



# 86 Rural Edition

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

**METHADONE  
6 MONTHS WAIT**

**TREATMENT FOR ICE  
SYDNEY**

**NSP  
2 HOUR ROUND TRIP**

**HEP C TREATMENT  
746KM**

**NUAA**

NSW USERS  
AND AIDS ASSOCIATION

HEPATITIS C

Support and Understanding



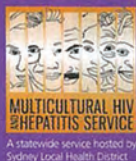
*“Would you like to talk to someone who understands your culture, and what it’s like to be on hepatitis C treatment?”*

**(02) 9515 1234**



**131 450** Translating and Interpreting Service

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



Health

ENGLISH  
AMHARIC  
ARABIC  
CHINESE  
DINKA  
HINDI  
ITALIAN  
KOREAN  
POLISH  
SERBIAN  
SOMALI  
SWAHILI  
TURKISH

We understand that hepatitis C treatment can be difficult and can provide you with support in your language. Ask the nurse or social worker for information in your language about this service. The service is free and confidential.

በጊጥታይተስ ሲ. ኤክዎና ውስጥ ማለፍ አስቸጋሪ እንደሆነ እንረዳለን፤ ስለዚህም በራስዎ ቋንቋ እንዲረዱ እናደርጋለን። በቋንቋዎ ስለአገልግሎቱ መረጃ ለማግኘት ነርስ ወይም የማኅበራዊ ሠራተኛ ይጠይቁ። አገልግሎቱ ነጻና ሚስጥሩ የተጠበቀ ነው።

نحن نعلم أن علاج التهاب الكبد “سي” يمكن أن يكون صعباً ويمكن توفير الدعم لك باللغة العربية. اطلب من الممرضة أو الاختصاصي الاجتماعي معلومات عن هذه الخدمة باللغة العربية. هذه الخدمة مجانية وسرية.

众所周知,丙型肝炎的治療绝非易事.我们可以用您的語言提供適當的服務和支持.如需用您的語言查詢此項服務,請與護士或社工聯絡.此服務是免費和保密的.

Acuk deet lon ril bëc de tuaany ë yäpataitith C yic ku yok aye koc kony në thondu. Thiëc dubëc (ran ye koc beec panakïim) ka ran lui keke të piir koc thïn në ajuëer de yee lon kãn bï yin lëk wël juëc kök. Ajuëer de ye lon kãn aye gaam të cïn wëu ku kã cïi lueel aci yee luöp ran dö.

हम समझते हैं कि हेपेटाइटिस C का उपचार कठिन हो सकता है और हम आपको अपनी भाषा में सहायता प्रदान कर सकते हैं। इस सेवा के बारे में अपनी भाषा में जानकारी पाने के लिए नर्स या सामाजिक कार्यकर्ता से पूछें। यह सेवा निशुल्क व गोपनीय है।

Comprendiamo che sottoporsi al trattamento per l’epatite C può essere difficile, e possiamo fornirti aiuto nella tua lingua. Chiedi ad un infermiere o ad un assistente sociale di fornirti informazioni nella tua lingua su questo servizio. Il servizio è gratuito e confidenziale.

저희는 C형 간염 치료가 상당히 힘들다는 것을 이해하며 여러분에게 한국어로 도움을 제공해 드릴 수 있습니다. 간호사나 사회 복지사에게 이 서비스에 대한 한국어로 된 정보를 달라고 요청하십시오. 이 서비스는 무료이며 기밀이 보장됩니다.

Zdajemy sobie sprawę z tego, że proces leczenia żółtaczki typu C może być trudny i zapewniamy Ci pomoc w Twoim języku. Poproś pielęgniarkę lub pracownika socjalnego o informacje o tej usłudze w Twoim języku. Usługa ta jest bezpłatna i poufna.

Ми разумемо да примање третмана за хепатитис Ц може да буде тешко, зато вам пружамо подршку на вашем језику. Замолите медицинску сестру или социјалног радника да вам да информације о овој служби на вашем језику. Ове услуге су бесплатне и поверљиве.

Waxaan fahanay in hepatitis C daawaynteeda ay adkaan karto waan ku caawinkarnaa anagoo ku hadlayna luqada somaliga. Weydii nursiyada ama shaqaalaha soshalka ushaqeeya faahfaahin dheerad ah oo ku saabsan sidaan ku cawinkarno. Maamulkaan wax lacag ah lagaama qaadayo.

Tunaelewa kuwa matibabu ya hepatitis c yaweza kuwa magumu, tunaweza kukupa msaada kwa lugha unayotumia. Uliza kwa nesi au mhudumu wa jamii maelezo juu ya huduma hii kwa lugha yako. Huduma ni bure na siri ni haki yako.

Hepatit C tedavisinin zor olabileceğini anlıyoruz; bu nedenle size kendi dilinizde destek sağlayabiliriz. Bu hizmete ilişkin kendi dilinizde bilgi almak için, hemşireye veya sosyal hizmet uzmanına danışın. Hizmet ücretsiz ve güvenilirdir.

# USER'S NEWS 86

# RURAL

## CONTENTS

<i>Editorial</i>	<b>4-5</b>
<i>Guest Editorial</i>	<b>6-7</b>
<i>Letter to the Editor</i>	<b>8</b>
<i>What is Harm Reduction Australia?</i>	<b>9</b>
<i>ADIS in the Bush</i>	<b>10-11</b>
<i>Advocating for Access</i>	<b>12-14</b>
<i>On the Road with Jack</i>	<b>15</b>
<i>HCV in the Bush</i>	<b>16</b>
<i>Go Ask Alice</i>	<b>17 - 18</b>
<i>Ice Use in the Bush</i>	<b>19 - 21</b>
<i>Hep C Transmission</i>	<b>22 - 23</b>
<i>C it My Way</i>	<b>24 - 29</b>
<i>Stay Alive: Fentanyl</i>	<b>30 - 35</b>
<i>User Bites</i>	<b>36 - 39</b>
<i>Just Drop Off the Key Lee</i>	<b>40 - 41</b>
<i>Taffy in "A Friend in Need"</i>	<b>42 - 47</b>
<i>How to Ace a Blood Test</i>	<b>48 - 49</b>
<i>Recipes that Cherish the Liver</i>	<b>50 - 53</b>
<i>Puzzles</i>	<b>54</b>

EDITOR: Leah McLeod

Call the UN Editor on 02 8354 7300 or email [leahm@nuaa.org.au](mailto:leahm@nuaa.org.au) to discuss submitting writing or artwork for UN; being interviewed; or being on the Editorial Board.

#### COMMITTEES

USER'S NEWS RESOURCES ADVISORY NETWORK: Sara Adey (Chair), Craig David, Gary Gahan, Grace Crowley, Jake Rance, Jason Grebely, Joanne Brown, Kate Pinnock, Kylie Valentine, Leah McLeod, Nadine Ezard, Natalie Beckett, Tiffany, Tony, Tracy.

MEDICAL & TECHNICAL COMMITTEE: A/Prof Nadine Ezard, Dr Robert Graham, Dr David Banner, Dr William Huang, Denis Leahy, Dr Frank McLeod, Dr Hester Wilson

ADDITIONAL DESIGN: Margaret Allan

WRITE TO US AT: PO Box 350, Strawberry Hills, NSW 2012  
 PHONES: (02) 8354 7300 or 1800 644 413 (toll free) F: (02) 8354 7350  
 EMAIL: [usersnews@nuaa.org.au](mailto:usersnews@nuaa.org.au) OR [nuaa@nuaa.org.au](mailto:nuaa@nuaa.org.au) OR [leahm@nuaa.org.au](mailto:leahm@nuaa.org.au)  
 SOCIAL MEDIA: TWITTER: @NUAANSW FACEBOOK /nuaaansw  
 WEBSITES: VISIT UN AT [www.usersnews.com.au](http://www.usersnews.com.au) VISIT NUAAA AT [www.nuaa.org.au](http://www.nuaa.org.au)

ADVERTISING: Approved advertisements will be relevant to the objectives and aims of NUAAA. In special circumstances, advertisements will be accepted if they are perceived to be of general interest to User's News' readership. User's News takes no responsibility with respect to the claims made by advertisers. The publication of an advertisement in User's News is not an endorsement of the advertisers, products and/ or services featured. To advertise in User's News, please contact the editor on (02) 8354

7300, or at [usersnews@nuaa.org.au](mailto:usersnews@nuaa.org.au).  
 DISCLAIMER: The contents of this magazine do not necessarily represent the views of the NSW Users & AIDS Association, Inc. (NUAA). NUAAA does not judge people who choose to use drugs illicitly, and User's News welcomes contributions which 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 NUAAA does not encourage anyone to do anything illegal. While not intending to censor or change their meaning, User's News reserves the right to edit articles for length, grammar, and clarity. User's News allows credited reprinting by community-based groups and other user groups with prior approval, available by contacting NUAAA. Information in this magazine cannot be guaranteed for accuracy by the editor, writers, or NUAAA. User's

News takes no responsibility for any misfortunes which 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. User's News is not intended for general distribution. ISSN #1440-4753.

NUAA would like to show respect and acknowledge the Gadigal people of the Eora nation as the traditional owners of the land on which User's News is published. We respectfully acknowledge all Aboriginal nations within NSW where this magazine is distributed.

## Editorial

# TREE CHANGE



**E**arlier this year I made a “tree change” after living most of my adult life in the inner city. I now live in a beautiful regional spot and do “the commute” to work. I have kookaburras, bowerbirds and cockatoos in the yard, possums in the attic and frill neck lizards under the house. I love it. This is my Bonnie Doon.

Yup, just like Darryl Kerrigan in *The Castle* I regularly sigh with contentment and say those famous words: “So how’s the serenity?”. The family agrees and together we sprawl on the verandah, feeling smug.

When I first arrived to check out the area, I chatted to some very friendly locals sitting in the park, obviously “my people”. I wanted to know what it was like to live there. To a person they loved it, shrugging off the idea of discrimination: “It’s there, but not as bad as some places” was the verdict.

That was before at least four different groups of people warned me about the “junkies” in the “houso” flats in my street who would be stealing my stuff in quick order if I wasn’t careful. And that was just the first day.

So it was that I have found the place amazingly crime free, but not discrimination free.

I have had to keep my doctor and chemist in the city. Local transport is poor in both coverage and frequency. None of the doctors around here bulk bill, not even for Health Care Card holders or children. The only methadone dosing point in the district lies between two train stations and I don’t own a car. The local chemist refused to stock the medication my husband needed to cure his hep C. And, we found out in the worst possible way, they don’t do needle exchange.

Cue the weekend we had gear, but no fits. Yes, it can even happen to someone who has an NSP where they work. I had given my stock of “old” Terumos to a mate having trouble with the transition. To replace them I had, in a rush, grabbed a handful of syringes without needles but didn’t realise til I opened them to make the shot up. I quickly got on the net to find a close pharmacy that provided fits, or an NSP that was open weekends. No luck. The hospital was not easy to reach without a car.

We discussed renovating a couple of fits from our fit bin. We knew we couldn’t tell which fit had been used by whom. We bemoaned that we hadn’t washed them straight after we used them, meaning there was blood residue dried hard. We realised we were out of bleach.



The big issue was that my husband had just cleared hep C after living with it more than 40 years but I hadn't been tested recently. I simply didn't feel we could take any risk that might see him reinfected. After years of him doing his best to protect me, I needed to protect him.

Had I been in the city, my options would have been wider. Yeah, I was made to feel a little uncomfortable by reluctant staff at the needle exchange pharmacy in my old neighbourhood. Still, it was preferable to this wall I was hitting in the country.

Enter, Stage Right: the performance of a lifetime straight from "back in the day" before NSPs. I went to the local pharmacy to try and blag some 1ml completes, armed with an updated version of a story I used regularly thirty years ago. It involved a borrowed diabetes ID card. I tried a direct approach first - simply asking them for fits. However I found I needed to explain myself - and intravenous drug use was not going to win me any friends or fits. Ten minutes of dance-about and oozing charm moved me ever closer towards 5 sterile fits at (ka-ching!) \$9. What an amazing amount of work I put in for something I should get with respect and for free. I should not have to deceive to get a health product I am legally entitled to, simply because the chemist disapproves of needle exchange.

