It's called the 'dive response' and all mammals have it. It slows your heart rate to reset your body to a calm, emotionally neutral state.

9 Be clear in your own head about why you want to make changes to the way you use and what the pros and cons of using are for you

This can really help see your decision through. It can help to write them down. Put down your goals, as well as the pros and cons of the way you currently use. You can add to the list whenever you think of something else. It might help to read your list over when you are feeling restless.

Be open to the fact that the way you feel about your use may shift over time — you might not expect some of the changes that come your way.

10 Look forward, not back Think about the person you want to be and the life you want to live. Put your energy into taking on new challenges, rather than dwelling on the past. Letting go of the past and moving on starts with forgiving yourself and others. Invest in yourself with lots of self-care, and remember you are important and worthy.

Finally, give yourself time to reach your goals. ■



Put your energy into taking on new challenges, rather than dwelling on the past. Letting go of the past and moving on starts with forgiving yourself and others.



The why and how of vaping nicotine in Australia

General Practitioner, academic, policy advisor and author Dr Colin Mendelsohn has been a tobacco treatment specialist for more than 40 years and is Australia's leading advocate of vaping. He talked to UN about why he works so passionately to see vaping established in Australia.

UN: Why vape nicotine?

CM: Over 21,000 tobacco smokers die prematurely each year in Australia — it is the leading preventable cause of death. 2 out of 3 smokers die prematurely and lose an average of 10 years of life.

Most smokers want to quit, but most fail repeatedly even with the best first-line treatments in Australia: varenicline (Champix), nicotine replacement therapy (patches, gum, lozenges, mouth spray, inhalator) and bupropion (Zyban).

Vaping nicotine is now the most popular quitting aid in Australia and is also the most effective. The UK National Institute for Health Research did an analysis of 171 randomised

controlled studies of all medications used to stop smoking and they found that vaping nicotine was the most effective single treatment.

In Australia, vaping is a legitimate second-line quitting aid when other first-line therapies have failed. It's also great harm reduction for people who want to continue smoking while reducing the risks.

UN: Why get prescribed nicotine instead of buying from the illicit market?

CM: The illicit market has thrived because the legal pathway is complex, difficult and expensive. Illicit vapes and nicotine e-juice are smuggled into Australia from China and are unregulated. We don't know what is in them and we don't have any information about quality or safety. Using them is risky.

Legal nicotine products are less risky because they must meet the TGO 110 standards set by the Therapeutic Goods Administration (TGA). This includes regulation of ingredients, labelling and packaging.

From 1 October 2021, consumers require a prescription for all purchases of nicotine vaping products, such as nicotine e-cigarettes, nicotine pods

and liquid nicotine. All nicotine vaping products sold by Australian pharmacies must satisfy the minimum standards. Products purchased from New Zealand are regulated and generally comply with Australian standards.

UN: How can I get started with vaping nicotine?

CM: The first thing is to do your homework about vaping.

Your local vape shop is a good place to start. They're usually staffed by former smokers who now vape. Vape shops are legal. They sell vape hardware and nicotine-free e-liquid, which you don't need a prescription for.

Even though vaping nicotine is far less harmful than smoking, Australian authorities don't support vaping. So while any doctor can be approved to prescribe it, many are opposed and most don't know how. There is a list of doctors willing to prescribe nicotine on the Australian Tobacco Harm Reduction Association website.

Vaping is approved as a second-line quitting aid when other methods have failed, so they might want you to try another quitting method first, such as patches. That means that



“Doctors aren’t allowed to say where to find the shops or the websites or where to buy the vapes or nicotine. But there are many reputable online shops based in NZ.

vaping nicotine is only approved for smokers as a quitting aid or for preventing relapse. Doctors are not supposed to prescribe it for recreational use.

UN: Do you recommend any particular vape?

CM: There is an overwhelming range of vapes available and it can be very confusing for beginners.

Choosing a vape depends on your preference for ease-of-use and maintenance, size, cost and a number of other factors.

For beginners, the most popular models are pod vapes. Pod devices have a refillable pod which contains the e-liquid and a battery you recharge each day. Disposable vapes are also popular. These are sealed units. Put the device in your mouth, puff it like a cigarette and throw it away when it stops working. They come in a range of sizes and flavours.

