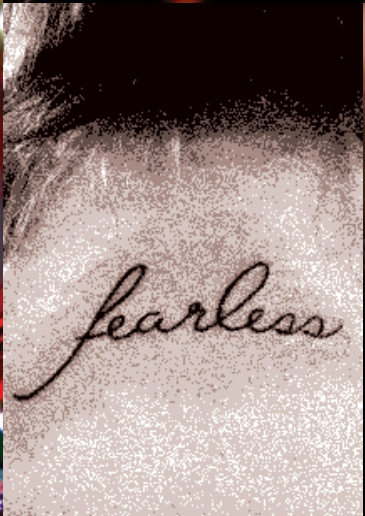




AUTUMN 2015



80e2



YOUTH edition

Needle & Syringe Programs (NSPs) are for everyone!

NSPs are free

Leave your Medicare Card at home

JUST WALK IN

Put that ID away!

Come as you are

Open to people from all cultures, languages, religions, genders & sexual preferences

WHETHER YOU INJECT ONCE A YEAR OR SEVERAL TIMES A DAY

Be you

Young adults welcome

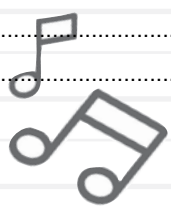
If you need injecting equipment or information about safer drug use, join thousands of others who use drugs & care about their health.

You're welcome at an NSP



FIND YOUR CLOSEST NSP AT THIS DEVICE FRIENDLY [AIVL](http://www.nspandlegal.aivl.org.au) WEBSITE:
www.nspandlegal.aivl.org.au OR CALL **ADIS** ON 02 9361 8000 OR 1800 422 599

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YOUTH edition

- health literate
- blood aware
- conscious & responsible
- motivated for change

INTRODUCING OUR NEW WEBSITE: USERSNEWS.COM.AU

UN#80e2 is a digital edition of User's News. This condensed print version has been produced as a limited print run for NUAA members, those currently in gaol and young people. For access to the complete edition go to usersnews.com.au

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DISCLAIMER:

The contents of this magazine do not necessarily represent the views of the NSW Users & AIDS Association, Inc. (NUAA). NUAA 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 NUAA 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 NUAA. Information in this magazine cannot be guaranteed for accuracy by the editor, writers, or NUAA. *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.





HASHTAG MINDBLOWN!

I turned 50 recently. I first injected at 17. I've had periods of abstinence, periods of weekend only use and years of dedicated habit-forming behaviour. Looking back, I've learned a lot – especially when I remember my first attempt to inject. I didn't want anyone to know I hadn't done it before so I went off alone to work out how to use a fit. With no role models and no internet, I didn't even realise that the needle sucked up the liquid. I thought you had to take out what I now know is called the plunger and somehow pour the liquid in the barrel. Obviously I never watched enough TV soaps...

There was no policy of providing equipment to people who inject drugs back then. In fact some chemists would threaten to call the police if you tried to buy fits. The idea of swabs, water, filters, tourniquets or spoons made specifically for illicit drug injection was something not even Science Fiction writers had thought of yet.

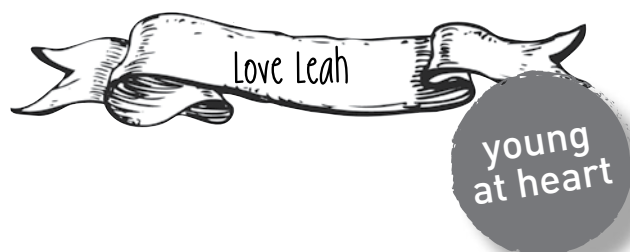
Then AIDS hit! The world as we knew it changed. Amongst the changes – harm reduction, the Needle and Syringe Program (NSP), pharmacotherapy – came drug user organisations. NUAA, originally ADIC, was first active around 1986 and was incorporated and funded in 1989.

If only I had found NUAA when I had first started injecting. What might have been avoided? A lifetime of "dirty" hits, ODs, hepatitis C and bad advice? A lifetime of feeling misunderstood, disrespected and disempowered?

I think young people who use drugs are lucky that they have NUAA to advocate for change.

But I think NUAA is lucky too, in the calibre of our younger members.

In putting together this edition of *User's News* to highlight the issues important to young people, we had intense input from more than thirty young people who use illicit drugs. They blew my mind. If these are the hands to whom NUAA is passing on our baton, we are extremely safe. Many of them are health literate and blood aware. Moreover, they are conscious of their role in the community of people who use drugs and their responsibilities towards the wider community. They are motivated for change; they want more choices and are angry about poor service and disrespect. It's about time we oldies let them lead us into a new era of harm reduction. This edition of UN is only the beginning.