Let's call it acting and give me an award... I would like to thank the War On Drugs for giving me a shady script to act out and the character of Scamming Junkie to work with. I would like to thank Stigma and Discrimination for helping me hone my skillset of lying, cheating and blagging.

I would also like to thank Harm Reduction for teaching me that sharing used fits is unacceptable and the Drug User Movement for encouraging me to stand up for my right to good health. Mostly, I would like to thank My Community. Only you understand how much I am underplaying the humiliation I felt at needing to play out this drama. And only you will re-frame the whole experience, wash away the shame and congratulate me on my strength and self-respect. Because of course I am not recommending civil disobedience as a prime M.O. yes I would have preferred a straightforward approach; but I am glad we didn't reuse - and that's my bottom line.

People who live in the country should have the same rights to health care as their city mates. We should have the same access to services, to doctors and chemists, to pharmacotherapy, to sterile equipment, to be able to hold our head high in self-respect.

My health and the health of my family matters to me. And I will fight for the right to be as safe as I can be.

# IN THE BUSH

**M**y journey began in the 1970s. From an early age, I was living a life of sex, drugs and rock'n'roll on Sydney's inner city streets. Drugs were everywhere and they were cheap. However, drug education and services were nonexistent. There were no needle exchanges. Glass fits with steel tips cost \$50 (the same as a half gram of heroin) and were hard to get. Blood borne viruses were rife but not many people knew or cared about them. Practically everyone shared their needles.

For me, a growing drug habit came with a life of crime. I stole to maintain my habit, leading to many years within the NSW prison system as well as rehabs. By my late 40s, the physical and mental challenges were taking their toll.

I decided my life had to change. I stopped using heroin and cannabis "cold turkey". I wanted a university education and got support through a government program for indigenous people.

I went on to use my first hand experience in my career and as a volunteer. I served on the boards of Hepatitis NSW and Hepatitis QLD; worked for Aboriginal Legal Services and Land Councils; and advised on drug use in schools and at a police academy.

I have lived in regional areas for the last 20 years. It seems to me that although city dwellers understand drug issues better, not much has changed in rural and regional areas. Stigma results in denial - "there are no drugs in our community" - despite an increase in drug use in country areas.

Trying to get drug programs in rural areas is extremely difficult. I remember 10 years ago the independent MP of a regional electorate in Queensland set up a funded needle exchange. Run by volunteers, it was effective as it offered privacy and respect. This service only lasted a few months before the MP lost her seat at the next election. The new MP ended the programme and returned the \$50,000 funding claiming the service wasn't necessary as the town didn't have a drug problem! Providing funding to drug programs isn't a "vote winner". It's not easy to prevent blood borne viruses when there is denial that injecting equipment is needed.

There is irony in this denial because in the country everyone knows who is taking drugs and they are discriminated against. Very few people will give a drug user a chance; even fewer want to give you a job. There is no support from any direction for rural people who take drugs.



Drug use has increased in country areas along with rising unemployment. There is little community support for young people; most rural towns don't even have an activities club for kids. Boredom and lack of hope for the future are major factors.

In addition, we have people who use drugs who make a sea or tree change from the city hoping to reduce their use. However, they need support. It is not as easy as simply moving house; they need to know there is a light at the end of the tunnel and that there is a way out.

Sadly, the level of assistance for problematic drug use has not kept up with demand, particularly in rural areas.

Rural users are put off hep C treatment due to wait times. I had to see a series of different health care providers before I was accepted for the new hep C treatment. It's clear we need more outreach services, electronic appointments and a streamlined testing system.

Distance is also an obstacle for users in rural areas; we need reliable, affordable public transport. I have a car and it's still a two hour round trip for me to get to my closest hep C treatment facility.

It makes sense that GPs can prescribe hep C treatments, however many are intimidated by this complex virus, with its genotypes, various treat-

ment regimes and the alcohol and drug connection. There should be information packages and offers of support going to GPs routinely.

People who use drugs and people who are looking to change or stop their drug use both need regular support. I would like to see easier access to injecting equipment, drug treatment and hepatitis C treatment. In addition, addressing stigma must be a priority. Using drugs may not be everyone's idea of a good life choice, but ignoring the issue is not the solution.

From that kid on the streets of Sydney to the young man in jail to the older man living in the country, I am now living a life after drugs. I am a leading member of the community with a university education and the ability to make change happen. I have a new life and family with a beautiful 2 year old baby boy. My health is in order, including treatment for hep C. If 20 years ago anyone had told me this would be me, I would have said they were dreaming. I want all people who use drugs to have the belief in themselves to live the life they want to live. For that to happen, the infrastructure that supports them must grow and the stigma that tears them down must die.

## Letters to the Editor

# EX-PEER-ENCING FRIENDSHIP



Dear Editor,

*I live in the country. The problem with little country towns and having to be discreet and 'passing' or laying low is that we just don't have enough access to information and we feel isolated. We learn to rely on our friends, our drug-using peers, a lot out here. We help each other out with new fits, lifts, gear and general support. It's important to have someone to bounce things off, someone to be with so you're not using alone in case you drop.*

*Recently I became friends with a woman who is a drug user activist and used to work as a peer educator in another state. My mind has been blown by what it did not know. A whole new world has opened up. I never even knew about drug user organisations or International Drug Users' Day. I am inspired and empowered to hear about paid peer educators working in NSPs and teaching things like 'overdose prevention training' and hep C awareness training and how to use wheel filters!*

*Sure we have an NSP in the next big town - for me that is about a half hour drive and that's fine. But it's run by someone who isn't a peer and who only has an academic understanding of drug use. She's friendly enough but I don't really have anything in common with her and so I don't ever just "stop to chat".*

*Nor does she seem to have the right sort of knowledge to be of help to us. To give an example, a couple of months ago, the hospital received 1.2 red wheel filters instead of .2 blue bacterial ones. Instead of returning and re-*

*dering, they sold them in the vending machine as though they were able to be used in place of the blue ones. The red ones are not fine enough and do not filter out bacteria. I only know about the difference because my friend told me - otherwise I would have used them. The bureaucrats in the hospital system don't know or care and because there is no peer educator who truly understands the importance of harm reduction in practice, there is no one to say "that's not OK".*

*How amazing would it be if all NSPs in NSW were run by peers. We could get proper support and harm reduction messages by people who actually know enough and care enough to get it right. I would go as far as to say that we wouldn't have such a high number of people with a blood borne virus if NSPs had been run as peer services right from the beginning.*

Jo

Dear Jo,

*Thanks for this. Peer workers and peer services are certainly a vital plank in the harm reduction story. No-one can deny that peer education works and PeerLink is one example of how we empower local peers. We have successfully supervised some wonderful Peer Support Workers and people love coming into the NUAA NSP and experiencing the difference a peer service makes. There is a lot of scope for NUAA to both take over services currently run by other organisations and to start some innovative services. Let's hope the funding ears are listening!*

*Having said that, most harm reduction workers do an awesome job and we are grateful for their skills in delivering health services to people who use drugs throughout NSW. Many people with little first-hand experience of drug use have been our passionate partners.*

*And don't assume that just because a worker is not an "out" user that they do not use or have drug use lurking in their past somewhere! Many people are not allowed to declare their drug use due to organisational concerns about boundaries but we don't have to scratch them too deeply to find "one of us"!*

Best Wishes,  
Leah



# WHO IS HARM REDUCTION AUSTRALIA?

**Gino Vumbaca, President**

**Harm Reduction Australia (HRA)** is a fairly new player in the arena of harm reduction in this country. Launched in late 2015, this first nationwide harm reduction organisation seeks to reduce the health, social and economic harms that might be associated with drug use.

In its broad principles and goals, HRA echoes and complements the philosophy and methods that have been central to the untiring work of NUAA since its beginning in 1979.

HRA is independent, entirely membership-based and represents the views of its members. Our members are primarily people working in the health, welfare and law enforcement sectors, but our ranks also include drug consumers, concerned family members, students and other individuals wanting to advocate for the continuation and expansion of harm reduction policies in Australia. Since its start, HRA has been committed to listening to its members, supporters, partners and advocates.

HRA aims to be realistic. We want to do the most good for most Australians. We neither condemn nor condone drug use but simply recognise that drug use occurs and it is important to minimise any harms it may cause. HRA takes a strictly non-judgmental approach to drug use. We embrace the key role people with lived drug use experience must play to make drug policy solutions effective. HRA works in a way that is consistent with the pioneering footsteps of peer-based user organisations in Australia and internationally.

International health experts agree that Australia has one of the world's lowest rates of HIV among

people who inject drugs; the evidence is clear that this success is a result of the early introduction of needle and syringe programs, as well as the ongoing commitment of peer-based, user-driven and user-controlled organisations.

There is a saying in politics that a bad idea is an orphan and a good idea has a thousand parents...there is some truth to this when one looks back at the potential HIV epidemic that faced Australia in the 1980's. Despite the claims of some, if not many, the success in Australia was achieved because of a combination of boldness, courage and determination from a number of people.

The work of the peer-based organisations has never received the credit that others received, or claimed in some cases. However, for those of us with a true sense of history, it's clear that what was achieved could not be repeated without their leadership. In the end, there are those that understand the concept of 'nothing about us without us' and there are those that don't. HRA is proud to say that we not only understand it but our organization lives by it.

In designing and implementing its own policies, HRA strives to pay close attention to the expertise and experience of those who know first-hand the pleasures and harms of drug use and how to manage the risks.

We aim to educate decision makers, the media and the general public that, harm reduction within a human rights approach is the most effective and legitimate way of dealing with the harms of drug use. Just like the members of all peer-based networks, we strive to work with our members towards reforming current drug policies. We want to see the end of with imprisonment, stigmatisation, discrimination and human rights violations against the people who use or have used drugs.

To give us the best chance of promoting health, human rights and dignity for people who use drugs and for all Australians, we invite all members and supporters of NUAA to also join the growing ranks of Harm Reduction Australia.

Making our collective voices heard is crucial if we are to achieve more humane, effective and balanced drug policies in Australia and beyond. To help, you can show your support by joining through our website at:

<http://www.harmreductionaustralia.org.au>

# **ADIS BRINGS IT WHENEVER, WHEREVER**

**Would you like** to discuss making changes to your drug use? Perhaps you would like to know more about the effects of combining different drugs, or where to get sterile injecting equipment in your area?

ADIS (Alcohol and Drug Information Service) is just a phone call away. It never shuts. ADIS is here for you all day, every day - even Xmas day!

If you live in rural or remote NSW or in the middle of the city, ADIS is here to support you. It is confidential and anonymous. You can talk as long as you want for the cost of a local call.

## **Sydney Metropolitan Area**

**02 9361 8000**

## **Rural or Remote NSW Free Call**

**1800 422 599**

ADIS staff are skilled health professionals. The team provides information, advice and support to people with questions relating to their own use as well as those wanting information regarding their family or friends who use substances. Every year we answer over 20,000 calls and no two calls are the same.

ADIS offers quality counseling, education and referral and we can locate and refer you to whatever service you need in your area.

ADIS provides up-to-date, evidence based advice. A few of the things ADIS can help you with are:

**Where to find new injecting equipment**

**How to manage the risks around drug use**

**Managing withdrawal**

**Strategies to manage your use**

**Strategies to become and stay abstinent**

**Where to find detoxes and rehabs and what their guidelines and rules are**

**How drugs work in the body**

**How to talk to a friend or family member about your drug use**

**How to talk to people if you have a blood borne virus and they need to know**

When you call ADIS the counselor will listen, ask questions and work to find the best solution for you including referrals to treatment. ADIS counselors do not use a script, calls are not recorded and your anonymity is protected. You will be asked details like postcode, age, gender and cultural background; this information is kept private and used for service planning. You do not have to give this information.

We know that it is often difficult to get into a service. If needed, we can give you support until you can access a local service. This support is free.