Doctors aren’t allowed to say where to find the shops or the websites or where to buy the vapes or nicotine. But there are many reputable online shops based in NZ.

UN: How much does it cost to get a legal vape and nicotine?

CM: Vaping will cost you between

5% and 25% of the cost of smoking, depending on the type of device you use. A pack-a-day smoker (20 cigarettes) spends about \$12,500 per year. Vaping typically costs from \$500 to \$3,000 per year.

Pod vapes cost \$30 to \$40. Prefilled replacement pods cost \$7 to \$11 depending on the brand and each pod is equivalent to about a packet of cigarettes. Refillable pod vapes require nicotine e-liquid, which is about \$30 for a 30mL bottle and will last you 1 to 2 weeks.

Disposables range from \$15 to \$35 depending on the size (up to 5,500 puffs) and brand.

UN: If I get a script, who will fill it?

CM: Most vapers order nicotine e-liquids online from New Zealand websites and there are many reputable suppliers. When you place your order, you simply upload the script from your doctor and it is returned with your order to prove the importation is legal.

You can also buy nicotine e-liquid from a small but increasing number of Australian pharmacies. Some operate online.

UN: I hear a lot of people are starting to use vapourisers for cannabis herb... is it safe to vape tobacco herb too?

CM: It is much safer to vape cannabis than to smoke it. Vaping heats the herb without combustion and avoids most of the harmful chemicals caused from burning organic matter. Cannabis vapes and nicotine vapes are usually not interchangeable.

UN: What would you tell people who say they like vaping but miss smoking tobacco and cannabis.

CM: Smoking is very ritualised and there is more to the pleasure of smoking than the nicotine. These associated pleasures diminish over time for ex-smokers. Most established vapers say they enjoy vaping more than smoking. But it can take time to adjust.

Nicotine is an ‘alkaloid’. There are other alkaloids in smoke which some smokers miss when they switch to vaping. You can get these alkaloids from snus. Snus or snuff is a moist, tobacco product that is placed under the upper lip. Some people combine snus and vaping.

Snus can’t be sold legally in Australia but you can import 1.5kg without a prescription — you just need to declare it to customs and pay the import tax of \$2,400 for the maximum amount.

I’ve never heard of vaping cannabis and nicotine at the same time, but there is no reason why it should not work.

UN: What is your best advice on how to stop smoking tobacco / cigarettes?

CM: The Australian guidelines advise smokers to use first-line medication combined with counselling from a health professional. The first-line medications currently available are Nicotine Replacement Therapy such as patches and gum and Bupropion, an antidepressant in tablet form. A third product, Varenicline — a partial agonist in tablet form — was recently taken off the market when it was found to contain trace amounts of nitrosamines. Common in water, food and medication, nitrosamines are carcinogenic when present above acceptable intake limits.

Though unapproved for first-line smoking cessation as yet, evidence shows that vaping is the most effective single therapy. However, the most effective overall therapy is varenicline plus a nicotine patch.



However, most smokers have tried these products unsuccessfully. The next option for them is to try vaping nicotine, preferably with some expert counselling.

UN: What is your best advice for someone who wants to stop vaping?

CM: There is very little evidence on the best way to stop vaping, but it is much easier to quit vaping than smoking. The usual advice is to gradually reduce the nicotine concentration and frequency of puffs. You can also use nicotine patches, gum or lozenges to supply

nicotine while you wean off the smoking/vaping behaviour.

UN: Can you vape if you’re pregnant?

CM: Although it is not risk-free, research shows it is almost twice as effective as nicotine patches as an aid for quitting. Babies born to vapers were less likely to be born low birthweight than those born to women on patches.

UN: Is it bad to vape around non-vapers?

CM: Unlike secondhand smoke, there is no evidence so far that secondhand vapour is harmful.

UN: How can readers get more information?

CM: It is hard to get accurate information about vaping because Australian health authorities are opposed and media reports are generally unreliable. Most Australians are seriously misinformed about vaping, even doctors.