SAFER FROM THE START

2015 is the best time in history to be a drug user, especially an injecting user. In no other time in history have drug users had such easy access to information, services and communities regarding drugs. We have the Internet. We have all sorts of services like needle and syringe programs, the medically supervised injecting centre, sexual health centres, drug user organisations and various models for treating drug dependency.

Being a young drug user means I have grown up not ever having to deal with a lack of any of the aforementioned services. This is thanks to the previous generations fighting so hard to have these services created.

Because of these things, being a young drug user has been a much different experience when compared to older generations. I have never had trouble obtaining clean equipment, due to the various services which supply equipment virtually everywhere in my city. I can obtain said equipment for free, anonymously and without being discriminated against. Compared to stories from older users talking about picking up used needles in the street or sharing a single syringe among a group multiple times, my experience is a huge improvement. But because this is all I've known I do not feel "lucky" to have these services: I definitely take them for granted.

The Internet allowed me to do research on the safest way of injecting drugs. It was particularly helpful in teaching me about wheel filters and their use for filtering pills. Had I not known about them, I would have been injecting pills unfiltered which can cause a range of health problems. Not to mention all the other things I learned through the Internet in regards to safer injecting practices.

Being young and being born in the time I was means I have never gone through a period of my use where I was using unsafely due to lack of information or poor access to services.

This is a special thing, especially when compared to older generations who have health problems from using unsafely when they were younger due to not having access to the information and services I have had my whole life.

Had I been born 10 years earlier it's possible I would have HIV, hep C or any other problem that can be caused by using drugs unsafely.

From the first time I injected, NUAA was a huge help to me in learning to use safely. I have obtained excellent information and advice. I have benefitted greatly from being a part of the NUAA community. I still remember the worker at NUAA's Needle and Syringe Program (NSP) at 345 Crown Street, Surry Hills doing a demo to teach me how to use wheel filters to ensure I did it

safely right from the first time. No other generation has been so lucky as to be able to start using drugs with these benefits.

NUAA has allowed me to feel much more accepted as a person who uses drugs. It has given me a place to go whenever I need help or information and the ability to contribute to the drug using community. I have been able to share my knowledge and experiences with other users on a personal level and to an audience through forums and *User's News*.

But the situation for drug users is not perfect yet. I hope to see in my lifetime the legalisation or decriminalisation of drugs. And for it to be socially acceptable to at least be a functional drug user.

With my generation being much more accepting of drug use and less conservative, it is my hope that when it is my generation in power in politics we will see much more progressive drug laws. I hope to see more NSPs everywhere, particularly free vending machines that are mapped and maintained regularly, with the locations available on the internet and through NSPs. I also hope to see drug user organisations like NUAA expand and for their member numbers to increase. There are a lot of people who use illicit drugs out there, particularly young people who are hiding in the woodwork and not a part of these organisations, and we need to find a way to include them.

Being young and using drugs has changed my life and my views; it has made me more empathetic to the plight of others. Balancing using drugs and university while also hiding it from my more conservative friends has a great effect on me and without NUAA and other services I don't know if my life would be as good as it is currently.

In this issue of *User's News* you will find lots of information about harm reduction techniques, including various stories from other people who use drugs. As a young user I personally find this information invaluable. There is a lot of information I would not be able to access without the existence of *User's News*. This has helped me immensely in staying safe, right from the beginning.

A SAD LOSS



Timothy Moore was a very special man. He made a huge contribution to harm reduction and drug law reform over several years, including his work in the early days of NUAA.

At Xmas, Tim sadly died from accidental overdose, a man of barely 50. He is a reminder that no matter how much head knowledge we might have about harm reduction, none of us should become blasé. Fear of discrimination leading to secrecy is sometimes central to why even experienced users overdose, and we need to remember to never use alone. Check out the advice around overdose in this issue.

Tim is sadly missed but we are grateful for the time we had. NUAA sends sincere condolences to his family, including his young child, who have to deal with an enormous hole in their lives. Here we include some words from NUAA's Director of Projects and Services who worked with Tim at NUAA and reproduced an edited portion of an obituary written by Melanie Walker and Dr Scott Davis.