---

## **ADIS has other information and support**

Opiate Treatment Line: 1800 642 428

Information on methadone and buprenorphine, finding a prescriber, your rights and responsibilities, managing withdrawal

Stimulant Treatment Line 1800 101 188 or 02 9361 8088

Specialist help around stimulant use such as ice.

[www.yourroom.com.au](http://www.yourroom.com.au) provides information on drug use and features a web chat service for real-time on-line drug and alcohol counseling.

ADIS is funded by the NSW Ministry of Health's Centre for Population Health and is managed by the Alcohol and Drug Service at St Vincent's Hospital Sydney.

# ADVOCATING FOR ACCESS

## Health Care for Pregnant Women Who Use Drugs

**The Medically Supervised** Injecting Centre (MSIC) in Sydney's Kings Cross was set up in May 2001 in response to a high concentration of street drug use and overdoses in the area. The service was operating as a "trial" for many years and has been exhaustively evaluated with research finding the service saves lives and improves the local area. In spite of broad support from the local community, the public and the evidence, it is still under scrutiny and in 2016, the public was invited to put in submissions as part of a five-yearly review of the the service. NUAA's submission was based on consultation with service users and workers and recommended identified peer support, an examination of policing, that NSP services be available, allowing intoxicated persons to access the service and a review of the circumstances under which clients are banned. We also recommended that people under the age of 18 and pregnant women be allowed to access the service - recommendations that were supported in many submissions.

In August, prior to the Cross Party Harm Minimisation Round Table in NSW, then Deputy Troy Grant attacked the idea that pregnant women should be admitted to the MSIC in the Daily Telegraph saying that the idea was "ridiculous" "offensive" and that "these people are absolutely off their rockers". NUAA CEO Mary Harrod spoke at the Summit of her own experience as a pregnant woman who injected heroin, how difficult it was to access services and the fear that her child would be removed. She also spoke of how public figures like the Deputy Premier should be mindful that vulnerable women needing access to harm reduction and medical care don't need the scorn of public officials, they need support and care.

This is the story that appeared on ABC Radio after the Summit, with Mary's story and an interview with Marianne Jauncey, the Medical Director of the MSIC.

# Advocate of allowing pregnant users access to injecting room speaks from her own experience

Lindy Kerin

**A highly controversial** proposal is being made to allow pregnant women access to Australia's first and only medically supervised injecting centre in Sydney's Kings Cross.

A team of medical specialists working with pregnant women who are using drugs will meet with the state's Assistant Health Minister Pru Goward today to argue the case for her to lift the ban on pregnant women entering the centre.

Mary Harrod is one of the proposal's advocates and the public face of the NSW Users and Aids Association, and she has her own story of drug addiction.

She started injecting heroin about a year before she became pregnant and continued to use until she was about seven months' pregnant.

Ms Harrod said she found it extremely difficult to get help and the threat of her baby being taken away from her loomed over her.

"You're just crazy worried about it, when you're in that situation ... will the child be healthy?" she said.

"And when you're told that essentially you're in this bind of where you can't stop using street drugs, because if you go and seek treatment you're putting yourself in the hands of authorities."

She said the fear was always that though authorities like the Department of Family and Community Services might be there to help people like her, there was also the lingering worry that they might "have another agenda".

"Which is the typical one where people that use drugs are inherently bad and evil, that's the story we're spun, and you internalise that and you believe it," she said.

Ms Harrod eventually found a treatment place that promised to help her with her addiction and to help her keep her baby.

She went through a managed withdrawal program and her son was born without a dependency.

Ms Harrod said access for pregnant women to the injecting room was a "necessary health service" for a vulnerable group.

"[A pregnant user] is not going to go somewhere else for health care, she's not going to go to her GP and volunteer that kind of information," she said.

"At least when you're in the injecting centre, people know why you're there, that's a hurdle that you don't have to get over."

She said if she had lost her child back then, she does not know where she would be today and how her son would have turned out.

"I doubt very much that he would have just graduated from Harvard," she said.

"If we can support people to keep their children, to keep their families intact before it gets to a point two years down the track, where everything is falling apart ... if we get them early and support them, the outcomes for everybody will be a lot better."

The medically supervised injecting centre on Darlinghurst road was set up nearly 16 years ago after a huge spike in the number of fatal heroin overdoses.

Dr Marianne Jauncey, the medical director of the Uniting Medically Supervised Injecting Centre in Kings Cross, said the biggest danger for pregnant women using was for them to stop suddenly.

“Because that will cause her body to go into acute withdrawal, and that is what has a most negative effect on the pregnancy,” Dr Jauncey said.

“If it’s early in the pregnancy that’s likely to lead to an early miscarriage, and if it’s late in the pregnancy, it’s likely to lead to premature labour.”

Dr Jauncey said that the safest thing was for the pregnant woman to be allowed access to the health facility, where they would be kept safe by the staff.

“I believe we’ve got a better chance if we allow her in, to get her in to those specialist treatment services,” she said.

The Kings Cross centre is the only one of its kind in Australia and there would have to be a change in legislation before another centre opened.

Originally published on the ABC News website

<http://www.abc.net.au/news/2016-09-07/proposal-to-allow-pregnant-users-access-to-injecting-room/7821744>)



## User's Stories

# ON THE ROAD WITH JACK

I was made a Ward of the State at 13. I was discharged at 16, given two weeks' notice to find a place to live or I would be referred to a men's shelter. I ended up renting a room and fell in with a much older guy. He would come in my window at night when I was asleep and give me a shot of ice, then I'd go and rob for him. It's always been uppers for me, for over ten years.

That guy used to give me the ice already mixed up, in the syringe. I think that's how I got hep C. I know now not to let other people mix up my shots, especially someone who doesn't give a fuck about me. But then it was about getting free drugs, so I didn't even think about it.

I've been in jail three times. After I got out the last time, I ended up in a country town with a mate of mine who was a local and I haven't left. I like it. I fell in love here and we're pretty happy. I'd like a ring on her finger; I'm hoping that will happen soon. She's got kids and I see them as my kids too. I see I have responsibilities towards them, like being as healthy as I can be so I can care for them.

I thought my hep C would be a deal breaker for my relationship. One day not long after I had hooked up with my girlfriend, we were driving down the road and we see some people who use drugs. She says, "Look at those filthy disease ridden fuck-ups". I knew they were like me; she was talking about me. I felt terrible. So I really thought on that and a few days later I said to her "Look, I don't think we're going to work out." She says, "No, don't say that, we're doing really well." I bit the bullet and said "You remember those "filthy disease ridden" drug users? Well

I've got that disease, I've got hep C. If that's what you think of them, that's what you think of me." She backpedalled, "Fuck, I shouldn't have said that, that was a stupid thing to say". She was shocked but she thanked me for my honesty and apologised for being judgmental. In the end she was supportive and we're still together.

I found out I had hep C last time I was in jail but I didn't do anything about it.

The nurse in jail told me I could pass it on to other people through my blood, so I have been really careful about that, not sharing my fits with anyone else. When you are in a situation where there are more people than there are new fits, the anxiety levels really go up. I've gone last in those situations, knowing I had hep C. Even if I knew someone else there had it too and it was risky. More than anything, I don't want to transmit hep C to someone else. I would hate that.

I did start slowly telling people in my family. It was my Dad who found out about the new treatments. He rang me because he had seen something on TV. He told me to go to a GP and ask. I did that, but the doctor here in town didn't know anything about it.

The doctor asked me about drugs and alcohol. I haven't injected every day or even every week for a couple of years now. Sometimes I use behind my girlfriend's back, but not very often. But I was drinking every day. The GP told me that unless I gave up alcohol, there was nothing doing, he wouldn't recommend me for treatment for anything.

I tried to stop drinking on my own, cold turkey. I didn't realise how dangerous that was with alcohol and I had a seizure.

I was referred to a drug and alcohol counsellor. He told me I could be treated for hep C even if I was drinking or using. He set me up with some appointments at a community clinic where I feel respected. I've learned a lot about hep C in the process. I've had my bloods done to find out my genotype and have a fibroscan booked. When all the results come together, I am going on treatment.

Drinking so much is definitely affecting my health. I just got onto naltrexone to try and stop drinking. I'm doing really well. And I will do the hep C treatment. I want to be healthy. I don't want to infect people. I don't want to have to tell people I have hep C, but I don't want to have to feel that I am holding something important from someone I love. I just want it gone.

## User's Stories

# HCV IN THE BUSH

I live in a large town in NSW, I've lived here most of my life. I'm 24 and I've been using for about 8 years now, mostly ice and oxies. I just started on Suboxone a few months ago, and that's going really well.

I'm one of those people who gets 2 boxes of fits every time I come to the Community Centre, even if I haven't finished the last 2 boxes. The Centre has a room full of equipment and you can just take whatever you want, so I do. I think it is important to have plenty of new fits. When I was using a lot I always made sure I was stocked up and that I carried freshies on me all the time. Even though I'm not injecting, I haven't got rid of the fits. People know I always have heaps, so they can come to me if they don't have any.

I have just been tested for hep C. I was with a mate and he needed to go to the AMS (Aboriginal Medical Service) so I went with him. He was getting tested and they asked me if I wanted to get tested too, and I thought it was a good chance to do it. I haven't got the results back but I'm pretty sure I've got it.

Last time I was in jail I used. It was the first time

I had used in jail, but I went in sick and it was all there so I did it. I think the needle was cleaned with Fincol, I know there was Fincol around, but you know, I wouldn't have a clue how often they did it. I didn't do it. The truth is, I didn't know anything about the fit, where it came from or whatever. It was a cut off and had done the rounds

a fair bit. It wouldn't have made any difference, so I didn't bother myself with it. It's what I needed to do at the time and I did it. But that's where I got hep C because it's the only time I've ever used someone else's fit.

Part of the reason I always have heaps of freshies is I never want to be in a situation out here where I pass on hep C. And having experienced a blunt jail fit and then being able to get a freshy every time, well you'd be an idiot if you didn't use a new one every time you use if you could. Outside I have never been in a situation when I didn't

have a new fit for myself. I make it a rule never to give my last one away.

When I get the tests back, I want to go on treatment as soon as I can. I really want to be healthy.

**Part of the reason I always have heaps of freshies is I never want to be in a situation out here where I pass on hep C**



## User's Stories

# GO ASK

# ALICE

**I tested positive** for hep C in 1991. Then I spent over 20 years as an ostrich, living as though I didn't have it. I didn't have too many symptoms and I figured if it wasn't affecting my day-to-day health, I could just ignore it.

That was before health "professionals" compromised my confidentiality one time too many for my liking.

I live in a rural area, having moved away from Sydney a few years ago. I love it, but it can be tricky to be an active community member and keep your privacy. I learned the hard way that when you live in the country you really need to be on guard so that your private information doesn't become general gossip.

Because some health professionals were indiscreet, I lost control of who knew I was living with hep C. I worried that some people might circulate rumours about me - getting most of it wrong. I also worried that they might spread misinformation about hep C. It's hard enough for those of us who care about how hep C affects our community to get all the info straight, let alone those who don't let the truth get in the way of a good story.

I experienced two breaches of confidentiality when I was giving birth to my child in our local hospital. The first was when I overheard nurses loudly discussing "the girl with hep C" in the public corridor outside my room. The second was just after I had delivered my baby. I was enjoying the moment with a couple of family members and friends who were unaware that I was living with hep C when the doctor came in and asked "How's the hep C going?"

The next incident happened at my GP's clinic, in a crowded waiting room. The receptionist asked me in a very loud voice if the blood results I was enquiring about related to hep C.

The final straw was when I was being admitted to the local hospital for a procedure. One of the booking staff verbally attacked me for not disclosing my hep C status to them, despite it being on my hospital file and there being no legal requirement for me to disclose - they are supposed to treat everyone the same way.

I never want to have these experiences again and it made me look at hep C treatment. It was just a peek - because I found out that the tests were painful, the chances of success were low, the side effects were high and being on treatment could take the best part of a year.

Then I read in User's News (UN edition #84: Harm Reduction Heroes) that new treatments for clearing hepatitis C are now available. I was impressed when I saw how high the success rate is and that the medications are affordable through the PBS. It made me think very seriously about getting treated.