My book, *Stop Smoking Start Vaping*, dispels the myths about vaping, explains why vaping is controversial and outlines the evidence. It tells you step-by-step how to switch from smoking tobacco to vaping in an easy-to-read style. ■

Check out the extended article, including images of the range here:
www.usersnews.com.au/home/vaping-nicotine-making-the-switch-from-smoking-tobacco-by-dr-colin-mendelsohn



POW!!

Peers On Wheels: the new van that is revolutionising hep C healthcare.

Peers On Wheels (POW) is a new pilot project that NUAA has launched. The project delivers mobile peer-led testing and treatment services for hepatitis C (hep C). POW is friendly, confidential, quick and easy. POW is visiting a bunch of places in NSW over the coming months. To help spread the word to peers, we interviewed MJ, the project's Coordinator.

Users News: We have been talking to many people who use drugs, who are hep C positive, and who live in rural areas and they've been calling out for help to overcome the many barriers they face to getting hep C treatment.

People say stigma and lack of services are some of the biggest barriers, and that one way to help people would be to have a portable AND peer-led 'one-stop-shop' van for hep C testing and treatment.

That sounds a lot like the van you're about to launch as part of your pilot project! What has finally made this project a reality?

MJ: Hi! We couldn't do this without the new portable hep C testing machines and new treatment medications.

These new testing machines are very sophisticated. They detect the active hep C virus in a person's RNA — an acid all humans have that is similar to DNA and give an answer in less than an hour. Recently the machines have gotten small enough, accurate enough, quick enough, and cheap enough to put in a van. Our friends at the Kombi Clinic in Queensland have shown how using a van to take testing and treatment of hep C to people can break down the barriers.

But what makes NUAA's project so special is that ours is peer-led — which is so important for making people who use drugs feel comfortable enough to use the service. Our project has been co-designed by people who have a lived experience of injecting drug use, and we're training peers to operate the machine.

UN: Tell us more about how these new testing machines work

MJ: The Australian National Hepatitis C Virus (HCV) Point-of-care Testing Program is run by the Kirby Institute

and Flinders University. The program is making hep C testing more available by rolling out these 'point-of-care testing' (POCT) machines at many sites across the country. Some of them are at fixed sites like NUAA's NSP and some are mobile, like NUAA's van.

As part of the national program, NUAA got funding to run a pilot study to see how effective it is to get peer workers to provide mobile testing to people who have trouble getting access to testing or don't want to go to mainstream services.

We can test if you have an active hepatitis C infection by taking a small amount of blood from a fingertip and putting it in the machine to find out the level of virus in your blood. It gives us the same information as the new Dried Blood Spot (DBS) tests but in a much shorter timeframe. You find out within roughly 60 minutes, instead of having to wait up to 2 weeks. That's why we call them 'Point-of-Care' tests — because you get your results at the same point you get tested. If the result comes back positive, we can start treatment during that same visit.

In 2016, new hep C treatments called direct-acting antivirals (DAAs)



MJ, Bri and Rodd with the van.

became available. They are much easier to prescribe and use compared to the old Interferon treatments. DAAs are as simple as one pill a day for 8 to 12 weeks, and they have a 95% cure rate and very few side effects.

UN: How did you get involved in this project?

MJ: I'm an activist and junior academic. As a peer, I get to occupy a unique space in research. I've spent most of my life in South Africa before moving to Australia earlier this year to start a new journey. In South Africa, I worked for the South African Network of People Who Use Drugs (SANPUD) and held a research position at the University of Pretoria's Community Orientated Substance Use Programme. These positions helped me develop unique skills and gain experience in working with peers and people who use drugs.

I'm now at The University of New South Wales' (UNSW) Kirby Institute, where I've been given the opportunity to be involved in lots of projects, including this one.

UN: Who works in the van?

MJ: There's always 2 other people with me in the van, all peers. Rodd Hinton and Brie Lloyd both work at

NUAA as hep C engagement specialists and I'll always have one of them with me in the van. As well, we will include a NUAA Peer Worker from each Local Health District (LHD) we visit. They work with us in their community to help us reduce as many barriers as possible for their peers, and link people with further healthcare.