<http://bitly.com/1IBAx4c>

FROM FIONA:

When I heard Tim had passed, my heart blew a gasket – “Tim, not Tim Moore, not our Tim”! Tim was my first supervisor/mentor at NUAA (working on the Tribes Project) many years ago. He has always been a man of deep passion and commitment to all. Tim's passing, like all too many others, serves to remind us that we still have a long, long way to go in the realm of overdose, OD education and naloxone distribution. Let the passing of this compassionate and loving young man (in my eyes he'll always be 25) lay the foundation for further OD prevention education and a commitment to getting naloxone out there to the friends and loved ones of all people who inject drugs.

FROM MELANIE & SCOTT:

It is with great sadness that we reflect on the sudden passing of Timothy David Moore late last year. While we are all devastated by Tim's loss, those of us who knew him are keen to shine a light on his many professional achievements. Tim's contribution was wide-ranging and his work and commitment to achieving better health outcomes for marginalised and vulnerable communities was significant. For such a young man he certainly leaves an amazing legacy. ...

Tim was committed to advancing a harm reduction approach to addressing alcohol and other drug use issues. He worked on the “AIDS Bus” back in the 1980s and his dedication to informing an evidence-based approach to alcohol and other drugs policy never faltered. During the early 90s his work with ... NUAA influenced a great many people who went on to become the backbone of the alcohol and other drugs sector in Australia. ...

In the late 90s Tim moved on to play a pivotal role in a series of ground-breaking projects with the Australian Federation of AIDS Organisations. ... In the naughties Tim went on to work as Drug Policy Project Officer with the Redfern Legal Centre [and] worked closely with groups such as the Australian Drug Law Reform Foundation. ... Tim was a strong advocate for human rights and civil liberties, leading a campaign questioning the use of sniffer dogs and hard-line tactics against drug users by police and advocating against unlawful discrimination against marginalised communities.

Tim's policy work is highly regarded and he was widely published... During his time at the Redfern Legal Centre, he co-authored a book entitled *Modernising Australia's Drug Policy* with Dr Alex Wodak ... [which] outlined a ten-point plan to reduce the death, disease, crime and corruption associated with current approaches to drug policy and law enforcement.

<http://bit.ly/1DhQ1dP>

<http://bit.ly/1algvuw>

In recent times, Tim worked ... with the Victorian Aboriginal Community Controlled Health Organisation... [and] is acknowledged as a catalyst for VACCHO's continued growth and success. ...

We will miss Tim's intellect, his compassion, his commitment and most of all his friendship. Our lives are so much richer for having known him. We love you Tim.

<http://bit.ly/1HOqWak>

REMEMBERING OUR FRIENDS

We have lost too many friends from overdose, HIV, hepatitis, suicide and health problems that went untreated due to stigma and discrimination. Two important days are coming up when we come together to focus on those friends. They include 21 July, International Remembrance Day; and 31 August, International Overdose Awareness Day.

To mark these days, the next issue of UN (#81) will include some short obituaries of people from our drug using community who have died.

If you have lost a friend and would like to have them remembered in the pages of UN, please send us their first name and a few words about them - just a paragraph or two, say around 100 words or so. You might like to write about things like their good qualities; their love for their children, friends and pets; their achievements; and your relationship with them. Think about how they might like to be remembered.

SEND YOUR REMEMBRANCES TO LEAH AT NUAA, PO BOX 350, STRAWBERRY HILLS NSW 2012 OR EMAIL TO LEAHM@NUAA.ORG.AU OR TEXT TO 0406 422267 BY THE END OF APRIL 2015.





WHAT DO CHOCOLATE & CANNABIS HAVE IN COMMON?