I also read some information in User's News about confidentiality and hep C and the article included details for the Hepatitis Infoline. I decided to call them to talk through my situation. As well as telling me more about my rights and how I can complain, the person I talked to encouraged me to go on treatment. She told me what I could do to start the ball rolling. I had read that I could get treatment from my GP. The Infoline staff told me that not all GPs might feel confident to treat hep C, so they sent me a very

I could give to my doctor.

I decided I wanted to have a go at clearing my hep C.

When I went to my GP to ask him to get me tested and treated, he didn't know about the new treatments, so the info pack came in very handy. He wasn't confident but when he read the pack through properly he could see how straight forward the whole process

was. Not only could he help me, he can now help others. He arranged for the tests I needed and then I started on medication 12 weeks ago.

I took my prescription to the first pharmacy I saw after I left my GP. It was right next door to his medical centre. They were supplying

to others receiving treatment, so they knew the routine. They did have to order the meds in, which took a week, but that was actually all good - it gave me some extra time to get psyched up for it all.

I only had to take one tablet a day for 12 weeks. I had no side effects whatsoever. I felt fantastic throughout the entire treatment. I'm really happy with how easy it was to start the treatment and would

encourage anyone reading this to get treated.

Because guess what.... I'm cured! My PCR test done at the end of my treatment came up negative! While I still need to have confirmation in a few months, I am very pleased. Here's to good health!

## **“I FELT FANTASTIC THROUGHOUT THE ENTIRE TREATMENT”**

**Want to know more about hepatitis C and how to get started on treatment?**

**Need advice to complain about a health professional who has told someone you have hep C without your permission?**

**Want an information pack to take to your GP to let them know how to prescribe the new hep C treatments?**

**CALL THE HEPATITIS INFOLINE ON 1800 803 990**

## User's Stories

# ICE USE IN THE BUSH

When we were putting together this “Rural Edition”, we wondered what it was like as an ice user living in the bush? So one of our reporters found Geri and Will, who live and use ice in different parts of rural NSW and interviewed them about the sorts of issues they face. This is what they had to say...

# GERI

**UN: What do you think the hardest thing about using drugs in the bush is?**

Gerri: Living in a small country town makes it difficult to be an ice user. It's a nightmare - from scoring to trying to get new needles.

We are a small community, so everyone knows everyone. I'm a single mum with 3 children. I don't want my drug use to affect my children. I need to be careful to maintain my looks. Whether I'm hanging out or high, I try to look normal and fit in so no-one knows. Because if one person knows, everyone knows.

**UN: You mentioned it's hard to get new fits. Can you get them in town?**

Gerri: The one chemist in town is near my parent's shop and the pharmacist is my Mum's friend from the Country Women's Association, so I couldn't pick up needles there even if they sold them. There is no hospital close. Therefore I end up re-using. Sadly I know now that's impossible to do without consequences. I am living with hep C because I re-used someone else's fit. I thought I had been following the instructions for cleaning the fits properly but I obviously hadn't - at least once.

**UN: Have you tried to get treated for your hep C?**

Gerri: The big upside in my life at the moment is that I am on treatment for my hep C. A friend of mine was getting treated and told me where

to go. I decided I had to do it, for my kids. I am being treated at the hospital a few towns over. Each month I go there for tests and to get a new lot of tablets. At the same time, I stock up on new needles which solves that problem as well. I have another 2 months on treatment then I'll be back to the same dilemma. I may have to keep making the trek just for needles but it's a few hours round trip. It's hard to organise on an ongoing basis with 3 kids.

**UN: Are there other situations where you worry you will be "outed" as a drug user?**

Gerri: Scoring is very hard. My dealer lives above the pub and is "known" but it's the only way I can get ice here. I have to be very careful that I'm not seen "talking" to him too often.

**UN: Apart from getting new fits, what's the main thing you wish you could access that you think would be easier if you lived in the city?**

Gerri: One thing that frustrates me to no end is that there's no-one to talk to face-to-face. There's no "Drug and Alcohol" help. When I tried to get help from the hospital, I was told "Lifeline or your GP". I certainly cannot talk to my GP about drugs. He's been my family GP forever. He helped birth me and my kids as well.

So really all you have is your drug using friends. If you've had a big binge, only they can help you through the desperate downs afterwards. There is no other support. I get used to making it look like I am coping, but that can get really exhausting, really stressful. Sometimes you just need to talk but you don't want to be whinging to your mates all the time. I only have a few people I can trust so it can get a bit wearing. I would love someone I can trust to talk things over with. Someone who gets me but is not too close - a worker not a friend. Yeah and if they could bring me some new needles at the same time, it would be perfect!

**People are scared of ice so they're scared of people who use ice.**

# WILL

## **UN: What's the hardest thing about being a country lad and a drug user?**

Will: As a bloke who has lived in this town all his life and have generations of family history in the area, my drug use is a huge stress. Not only have I lost the respect of my family but all my relatives and close friends. Once one person knows, everyone does and the bad press around ice means there's a lot of fear. When you've been on it a while, it can show. There are some people who can tell you're on it. And they will tell your family and friends... nothing is secret here. Everything is fair game. They say it's concern, but really it's just gossip.

## **UN: How is it getting new fits for users?**

Will: Even though it's a big country town, there's only one hospital where we can get fits and one chemist in town which also doses methadone. If I'm seen going in there instead of our family chemist, people assume there's only a couple of reasons - on 'done or buying fits. I got hep C by sharing. I wouldn't go the hospital for fits because you've got to get them from the emergency waiting room, where everyone can see you. And I wouldn't go to the "druggies" chemist where you don't want to be seen. You can drive 3 hours to another town but you have to have a reason; people would want to know why you were going there.

Those of us who inject around here try to get someone to go to Sydney and get boxes of 100 fairly regularly.

## **UN: Have you had any treatment for hep C?**

Will: I don't hear much of what's going on with that sort of stuff except through friends who are heroin users and are on the 'done program. They tend to hear more but ice users just aren't connected in like heroin users are, so we don't hear a lot. I know there is stuff I would be eligible

for if I was on 'done but I'm not. I did get a list of private doctors who know about it in the area but I was told I would have to pay for all my tests and for the medication. I just can't afford it at the moment.

## **UN: Are there any particular issues that come from being an ice user in the country?**

Will: Ice I can buy from so many people because they make it around here, it is everywhere and it is cheap, no problems. I worry now that I'm at risk of getting busted by the cops. People are scared of ice so they're scared of people who use ice. And no way would you want to end up in the local hospital, they treat drug users like shit.

## **UN: What do you wish was different?**

Will: There is no-one I can talk to, no counsellors who deal with ice. I'd have to go to Sydney. The hospital deals with heroin with the 'done program but there's no ice help. A doctor wanted to put a mate of mine on bupe for ice. Unbelievable ignorance. You have your mates who use ice but they have their own stuff going on. You help each other as much as you can. But it would be good if there was something for ice users like for heroin users. There's heaps of things you can do if you take heroin but no-one seems to know what to do with us except be scared of us.

### *Editor's Note*

*You probably noticed that both Geri and Will feel pretty isolated from their peer community and the lack of support and information that comes with that.*

*We reckon that if you know people who are using in the country and feeling isolated, the best thing you can do for them is tell them about User's News. Reading the mag may help them feel connected our community. It will certainly give them the info they deserve about looking after their health, using harm reduction techniques and making the most of available services.*

*A lot of people who read UN pick up their copy from an NSP, methadone clinic or other health service, but people who don't access those services may never see the mag. So why not be a harm reduction hero and spread the news! Suggest your friends subscribe and get it delivered to their door. It's free and it's discreet (we don't advertise our name or details anywhere on the package - we just have our Australia Post customer number printed on the envelope so undeliverable copies can come back to us).*

*Ask them to call us on 02 8354 7300 or 1800 644 413 to get on the mailing list and become a part of the NUAA community.*

# HEPATITIS C TRANSMISSION

*Put simply, there are three things for hep C transmission to occur...*

## 1. A POINT OF EXIT

Where blood leaves the blood stream of person with hepatitis C

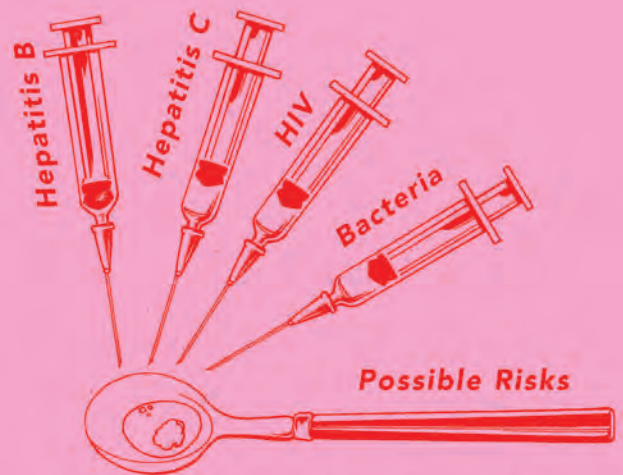
## 2. BLOOD

You only need a very small amount of blood to transmit HCV - such a small amount that you may not be able to see the blood

## 3. A POINT OF ENTRY

For blood with hepatitis C virus to enter the bloodstream – injecting, tatoos, cuts or wounds

## HIGH RISK



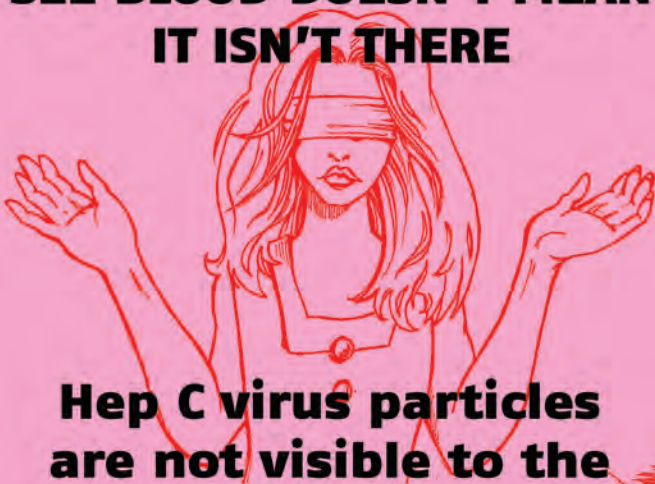
## Sharing Injecting Equipment



## Being in Jail

# BE BLOOD AWARE

**JUST BECAUSE YOU CAN'T  
SEE BLOOD DOESN'T MEAN  
IT ISN'T THERE**



**Hep C virus particles  
are not visible to the  
human eye..**

**HEP C CAN BE ON**

**Tourniquets  
Hands/ Fingers  
Spoons  
Fits  
Other Equipment  
Surfaces**

**AND YOU MAY NOT EVEN  
KNOW**



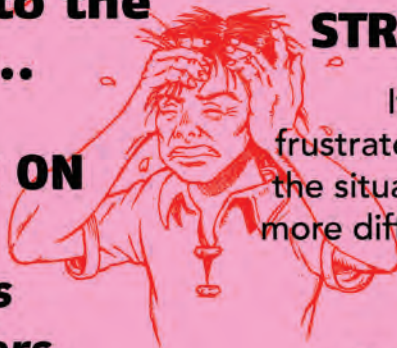
**When injecting  
increased risk comes from  
increased blood from..**

**LOTS OF INJECTING  
ATTEMPTS**

**If you have 'bad' veins, abscesses,  
blocked veins, scarring, etc, you may  
have to try a few times to get a vein**

**STRESSFUL SITUATIONS**

**If you can't get a vein, getting  
frustrated, upset and agitated makes  
the situation worse and finding' veins  
more difficult with even more blood...**



**GETTING ASSISTANCE  
FROM SOMEONE ELSE  
TO INJECT**

**If someone helps you inject who has  
already had their shot, they may  
have touched their own or someone  
else's injecting site and spread that  
blood to you.**



**User's Stories**

**C**

**C**

**IT**

**MY  
WAY**

**C**

**ABORIGINAL STORIES**

**C**



# JO BROWN

(GUEST EDITOR OF THE BLACKOUT EDITION)

**Lots of people** in my community share fits. I've done it myself.

There's heaps of reasons why.