Flinders University's International Centre for Point-of-Care Testing has trained our team to operate the POCT machine. We will also tell you your result and connect you with a GP or nurse who can prescribe you the treatment medication.

The research part of the project is supported by NUAA's Deputy CEO, Charles Henderson, who is the project's Principal Investigator, and UNSW's Kirby Insititute.

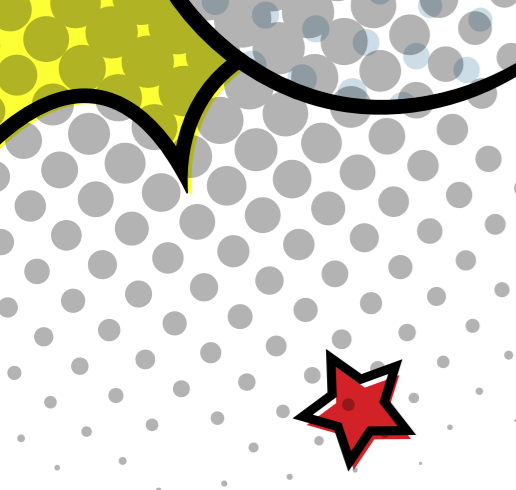
UN: Where and when is the van visiting?

MJ: The pilot project is running until the middle of 2023. We'll be visiting a bunch of different areas of NSW and partnering with local organisations to reach as many people as possible. We will be putting location updates on NUAA's website or you can call NUAA on 1800 644 413 to ask when we will be in your area.

Discover more!

Find out when Peers on Wheels will be doing hep C tests in your local area by checking out the website nuaa.org.au/peers-on-wheels-pow or calling PeerLine on 1800 644 413





UN: Can you run us through what the experience will be like for someone?

MJ: Anyone who is at risk of getting hep C is eligible and we encourage you to visit us. When we're with you, we want you to feel safe, comfortable and like you don't have to hide anything. Our specialty is helping people who inject drugs. To help incentivise people to get tested, we will be reimbursing people for their time.

Prior to our van arriving in your area, we'll be promoting when and where we'll be parked.

You can just rock up on the day. All you need to bring is your Medicare card. If you don't have one, call us on 1800 644 413 and we'll try and sort something out.

If that time/place doesn't suit you, you can also call 1800 644 413 to arrange something else. We can visit you discreetly. Our van does not have any branding on it and we can go to a location you are comfortable with.

When you get to the van, we have a quick chat with you to make sure you feel comfortable and understand the process and your options. We will answer any questions you have.

With your permission, we'll prick your finger to get a single drop of blood for testing. About an hour later, we'll be able to tell you if you're currently hep C positive. This news can be tricky to process on your own, which is why it's so good to have us peers there to support you and just chat about it all.

We can then assist you to get prescribed DAA medication as soon as possible. Unfortunately, our peers

aren't qualified to prescribe the medication. At each site, we will try and have a doctor with us so they can give you the prescription on the spot. Some might also be able to prescribe you via a phone call and mail you the meds. The length of time it takes for us to get the medication in your hands will depend on the location and each individual case. Some may take a couple of weeks.

We also hook you up with a liver health specialist who can help you know more about what's going on in your liver. We recommend you get a fibroscan and liver function test, but you don't need to have one to get started on the meds. (We won't have a fibroscan with us in the van).

While you're on your treatment journey, if there's any help you need, you can contact our local peer.

UN: What are you hoping the pilot study achieves?

MJ: We want to show that a peer-led approach can help make testing and treatment more accessible. I want to make healthcare fun. We want to show that peer workers have expertise and knowledge and can provide a unique skillset. Peers trust each other when it

comes to this stuff. People with lived experience of drug use and hep C are stigmatised and discriminated against, but we are very capable and we care about our community. This project is yet another example of peers stepping up to be harm reduction heroes.

Each person we test is asked to participate in a short survey that will help us improve the service, and hopefully get the pilot extended and expanded. ■

UN wants to hear people's stories of hep C and what it's like to use the POW van — so we're offering \$50 per interview. To participate, chat to MJ or contact Users News / PeerLine at 1800 644 413 or usersnews@nuaa.org.au

WE WANT YOU!