1. YOU GET THEM IN VENDING MACHINES!

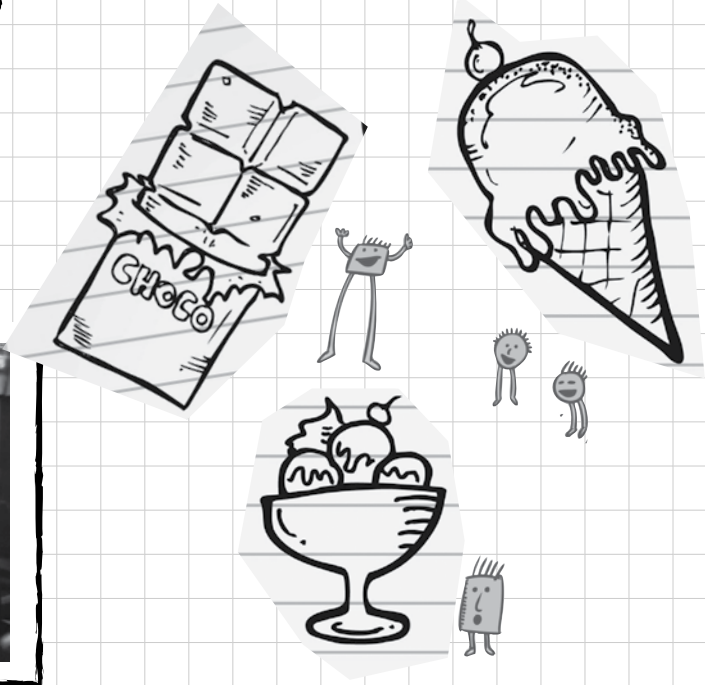
In the US, there are now 23 States and one Territory where cannabis is legal in some form. <http://bit.ly/1HOqWak> Cannabis vending machines, first used in Canada, have now been installed in some of those US States. Alaska, Oregon, California, Washington State and now Colorado have the machines. They are placed within approved dispensaries for those who know what they want and would like to avoid counter lines. The machines dispense hash oil, plant matter and cannabis drinks and incorporate identity and age verification and medical card confirmation.

Read it here: <http://reut.rs/1C1uSme>

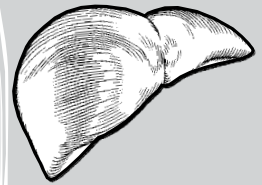
2. THEY ARE BOTH ICE-CREAM FLAVOURS?

Ben Cohen and Jerry Greenfield, makers of Ben & Jerry's ice cream have a tag-line of "Choose your euphoria" and flavours like "Half baked" and the Bob Marley themed "Satisfy My Bowl". Now they have come up with the idea of cannabis-infused ice cream. Cohen said the idea: "Makes sense to me. Combine your pleasures." Greenfield said: "Ben and I have had previous experiences with substances...I think legalizing marijuana is a wonderful thing..." There would be challenges in producing the product, given it could only be sold in approved dispensaries and could not cross state boundaries where cannabis is not approved... but fans of cannabis and of ice-cream have responded well to the idea. Apparently there is a trend in the US moving away from smoking cannabis to ingesting it, so it may be something for the future!

Read and watch it here: <http://huff.to/1MF4G6A>



ADVISING CANBERRA ON HEP C



In January 2015, the federal House of Representatives Standing Committee on Health Inquiry into Hepatitis C in Australia came to Sydney. Five federal Members of Parliament (MPs) from the Committee heard evidence from NSW organisations whose work relates to hepatitis C prevention, testing, treatment and care. Five people living with hepatitis C attended to tell their stories.

The Committee members appeared well-informed and were very serious in their approach to arresting the spread of hepatitis C and finding solutions to the current health problems of those living with hepatitis C.

It was great to hear an MP say the Committee accepted that “the evidence is in” on the effectiveness of providing needles and syringes, and now wanted to do more for those most at risk, such as people injecting drugs in prison and Aboriginal people who inject. They were perplexed that prisoners were not targeted for prevention strategies and that there were no NSPs in prison, especially given that recent increases in prisoner numbers will mean an increase in hep C infections. Everyone present emphasised support for NSPs in prison because of the risk of nearly every injection being shared. People who always use sterile equipment outside will share inside.

NUAA gave the Committee copies of *Stories from the Other Side*, our book about injecting drug use in prison that looks at international models of needle provision in prison and presents the experiences of people injecting in prison. We were told the Committee found it very useful. You can find *Stories from the Other Side* at www.nuaa.org.au/wp-content/uploads/2014/09/prison.pdf

Expert doctors and researchers reported that we need many more Australians to go onto hep C treatment. In 2013, only 1.2% of eligible patients were treated. link to <http://bit.ly/1Fjo7Lt> There are more people getting new infections than people being cured, so soon Australia could be in an even more serious position with hepatitis C and liver damage. It is argued that people who currently inject drugs are risky candidates for treatment, but less than 2% of us actually go on to get the virus again after clearing it. <http://bit.ly/1JnitA5>

Obviously more people would want treatment if there were fewer side effects and a better chance of success. There are “new-generation” drugs that fit the bill, but are expensive. So ordinary Australians like us can afford the new treatments Sofosbuvir, Sofosbuvir + Ledipasvir, Daclatasvir and Asunaprevir, they need to be approved by the Pharmaceutical Benefits Advisory Committee (PBAC). NUAA has asked the PBAC to support the drugs.