For a long time, I didn't even think about it. I didn't know about blood borne viruses like hepatitis B and C and HIV. Then when I did know I just thought that, along with infections, they were part of the deal of being an injector. As I learned more, the times I shared a fit became less but there were still times I felt that sharing was the only option.

Eventually, after living with hep C and taking steps to treatment; watching the rates of HIV grown in my community; and getting a serious infection from reusing my own fits (like Ann's story in this article), I made a really important decision. I chose to not re-use other people's fits and to make sure no-one used mine. Because it is really important for Aboriginal people to take charge of our health. I strongly believe we need to help each other make injecting safer for ourselves and each other.

The reality is that there are some towns in NSW where there are whole unit blocks of shooting galleries. There are fits everywhere, on every surface and the floor. There are bottles of vinegar all over the place for injecting patches; not the best choice because vinegar causes serious vein damage. There are a lot of unsafe practices that lead to bad infections and sores and a lot of people are living with blood borne viruses. Some don't even know about it. But the worse thing? There are far too many people - young people - dying from overdose.

Yet all these things are avoidable if we get into communities with equipment and know-how. We need to be getting users hooked up with naloxone, sterile injecting equipment, citric acid, wheel filters, vials of water.

For this rural edition of User's News, I asked some of my mob who are living in the country about sharing injecting equipment and why they do it - or more to the point, why they don't have new, sterile fits for every hit.

People told me sometimes they don't go and get needles because they're sick from hanging out. Sometimes it is because they can't get to an NSP because they don't have a car and public transport is non-existent.

A lot of people told me they don't want to be seen getting fits because of the stigma and discrimination associated with drug use. When they are seen at drug and alcohol services they are treated differently. It's hard when you have to balance up having new fits with getting your other needs met, especially when it affects your children.

People also worry about coppers watching places that give out injecting equipment. There's a lot of racial profiling. Being black, they search you. If you have fits on you, that's it, they will never leave you alone from then on. That means being searched most days. It's happened to me

## **It is really important for Aboriginal people to take charge of our health**

at different times in my life and it's hard to cope with the humiliation and fear of being locked up that goes with it.

The risk of getting hep C or even HIV doesn't seem as real or urgent as making sure your family is ok and the cops aren't hassling you all the time. I really want my people safe. So maybe we need to be protecting people more. Getting the cops and other services on side more would help. I'd also like to see outreach services in place so injecting equipment goes to where they use, without revealing those locations or outing them as users. The current system of NSPs is great, but it's sometimes not enough.

Here's some of what my community had to say, in their words.

## Barry Said

There was a time when people on the Block would sell clean fits after hours for gold coins. If you didn't have any money and they didn't know you, bad luck - you got nothing. That was their earn so they were hard.

It's even harder to get fits if you're not in the city. There needs to be places you can get free, new fits any hour of the day, no matter where you live. They need to be close to the areas where people use, not miles away. I mean, you can go to the hospital if everywhere else is shut, but if you don't have a car and can't get a lift, there's fuck all buses to get around and none at night. Even if you do have a car the coppers assume that Aboriginal people are up to no good driving round in the middle of the night.

You've got to have a stash of clean fits somewhere, hidden in your house or one of the flats.

*Jo: by "one of the flats", Jack means the shooting galleries*

**“You've got to have a stash of clean fits somewhere, hidden in your house or one of the flats.”**

## Jane Said

I would just look at someone, and if you don't look like you have anything, well ok I'll use your fit.

But then I found out not everyone with HIV or heptatitis has symptoms. They might not even know they've got it. You can't tell by looking who's got it and who hasn't.

But you don't want to hurt people either by not sharing with them, especially if they're family.

I never knew what to say so you don't hurt people's feelings. Now I tell them I'm trying to keep us all safe and healthy. I say “We've got to look after each other.”

## Tom Said

I've heard my mob saying that only white fellas get HIV or hep C, 'cause it's a white man's disease.

But blackfellas get those things too. Those diseases don't discriminate. Black, white, it's all the same.

We already don't live as long as white people. We have to take better care of us. We have to do the things we can do something about, like getting and using new injecting equipment whenever we can and helping each other out with new equipment.

***“I made a really important decision. I chose to not re-use other people’s fits and to make sure no-one used mine. Because it is really important for Aboriginal people to take charge of our health.”***

## **Sue Said**

I’ve used dirty fits on the inside but I’ve also been on the outside and shared dirty fits because of hanging out. When you’re sick you don’t have time to worry about chasing down fits. And you can’t have fits on you when you’re scoring or you’re asking for trouble from the coppers.

You can know you should use a new fit but you have to weigh up going to jail against hep C.

You have to try and keep some new fits and other equipment tucked away somewhere safe near where you use.

Worse case, if you only have a used fit, rinse them out with bleach. I’ve got a neighbour who’s a clean freak, she’s always got bleach and I’ve gone there borrowing a cup of bleach. I think she thinks she’s got me converted to housework!

## **Mel Said**

I was at a church this day, because they give out grocery vouchers there. I had got some prescriptions filled so I was short that fortnight and needed a hand to get a few things. I’d been there before and usually it was all fine. They are usually pretty good with me, I think they think I’m a good Mum. They haven’t ever turned me down and I was counting on getting the help.

There was a new person, I think she was a volunteer, and she was like “I’ve seen you at the community centre, haven’t I?” She didn’t say anything else, but I can tell when the discrimination steps in. However it happened, she knows I go there to get needles. She decides she’s not going to give me the voucher. She thinks I’ll just sell it for drugs. Plus she thinks I’m short because I spent the money on drugs. So she’s punishing me.

If you go to the services and get fits or whatever, you get treated differently. So you have to stop going, not go there. Else your family misses out.

You can get someone to go for you, but that doesn’t always work. And I wouldn’t want someone delivering a whole box to my house because of DOCS. If they knew I was using I would lose the kids. I’m panicking anyway because of that new church worker and what she might say.

At the moment I am relying on my family and friends to help me out.

## **Beth Said**

The amount of times I've shared fits with other people, it's lucky I didn't get HIV. I do have hep C. I can't believe it when I think of the Russian Roulette I've played all my life. And not just with my life, with other people's lives too. Some were mistakes, accidents, but sometimes I didn't feel at the time that I had a choice.

Lots of reasons why I did it. I was too sick or I was in jail with no options or I couldn't carry a fit because of the police searching me all the time or I didn't have the money to buy one or there wasn't anywhere open to buy them. When you use in a shooting gallery, where there's lots of fits all around everywhere, and you're sick and you need one, you just use one. You don't stop to think or care. Especially if it's just mob using there, you feel pretty safe.

Living with family and mob using, the saying is that we're right, we got the same blood. It's different than just using some outsider's fit. That's not true, but that's what you tell yourself.

If new equipment was there, I'd use it, every time. Sometimes you have to resort to cleaning them, at least doing that is better than doing nothing.

***“We already don't live as long as white people. We have to take better care of us.”***

***“The risk of getting hep C or even HIV doesn't seem as real or urgent as making sure your family is ok and the cops aren't hassling you all the time.”***

## **Bill Said**

Most of the time I've lived in the country has been in jails! I've shared fits in jail for sure.

I would ask who had hep C and who didn't. I just had two types of people in my head, those who had it and those who didn't. I thought if you had it, you could share with other people who had it.

I didn't know about the different strains you could get, that you could end up with more than one type.

It's good if you can get Ficol, you can clean the fit between each person to reduce the risk of hep C. It can be pretty stressful, listening for cops and keys, so you've got to get good at doing it. Some people want to skip it, but I've learned how to get it done really quickly. I go through it in my head and then it's just practice. Sometimes they get me to do it because I'm fast and I do a good job.

## Lee Said

I've spent a lot of nights coking or on the ice with other people as well as using in shooting galleries where lots of people use. Things can get messy when you are sharing deals and using with different people. It's hard to keep track of the equipment.

To begin with, you use a lot of fits especially if you have fucked veins or other people don't have any. Even if you start with heaps, at some point you can run out. Plus you're always rushing. If you're using in public and someone is cockying for you and you can't get your shot away, there ends up being a lot of blood around and you make mistakes. It's havoc.

You can get wound up and if you don't watch out, you end up using someone's dirty fit. You have to think about it. You've got to get it in your head that it's important to always use cleanies.

I really try to do the right thing most of the time. I make sure I've got heaps of equipment, more than I think I'll need.

You don't want to carry too many fits because if you get pulled up by the police, you're gone, they search you. And the coppers in the country, they take your clean ones off you, they don't know any better. Then you can't get more fits when you need them in the middle of the night.

Sometimes I go chasing fits and it can be a bit of an adventure, something to do, but you can't do it when you're sick. I call on people I know, go visiting, see if they have any. Someone always has new fits, but you have to be able to give them a shot, so that's not always an option. I let people know when I have a box at home, and no pressure, but it can be hard if they

come and they're holding and you're sick or whatever. Usually people can do a little bit for you, they usually help me out.

I try to clean out my fits as I use them. I do it with cold water because I know hot water sets blood, like it does on clothes. Then I stash at least one somewhere so it's always there as a backup. But I know it's not a good idea. It's an absolute last resort, that back up fit. I only use it if my only other option at the time would be using someone else's fit.

***“She didn't say anything else, but I can tell when the discrimination steps in.”***

## Ann Said

I remember the time I kept reusing my old fits. I knew not to share with other people but thought it was ok to use my own fits, because it was just my blood.

I ended up with a Golden Staph infection. I was in the hospital for weeks. I thought Golden Staph was something you got from being in hospital, I didn't realise you could get it that way. You might not get HIV or hep C but you can still get sick reusing your own fits.

I had to change my way of doing things, make sure I had clean, new fits. I wouldn't want to go through that again.

**S T A Y 1**

**ALIVE!**

**WHAT YOU MUST KNOW  
A B O U T**

**FENTANYL**

**100 x**

**STRONGER**  
**than morphine**

**4**

**Patches are made to  
be released over**

**3 days  
(72 hours)**

**5**

**Dosages are  
measured by  
amount released**

**PER HOUR**

**6**

**You r  
pat**

**ho**

**8**

**Injecting a full patch gives  
you 3 days worth of fentanyl!**

**The overdose  
risk is  
very high**

**9**

**The more time  
inject, the high  
risk of overc  
Try to always use  
mate**

**2**

It acts very  
**QUICKLY**  
when injected

**3**

Patches come in  
**FIVE STRENGTHS**  
12.5ug, 25ug,  
50ug, 75ug and  
100ug  
(1 ug =1000  
milligrams)

**7**

A patch gives **100 micrograms**  
**EVERY HOUR** so 1 X 7 day  
patch = 16,800 micrograms  
(16.8 milligrams).

**10**

New patches out of the packet have an  
even distribution of fentanyl but if you  
have used patches you won't know what  
dose you are getting so

**Never use alone and  
always have naloxone**

**ER**  
ne

**5**

u need to know the  
patch strength to  
know

**how much  
to use**

**mes you**  
**igher the**  
**ardose**  
use with a

# COMPARING FENTANYL TO ORAL MORPHINE (MS CONTIN)

This Strength of Fentanyl Patch = This many 60mg Morphine Pills

12.5 ug =



25 ug =



50 ug =



75 ug =



100 ug =





# CONVERTING 7 DAY (168 HOUR) FENTANYL TO MORPHINE DOSES

Patch Strength (Microgram)**	Total Quantity of Fentanyl	Equivalent Quantity of Morphine	No. of Equivalent 50mg Morphine Doses per Patch
12.5 ug	2.1 mg	210 mg	4
25 ug	4.2 mg	420 mg	8
50 ug	8.4 mg	840 mg	16
75 ug	12.6 mg	1260 mg	24
100 ug	16.8 mg	1680 mg	32

**\*This table is a guide only and should be viewed with caution**

**\*\*Released hourly over 48 hours**

# MANAGING RISKS AND

To extract the **fentanyl** from the product  
Help protect your veins!