To help us with an important piece of work about **Long-acting Injectable Buprenorphine (LAIB)** aka 'depot bupe'

Your experiences on LAIB are needed for this ethics-approved research study.



IF YOU ARE

- Currently on LAIB
- About to start LAIB

WE WANT PEOPLE LIVING IN RURAL OR METRO NSW.

Your experiences with LAIB are wanted!

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

Call NUAA on 1800 644 413 to learn more!



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 (FDS)	1300 368 186	(24 HRS, 7 DAYS)
NUAA PeerLine:	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)

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 East Sydney Drug and Alcohol Services (The Langton Centre, St George, Sutherland)	1300 001 258
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	Location	Phone No.	CL	D	C	N	O
Albury	6058 1800	x	✓	✓	x	x	Moruya	4474 1561	✓	✓	x	x	x
Armidale (Inverell/Tamworth)	0427 851 011	✓	x	x	x	x	Mt Druitt	9881 1334	✓	✓	✓	✓	✓
Auburn Community Health	8759 4000	x	✓	x	x	x	Murwillumbah	6670 9400	x	✓	x	x	✓
Ballina	6620 6105	x	✓	x	x	✓	Narellan Community Health	4640 3500	x	x	x	x	x
Bankstown	9780 2777	x	x	x	x	x	Narooma	4476 2344	✓	x	✓	x	x
Bathurst	6330 5850	x	✓	✓	x	x	Newcastle HARM	4016 4519	✓	x	x	x	x
Bega	6492 9620	✓	x	✓	x	x	Nimbin	6689 1500	x	✓	x	x	✓
Blacktown	9881 8767	✓	✓	✓	✓	✓	Orange	6392 8600	✓	✓	✓	x	x
Bowral Community Health	4861 8000	x	✓	x	x	x	Parramatta	9687 5326	✓	✓	✓	✓	✓
Brookvale Community Health Centre (Beaches NSP)	9388 5110	x	✓	✓	✓	✓	Penrith/St Marys	4734 3996	✓	✓	✓	✓	✓
Byron Bay	6639 9675	x	✓	x	x	✓	Port Macquarie	6588 2915	✓	✓	✓	x	✓
Campbelltown, Liverpool, Camden Hospital ED	8738 6650	x	✓	✓	x	x	Queanbeyan	6150 7150	✓	✓	✓	x	x
Canterbury HARM	9718 2636	x	x	✓	✓	x	Redfern HARM	9395 0400	✓	✓	✓	✓	x
Cooma	6455 3201	✓	✓	x	x	x	Rosemeadow Community Health	4633 4100	x	x	x	x	x
Dubbo	6841 2489	x	✓	✓	x	x	Springwood Community Health	4751 0100	x	✓	x	x	x
Gosford	4320 2753	x	✓	✓	x	✓	St George	9113 2944	x	✓	x	x	x
Goulburn Sth East	4827 3913	✓	✓	✓	x	x	St Leonards (RNS Community Health Centre)	9462 9040	x	✓	✓	✓	✓
Grafton	6641 8712	✓	✓	✓	✓	✓	Surry Hills ACON	9206 2000	✓	x	✓	x	✓
Hornsby	9477 9530	x	✓	x	x	x	Surry Hills NUAA	8354 7343	✓	✓	✓	✓	x
Ingleburn Community Health	8788 4200	x	x	x	x	x	Sutherland	9522 1046	x	✓	✓	✓	x
Katoomba/ Blue Mountains	4782 2133	x	✓	x	x	x	Sydney Hospital	9382 7440	x	✓	✓	✓	x
Kings Cross KRC	9360 2766	✓	✓	✓	✓	✓	Tahmoor	4683 6000	x	x	x	x	x
Lismore HARM	6622 2222	x	✓	x	x	✓	Taree	6592 9315	✓	✓	✓	x	x
Liverpool	8738 6650	x	✓	x	x	x	Tweed Heads	07 5506 7504	x	✓	x	x	✓
Marrickville HARM	9562 0434	x	✓	x	x	x	Wagga Wagga	6938 6411	x	✓	✓	x	x
Moree	6757 0000	x	✓	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

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
9am-5pm Monday to Friday
For more information visit
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.