**B E S T**



## **THE BEST CITRIC ACID**

Sterile one use sachet for injecting.  
From some NSPs and MSIC



## **2ND BEST VITAMIN C POWDER**

Ascorbic Acid.  
Must be unflavoured, uncoloured.  
From chemists.



## **3RD BEST BAKING CITRIC ACID**

Used for baking.  
Not sterile.  
From supermarkets.

**USING A BACTERIAL WHEEL FILTER**

# AROUND ACIDIFIERS

the patch, you **must** add an acidifier.  
s! You only need a little.



**4TH BEST**  
**WHITE**  
**VINEGAR**

Not recommended. Too strong for veins. Not sterile.



**5TH BEST**  
**OTHER**  
**VINEGARS**

Not recommended. Contains contaminating additives. Too strong. Not sterile.



**LAST RESORT**  
**LEMON**  
**JUICE**

Not recommended. Can cause blindness. Not sterile.

**R REDUCES THE RISK OF INFECTION**

# USER BITES

## WE ASKED RURAL USERS WHAT THEY THOUGHT THE BIGGEST ISSUES CONFRONTING THEM ARE AND THIS IS WHAT THEY SAID

### KAELA

I think the health departments need to consult with us properly to get services that are going to help us. They put services in but they don't ask us what we really want or how we think they will work. They just stick to the same old models and ways of doing things. Next thing we hear, we haven't used the service and the money's going somewhere else. There can be good reasons why the services haven't worked. Maybe the confidentiality of the service isn't good enough. Our main NSP is near the police station. We get known by the police just by going there, it's not safe for us.

*Editor: NUAA is often involved in giving feedback to health and health services. You can get involved in a number of ways, drop us a line at [nuaa@nuaa.org.au](mailto:nuaa@nuaa.org.au) or ring (02) 8354-7300 and ask for Lucy.*

### CHEYNE

The biggest issue is confidentiality. If you are on bupe or done, you don't dare get a fit or you're off the program quick smart, and no second chances. So you reuse fits. You know you might get hepatitis or HIV, but sometimes you just take the risk because it's a case of definitely sick today or maybe sick tomorrow. I'd use new fits if it was easier for me to get them without risking my programme. I'd like to see better privacy in place or even mail order fits.

## ZOE

I think the health departments need to consult with us properly to get services that are going to help us. They put services in but they don't ask us what we really want or how we think they will work. They just stick to the same old models and ways of doing things. Next thing we hear, we haven't used the service and the money's going somewhere else. There can be good reasons why the services haven't worked. Maybe the confidentiality of the service isn't good enough. Our main NSP is near the police station. We get known by the police just by going there, it's not safe for us.

*Editor: It's important to speak up and let your local services know what you want. Your experience is essential in helping them to establish a useful and quality service.*

## NELL

They just put in a huge police station worth millions in this little country town. Why? There's a big blackfella population. Don't you know we take a lot of control? There's not many of us, but we're a wild bunch. And don't you know that on the ice we have super human powers? They're scared of us. The health department say they want to help us and give us fits. We take the bait. Then the police take our fits back off us, even if they are new. We're tagged as users and that's it - they go at us until they get us in jail. It's a circle and we're stuck in the middle.

## ALLY

*Editor: Ally, this is a really difficult situation that many of us face. There are rehabs that take children such as Jarrah House (02 9661 6555) but there are no options for single dads (for example). Children must be under eight years old. Call ADIS on 1800 422 599, tell them your story and ask them what the options are.*

People say "you should give up drugs" but they just don't realise it isn't that easy. As a single mum living in a country town, it feels virtually impossible. I never wanted to be a single mum. My drug of choice had always been smack but I started using meth with my partner. We soon found it wasn't really good for us as a couple. We started to argue heaps. I had to put our child first, so we split. After that, I went back to heroin. It has been really tough. I decided that as much as I loved drugs, I loved my kid and my life more. I knew something had to give and that I needed to quit using. When I felt ready to get help, I rang up a local rehab. I was told there was a waiting list of 5 to 6 months and that I had to detox first! The only way to avoid being on the long waiting list was to pay an additional fee to achieve "Priority Admission". This is in addition to the usual accommodation charges. I just can't afford it. Plus what am I supposed to do with Daisy? I don't have family here and I can't just give her to someone to mind for 12 weeks while I go "rehabilitate" myself. My family don't live in the state and I can't let my ex know I'm using again. See what I mean? Life's easier in theory than practice.

## JOE

We need more choice. If you want to get on methadone or bupe there can be really long waiting lists and very few spots for the area's public clinic. A mate of mine waited for four months to get on. And too bad if you clash with the only prescriber for some reason. You are very lucky if you have a local chemist to dose you so you don't have daily dosing a couple of hours away from you. You have hit gold if you have a local GP that will prescribe. We have to put up with whatever the prescribers and dosers decide and do. There are no choices. They have all the power just because they are the only ones who do methadone or bupe. If we try to talk about our rights or argue with them about a decision, they just say we are difficult, so you say nothing because you're scared. If you do end up on the outs with a doctor or chemist, that's it, you either lose your takeaways and have to pick up every day or they won't have you as a patient. Because there aren't any options, that pretty much means you're off the program or travelling a ridiculous distance. I do know someone who used to drive 7 hours to Sydney every couple of months to get a new script. You also have to pay whatever they ask, no choices there either. Your doctor probably doesn't bulk bill and your chemist can charge whatever they want. And you know what? You are just so grateful to be on the program that you pay whatever you have to, put up with the bad treatment and play the game according to their rules.

## CAMERON

*Editor: Cameron you should talk to your doctor and see if s/he will advocate on your behalf. If you have no luck there, try ringing NUAA and we will see what we can do or direct you to another service.*

I did a stupid thing recently. Someone left a package behind in my local chemist where I get dosed and I saw it and just put it in my bag. It turned out to be just a cheap thing, worth a few dollars. I don't know why I did it. I regretted it straight away. It was like a brain fizz. I have never shoplifted from there. Anyway they knew I had done it. I had already arranged to get it back to them but they won't listen. I've apologised, I've explained, but nothing doing. Now they won't dose me. My only other choice is a few hours away and I am worried that my last chemist have rung them to say I'm not trustworthy so they won't dose me either. I don't know what I am going to do now. Even if the public program had places, it's still over an hour away and I can't get there every day. So I am probably going to pay for this by being off the program. If I lived in the city, I would be able to find a way to fix this if I lived in the city, but here the distances make it seem totally unworkable.

# JASON

*Editor: If you are having trouble getting fits, call us at NUAA on 8354 7300 or 1800 644 413. We may be able to assist.*

The biggest issue is confidentiality. If you are on bupe or done, you don't dare get a fit or you're off the program quick smart, and no second chances. So you reuse fits. You know you might get hepatitis or HIV, but sometimes you just take the risk because it's a case of definitely sick today or maybe sick tomorrow. I'd use new fits if it was easier for me to get them without risking my programme. I'd like to see better privacy in place or even mail order fits.

# GARRY

I live in a regional town and this means sub-standard service. We have a drug and alcohol clinic once a week only. Also it must be very difficult to recruit staff in the country because the doctor and nurse who work there don't appear to be trained in working with people who use drugs. I believe we should have a proper clinic, run by health care workers with qualifications and experience in the drug and alcohol field.

The current registered nurse is an older woman with experience from hospital wards and no understanding or compassion in dealing with people who use drugs. The doctor is a local GP. I knew him from before; as a GP he would prescribe anything for you; he was the pill doctor. Now they expect me to respect him in my treatment. He is all about power and control. He gives everyone bupe because he thinks it isn't addictive, that it isn't being diverted and injected. There is a real issue in my town with injecting bupe. It's easier to inject than methadone. He even puts people on bupe for ice use. I asked him about going on methadone and he said it was too hard to dispense, "all that mucking about with cups". But my chemist does methadone - it's easy. Heaps of people do it.

The nurse is in the room when you

see your doctor, which I don't like. I want my sessions with my doctor to be confidential. The nurse talks over the top of you. There is no respect there at all and no understanding. I don't feel I have any say at all, it is all about them controlling me. There is no understanding of what it is to be me and they don't listen to my needs. I feel so alone here, there is no one to hear me. I wish there were people with a history of drugs working there, someone who will listen to me.

When I walked into my local chemist to get on bupe for the first time, the pharmacist greeted me, smiling, and asked nicely how she could help me. When I said I was there for my bupe dose, her voice changed, her attitude changed, the way she stood changed. She became hard, angry. I was suddenly scum in her eyes. It was total discrimination. I feel that they look at us and judge us, knowing only part of the story. They are obviously not in it because they care about people, they just want the dollar. It's not like I can go somewhere else either. There is one chemist I can go to in my area, so I just have to cop it sweet. If we stand up for ourselves, they throw us off the program for being difficult and aggressive.

*Editor: Garry these issues affect people all over the state. We are working to get your stories told and to get respectful care for everyone but it's going to take a massive culture shift.*

## User's Stories

# JUST DROP OFF THE KEY, LEE!

I originally went onto methadone because back then there were no rehabs for under 18s. I was on it for 19 years before I decided I had enough.

While it might be right for some people, I didn't want to stay on methadone permanently. I wanted to try life drug free.

Here are some tips based on how I came off methadone and the lessons I learned along the way.

### 1 Have a Larger Goal

Even with four takeaways a week, I'd had enough of the restrictions, the power games and the stigma. More importantly, I had fallen in love with a wonderful man and the time was finally right to have a baby. I wanted to do this without the complication of drug use. This kept me focused even when withdrawal was at its hardest.

### 2 Work with Your Doctor

I had a good prescribing doctor and dosing chemist, for whom I am very grateful. At first my doctor argued but I felt I was ready. I think most people know what works best for them and doctors should listen. I wanted advice from my doctor about how quickly I should reduce, but I also wanted flexibility along the way.

### 3 Sort Your Drug and Alcohol Use so You Aren't Fighting a lot of Battles at Once

Before I began reducing, it was important for me to stop drinking. For a while there I was drinking a litre of port a day, starting in the morning. I'd be pretty messy by mid-afternoon. I would fall asleep watching telly, wake up in the middle of the night all stiff and sore, crawl to bed, and then usually sleep in. I asked my doctor to help and he prescribed valium to detox as coming off daily drinking can cause fits.

### 4 Take it Slowly

I think we want to push ourselves to do it all NOW but my doctor recommended the steady approach. When I started my reduction, my daily methadone dose was 100mg/20ml. It took me just over a year to reduce off at the rate of 5mg per fortnight at the beginning, then 2.5mg per fortnight once I had reached a "low" dose.

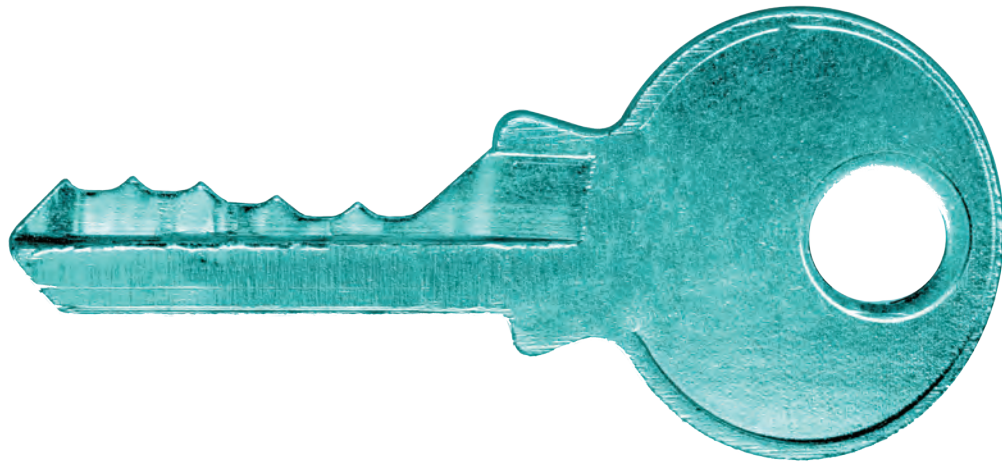
### 5 Stop Injecting as Soon as Possible

I had a good prescribing doctor and dosing chemist, for whom I am very grateful. At first my doctor argued but I felt I was ready. I think most people know what works best for them and doctors should listen. I wanted advice from my doctor about how quickly I should reduce, but I also wanted flexibility along the way.

### 6 Stay Busy

The head miles can be hard so try to not buy into the anxiety. I recommend focusing on a project. Mine was knitting.





### **7 Learn Strategies to Get to Sleep and Have Quality Sleep**

I had always injected some of my takeaways. For many years this kept me from street drugs, giving me some financial stability. However, my veins became very damaged and I had been taking the risk of injecting in my hands and feet, particularly problematic with large volumes of liquid. When I began to reduce my methadone, I started injecting double doses to get a decent whack. This meant I was pigging out, then going without and feeling like shit. Once I made the decision to stop injecting, my withdrawal went a lot easier. I felt more even-tempered.

### **8 Stop Injecting as Soon as Possible**

I had always injected some of my takeaways. For many years this kept me from street drugs, giving me some financial stability. However, my veins became very damaged and I had been taking the risk of injecting in my hands and feet, particularly problematic with large volumes of liquid. When I began to reduce my methadone, I started injecting double doses to get a decent whack. This meant I was pigging out, then going without and feeling like shit. Once I made the decision to stop injecting, my withdrawal went a lot easier. I felt more even-tempered.

### **9 Try Not to Let Drugs or Alcohol Take Over**

As I was nearing my last dose, my partner and I had a binge. We started using heroin, breaking it up with a few days on the ice here and there. It wasn't fun to stop; you know the symptoms. It was important to get back on track as soon as I could. It's only pain, people! Go back to TIP NUMBER 1! Luckily my partner and I have a good relationship and that support has made a huge difference.

I just can't imagine life now as it was - doing methadone, drinking grog, eating (sometimes), passing out then waking up to do it all again. I feel amazing now. I am pleased that I saw something through that took planning, commitment and overcoming a fairly major hitch. I'm not pregnant yet, but I am knitting booties!

# TAFFY IN “A FRIEND IN NEED”



IN THIS EPISODE TAFFY SAVES A MATE

We need to look after him guys, he had been on a break and had a couple of drinks as well as his shot, let's get his head up, I think he's having trouble breathing

Wow, Jason is really on the nod

I reckon he's just tired...he's snoring



He's overdosing,  
put him the  
shower

Are you crazy, that  
won't help, put him in  
recovery position and  
call an ambulance, I'm  
going to give him  
naloxone

Give him a couple  
slaps and then  
walk him around!



First, Simon help me get him  
into recovery position, I have  
some naloxone in my bag,  
I'll give him a vial

Fuck! He's Blue around the  
lips..

Wow, straight through the  
clothes and into the muscle





It needs two or three minutes to work..

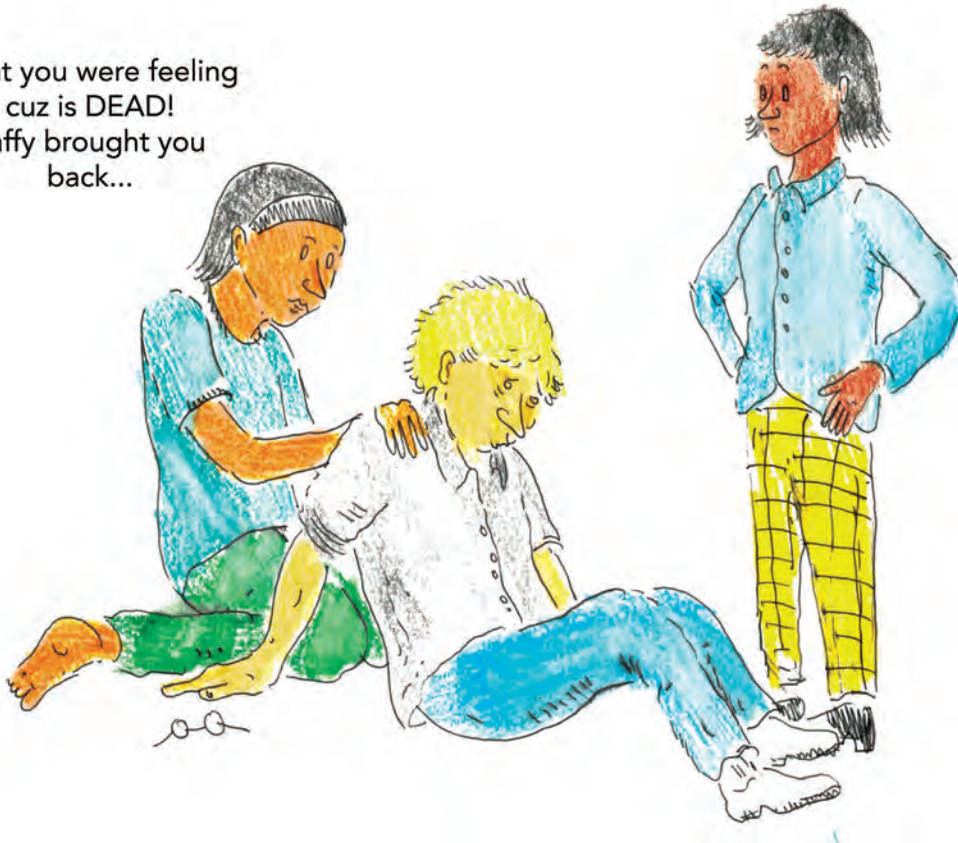
I'll get some breaths into him while we wait



What happened?  
I don't feel so good.

Phew. It worked!

What you were feeling  
cuz is DEAD!  
Taffy brought you  
back...



How did you do that Taffy?

I used naloxone it reverses opioid overdoses

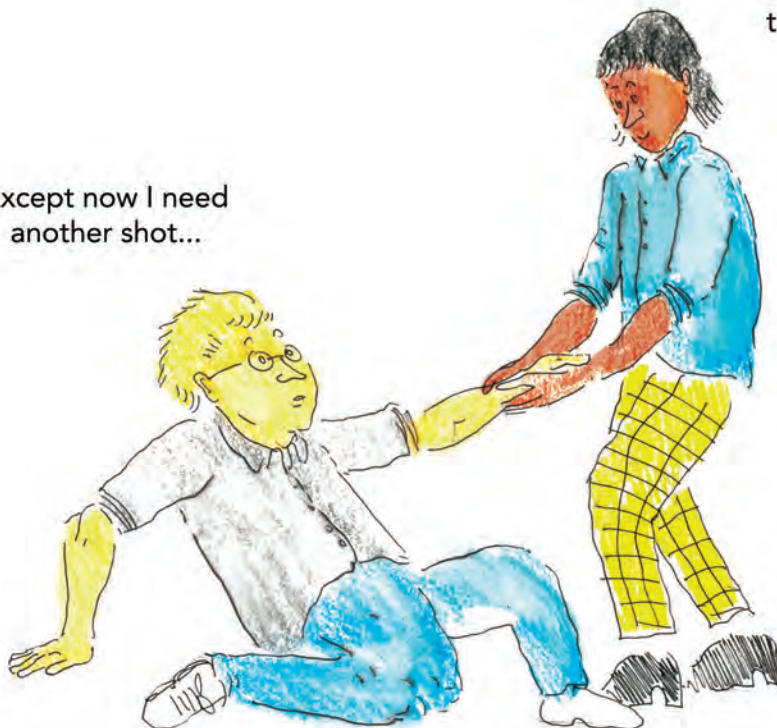
So what, heroin, methadone?

Yup, and patches, oxys, MS Contin

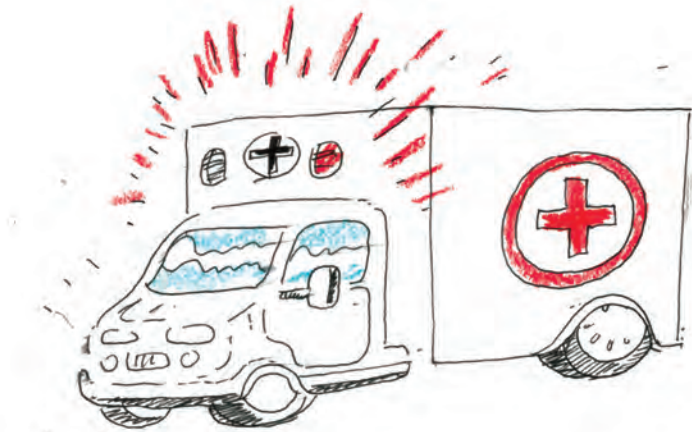


Wait, the naloxone will wear off, it's even possible to drop again

Except now I need another shot...



Oh no the ambo!  
We forgot to ring  
them back!



They are going to  
be pissed off as.

Hey, thanks for  
coming! My friend's  
ok. I gave him  
naloxone



That's fantastic,  
thanks for making  
our job easier.

Even if you have  
naloxone it's always  
better to give us a  
call.

Hey Taffy what was that stuff,  
it didn't make me sick like  
Narcan from the ambo

Same stuff, but this is not as strong and  
you can get it from the chemist.

You can get it with a script but you can  
also buy it over the counter or look for  
training at your local clinic or NSP - if they  
don't have it, then ask them to run it -  
training usually comes with a free kit!



OR RING NUAA TO  
FIND OUT MORE  
(02) 8354 7300  
OR  
1800 644 413  
(FOR RURAL USERS)

# HOW TO ACE A BLOOD TEST!

It can be hell getting those big needles into fiddly veins. Some people even avoid blood tests because it is so traumatic for them. But don't give up! Try these tips...



## TALK

You are the expert on YOU. You know your body best so speak up! Tell the nurse how to get the best result, like which vein to go for.



## KNOW YOUR RIGHTS

Medical staff must get your permission before doing any tests including blood work. Ask what you are being tested for and why.



## BE TREATED WELL

The person taking blood has no right to comment on your track marks or disrespect you in any way. Complain to your doctor if they do.



## PREPARE

If you need time to prepare your veins, make sure the nurse knows this and can add in some prep or planning time. Make an appointment that suits you. Don't be bullied into giving blood when you are not ready.



## DRINK WATER

For plump, ready veins try to drink 2 litres of water before the test. Start drinking the night before. Tea and coffee make you pee more often so you lose the benefit of extra drinking.



## EXERCISE

To get your veins up try a high number of reps of arm curls using hand weights or push-ups on the floor or against a wall. The less body fat you have, the easier it will be to get a vein.





### **ADD HEAT**

Heat brings veins to the surface so try to get your hands on a heat pack or go DIY with boiling water in a plastic bag/glove/condom wrapped in a towel or just put your arm under running hot water.



### **FEEL IT!**

When you are in the shower, run your fingers up and down your body to feel for that spongy resistance that says there is useful vein. There are miles of veins in the body. Even old timers can find new sites.



### **MAP IT**

If getting a blood test really is like getting blood out of a stone for you, ask the nurse if they can buy or borrow a vein finder (aka venoscope transilluminator). NUAA's NSP in Surry Hills has one. Call 02 8354 7343 to set up a time to come in and find some veins.



### **USE A TOURNIQUET**

Even if you don't use a tourniquet when you inject, they are useful tools for blood tests because they help veins sit proud by cutting blood flow and stopping veins rolling.



### **KEEP IT SHARP**

Needles become blunt after a single use. If your nurse needs to insert the needle more than once, remind them to use a new, sharp needle for each attempt.



### **DOUBLE CHECK IT**

Even professionals make mistakes. No-one looks after your own interests better than you. Has the nurse used a swab? Washed their hands? Are they wearing gloves? Are surfaces clean? Does the paper work look right? Is your name spelt right and your date of birth correct on the test tubes? Speak up if something doesn't seem right.



### **RELAX**

Being relaxed really helps. Before the test, try a quick relaxation exercise. The simplest is to take a few deep breaths then watch your breath going in and out during the blood test. You could also try tensing your muscles as you breathe in and relaxing them on the out breath. Then pass it all over to your nurse. You have done your part but it is now up to them. Relax and let them do their job.

# RECIPES THAT CHERISH YOUR LIVER

This edition's nutrition section comes from John Douglas, a chef who earned his stripes working at East Sydney fine dining institution Mario's. Since then he has worked at prestigious restaurants like The Summit, The Wharf, The Centennial Park Restaurant and The Four In Hand. He is current consulting on vegan food for several restaurants and cafes. He has a reputation for simple yet elegant and tasty food influenced by an assortment of cultural cuisines.



John cleared hepatitis C with interferon some years ago, but not before 20 years of living with the virus caused enough damage to see him on daily dialysis for seven years. He then had a kidney transplant two years ago. Despite the fact that he has not used illicit drugs for nearly 20 years, he is still so stigmatised for his drug use history that he was recently denied any pain management for complications directly related to the transplant.

We hope to bring you his story to User's News in a future edition, but we think you will agree he is well placed to give foodie advice on caring for your liver!

Hepatitis C is a virus that causes inflammation of the liver. In order to reduce the impact of the virus and to maintain feeling well the best advice is to avoid foods that further inflame the liver. Processed food, fried and highly fatty foods such as processed meats, fatty beef and lamb and high fat dairy products should be avoided. Recent research also indicates that sugar can be worse than fats for some patients. It is important to maintain a diet that is high in food with anti-inflammatory properties as well as foods that are good for rejuvenating the liver.

These ingredients listed below are anti-inflammatory and good for your liver. They will keep you feeling well. The probiotic properties of yogurt are also anti-inflammatory.



**WALNUTS**

**BEET ROOT**



**LEAFY GREENS &  
GREEN VEGETABLES**



**INDIAN SPICES  
ESPECIALLY TURMERIC**

**LENTILS AND DAHLS**



**ONION, GARLIC  
& GINGER**

**OLIVE OIL**



**CORIANDER**



**COCONUT OIL**

I have chosen two of my favourite recipes that are cheap and easy to make and very high in anti-inflammatory foods and great for the liver. I have gone for foods that are low carb, low GI, low fat, high protein, high fibre and low cost. They include some flours, spices and herbs that not everyone will be familiar with, but they are cheaper than you might imagine and will go a long way. If these tastes are new to you, I encourage you to try using them; they are not only good for your liver, they make very simple food taste special. Google some other recipes that use them. Your body - and especially your liver - will really thank you.

# SLOW ROASTED BEETROOT SALAD

1 bunch of fresh beetroot  
A few cloves of garlic - skin on  
A sprig of rosemary  
1 small bunch of watercress  
1 handful of rocket  
1 tablespoon olive oil  
1 teaspoon balsamic vinegar  
Salt and cracked pepper  
A few walnuts  
Two table-spoons low fat yoghurt

Remove the stalks and leaves from the beetroot and scrub any dirt off them, but leave the skin on. Place them whole in a baking tray and sprinkle with a little olive oil, cracked pepper and salt and the sprig of rosemary.

Cover with alfoil and place in a pre-heated oven at 180 degrees Celsius. After about 20 mins gently and carefully lift a corner of the foil, wait for the steam to go out then remove the alfoil. Toss in the garlic and give the pan a shake then cover with alfoil and place back in the oven for another 20 mins.

Remove the alfoil and check if the beetroot is cooked (i.e. with a skewer or a fork). It should be soft but firm so the skewer goes through easily. If not quite ready put it back in the oven but leave the foil off

When cooked remove from the oven and let it cool down to room temperature. When the beetroot have cooled down you can gently peel off the skin and pop the roasted garlic out of their skins as well. You might want to use kitchen gloves to avoid staining your hands.

Cut each beetroot into wedges and place in a bowl. Add in the vinegar, olive oil and seasoning to marinate. Keep the garlic separate.

Line a dinner plate or flat pasta bowl with the sprigs of watercress and rocket then place the beetroot (around 6 – 8 wedges depending on the size) in the centre of the plate and spoon the dressing over the salad. Place a few walnuts and roasted garlic cloves around the plate and add a dollop of yogurt on top. Finish with cracked pepper.

NB: If you have a lot of beetroot you can keep it marinated in the bowl in the fridge for a few days

# WHOLE FOOD INDIAN DOSA

1 cup besan (chick pea flour) (available in Indian grocery stores and larger supermarkets )

1/4 cup brown rice flour

Salt to taste(optional)

3/4 cup water

1/2 teaspoon cumin seeds

1/2 teaspoon of turmeric

1 teaspoon chopped green chillies or to taste

1 cup grated zucchini

Other vegetables as desired e.g. corn, carrot, cabbage, spinach, capsicum

1 tablespoon chopped fresh coriander

Vegetable oil or coconut oil

Grate the zucchini, chop the coriander, prepare other veges you are using and keep aside. Mix all the dry ingredients and add the water slowly to make a smooth pancake batter then stir in the zucchini.

You can add or substitute other fresh vegetables like corn, carrot, cabbage, chopped spinach, capsicum and broccoli in different combinations. Grate what you can and cut the rest very finely. You want a thin, crispy dosa, so don't overload the mix.

Heat a non-stick pan and add a little oil. If it's a good non-stick pan you can leave out the oil as long as the pan is hot enough (but not so hot that the food burns as soon as it hits the surface).

Using a ladle or large spoon add about three tablespoons of batter into the centre of the pan. You will need to work quickly. Using the back of your spoon, in a circular motion spread out the batter to form a thin dosa. Start from the centre and use a number of circular movements to get the dosa thin. It may take a bit of practice so don't worry if it's not perfect.

You can learn how to spread dosa batter here: <https://www.youtube.com/watch?v=xhkRV64cya0>

Using a plastic spatula gently flip the dosa and lightly press down. Turn two or three more times until it is golden brown.

Serve the dosa folded over on a plate with assorted side dishes of cucumber, tomato, low fat plain yoghurt, chutneys and pickles. You can also grate some low-fat cheese onto the dosa just before you take it out then fold it over until the cheese melts making a dosa toastie

**USER'S  
NEWS  
PUZZLE**

Here are a range of foods that are great for the liver.  
Recommended for all of us to put into our daily diet to  
help our liver work more efficiently, particularly those of us  
living with hep C or currently in treatment.

G Z F T T D S S Y U Y T H H L C D D V K M T G E E  
A D Y H I O I P P N H H H B E T E R E L J Y G B D  
R D E R S W E T H J F D E R O Y U G U R R D T Y T  
L D S S A D E G T Y Y M Y F E E A L F F J R S L N  
I A E P D F E M I L K G U H H B S F F X H G S D C  
C X C F I F G X J H C G H P B O A T S C X Q D D F  
S D E E R N T T Y R T E S A M U I Y T R U T N W Q  
C D A U T F A F I L O C C O R B C E A A W R O F R  
M U C I S P A C E W R D O G Y O J B S K L I M D D  
S G A R D Y I O H P I E U G R F F H W Z P P L P V  
V S B S A L M O N E R K S N J T I U R F E P A R G  
T S B S N P H T D Y I O C O X U H F S F H T Y U I  
S D A T E A D T U O P H O J D R S F G T W O H F U  
D Y G E I J E D F G R C U S Y N I O S H J H D T Y  
U I E E G D E B E T S I S Y A I V H U T U E T D I  
D F T B T Y U I Y N F T F S N P F U O K O H F Y Q  
A E D K G F D T E O H R H D U S F Z X Q S R D F G  
N F D X F H O E O P S A N A T L U S T C R S R D I  
C R F Y U F R D O H T E G D Y I H O D R D W J A U  
S O R A N G E D F H I K B G D R U D T R U E G F C  
N D E R Y T Y D W E T L J S T Y V A D F Y H D S T  
O D T F U I R S E I R R E B N A R C W Q G H G E O  
M D A R E F Y I K S S E E S D Y U O K Y O F D O S  
E E S T J I K F D S E R V B F D D V X H U K G F Y  
L D F H Y T D S K Y R E D C F G G A E T N E E R G

- |             |            |          |              |
|-------------|------------|----------|--------------|
| GARLIC      | GRAPEFRUIT | BEETS    | LEAFY GREENS |
| GREENTEA    | AVOCADOS   | ALMONDS  | OATS         |
| BLUEBERRIES | SALMON     | TUNA     | CRANBERRIES  |
| SULTANAS    | COUSCOUS   | SOYBEANS | MILK         |
| BROCCOLI    | YOGHURT    | CABBAGE  | TURNIPS      |
| SPINACH     | PUMPKIN    | CARROTS  | CAPSICUM     |
| TOFU        | TEA        | OYSTERS  | WALNUTS      |
| PEA         | ORANGE     | LEMONS   | CORN         |
| ARTICHOKE   | CABBAGE    | SQUASH   |              |

**WE'VE GOT YOUR BACK!**

**NUAA DELIVERS TO  
SYDNEY'S SOUTHWEST**

Get your injecting equipment delivered  
for free by a peer service that  
understands your needs

**Call or Text NUAA  
on 0487 387 442**

**NUAA NSP OUTREACH MENU**

**1mL Needle**

**Syringes**

Terumo (27G & 29G)  
BD Ultra-Fine (29G)  
Fitpacks (5 or 10)  
Boxes (100)

**Tips**

18G blunts (black - drawing  
up)  
18G x 1 1/2" (pink)  
21G x 1 1/2" (green)  
23G x 1 1/4" (blue)  
25G x 1" (orange - long)  
25G x 3/8" (orange - short)  
26G x 1/2" (brown)  
27G x 1/2" (grey)  
30G x 1/2" (yellow)

**Barrels**

1mL, 3mL, 5mL  
(Slip-on)  
3mL, 5mL  
(Luer-lock)

**Wheel Filters**

Red (Particle 1.2 microns)  
Blue (Bacterial 0.22 microns)

**Safer Injecting Tools**

Sterile Water (10mL)  
Alcohol Swabs  
Plastic mixing spoons  
Disposable tourniquets  
Plastic Mixing Spoons  
Yellow Returns Bins  
(medium, large and extra large)

**Safer Sex Supplies**

Condoms (all sizes!)  
Sachet Lubricant  
Dental Dams  
Gloves

**Other**

Disposal of used equipment  
User's News magazine  
Peer education resources



**KRC South is a new Needle and  
Syringe program at Sutherland  
Hospital**

430 Kingsway Caringbah

P: 9522 1046 M: 0411 404 907

8.30am to 4.30pm Mon, Tues, Thurs, Fri

1.00pm to 4.30pm Wed

Only 10 mins walk from Caringbah station

Look for the pale green building near pathology

*Come and have a cup of tea and meet the crew.*

**STEP UP AND  
TAKE YOUR  
PLACE IN  
HISTORY**

**FOR OVER 30  
YEARS, USER  
CONTRIBUTION HAS  
MADE USER'S NEWS  
THE BEST MAG OF  
ITS KIND**

**SEND US YOUR SHORT  
STORIES, ARTWORK, PHOTOS,  
DRAWINGS, COMICS, PUZZLES  
AND STORY CONCEPTS.**

**HOW TO GET INVOLVED:  
EMAIL TO  
LEAHM@NUAA.ORG.AU  
POST TO PO BOX 350,  
STRAWBERRY HILLS, NSW,  
2012**

**DROP INTO NUAA'S NSP AT  
345 CROWN ST SURRY HILLS  
CALL US ON 02 8354 7300  
OR 1800 644 413**

**DON'T LIKE WRITING?  
TELL YOUR STORY IN PIX OR  
GET INTERVIEWED!  
NEED SOME HELP?  
ASK ABOUT ART AND  
WRITING WORKSHOPS IN  
SYDNEY, RURAL AREAS, JAILS**

**HOT TOPICS  
REDUCING RISKS AROUND USING  
HEPATITIS B, HEPATITIS C AND HIV  
OVERCOMING STIGMA  
AND DISCRIMINATION**

**WE PAY IF  
YOUR WORK  
IS  
PUBLISHED!**