In addition, we must refine and scale up hep C prevention. We need more ways to reach people with sterile injecting equipment, including being able to pass on sterile equipment to our friends as with the NUAA NSP’s Extended Distribution scheme. It was also considered NSPs should encourage service users to be tested and treated for hep C prevention as we do at NUAA’s NSP with our health care clinic offering fibroscans.

Reps at the session reminded the MPs to continue to partner organisations like NUAA so we can help our members to be aware of hep C prevention and treatment and support them through the process.

Pharmacotherapy (methadone and buprenorphine) was talked about as a form of hep C prevention. More services in prison would help prevent hep C there.

MPs were told it was “shameful” that Aboriginal people are 3% of the population but have three times the transmission rate of the general

population. To reach Aboriginal people who inject drugs better, new NSP models are needed as well as more vending machines, peer distribution and safe disposal options. Aboriginal community controlled health services must be able to lead and shape improvements.

Stigma and discrimination is a huge barrier. Sadly this occurs in the medical profession as much as the general community. Health services must realise their obligations to provide non-discriminatory care. Education and awareness campaigns would lead to more welcoming services.

Discrimination was a large part of the stories told by the five individuals who have experienced life with hep C who gave evidence to the Committee. It was very moving to listen to witnesses in tears bravely telling stories about how hep C had affected their lives. They talked about depression and exhaustion, in one case leading to loss of a career and inability to self-support. There was experience of both successful and failed attempts at treatment, including stories of extreme side effects. There were impassioned pleas for the new treatment.

One witness who had been exposed to hep C in prison spoke in detail and with great value about how needles are shared in prison and the reluctance to use Fincol because of being identified for ramping. He called for an injecting room approach to providing needles in prisons, rather than for a needle exchange service or vending machine. Another witness who had developed sexually transmitted hep C spoke about the cross over between hep C, HIV and sexual context.

NUAA has put in a submission to the Committee to consider.

WHY NOT IN GAOL?

Dear UN,

I am currently an inmate at a correctional centre.

I am writing to your magazine to discuss the serious issue of the sharing of needles that occurs within the walls of every gaol. This is the major problem of concern and I am writing on behalf of all my fellow inmates that face this dilemma on a daily basis. I have spoken to official visitors and chaplains about this issue and they were very aware of this problem.

Their response was that "the gaols don't need to provide new, sterile fits to inmates because there are no drugs in gaol". This is bullshit because there are drugs in gaol. So, if they provide clean fits to inmates, it means they have lost the "war on drugs" in gaol – and God forbid they will resign to this fact.

I believe that the Government and the gaol system has a duty of care for all inmates – regardless of the situation.

If they provide new, sterile needles in the community – why not in gaol? It does not make sense. This is a serious issue that needs to be addressed.

I have seen some very dirty and disgusting fits that are sometimes shared throughout the whole yard in one day. The fits are cut down, have melted plastic holding the needle in place. They are sharpened with sandpaper. I have seen bits of a thong used as a plunger. Inmates use tap water, not sterilised injection water, and there are no alcohol wipes to clean the skin. And inmates shoot up in the yard in a very unsanitised environment. The list goes on!

On my last lagging, I did use a second hand fit. I was very careful in cleaning it before I used it. I was very lucky not to catch anything.

This lagging I have vowed not to use. I don't want to red light myself and cause problems for myself in gaol, but someone has to inform the community, the government and the gaol system that that is a serious issue that needs to be addressed – otherwise the spread of hep B, hep C and HIV will continue throughout the gaols, and once inmates are released, this will eventually spread into the community.

I am just one voice and I don't know what I can do. I was hoping that your organisation can lobby the Government and create a greater awareness for this problem that exists in gaol.

I speak for all my fellow inmates that have to deal with this serious issue. Thank you for listening.

Neil

Dear Neil,

Thank you so very much for this important letter. We are aware how serious an issue this is and our hearts break when we think of all the men and women in gaol who are not given the same opportunity to care about your health as those in the community.

We put together the book *Stories from the Other Side* to show those people who are making decisions about our health that this is a serious and urgent problem. We have given it to anyone we thought might be in a position to make a difference, including politicians and their advisors and policy makers working in Corrections and Health, including Justice Health. If you have a look at the piece on page 7 of this mag, you will see that recently we gave it to federal Members of Parliament who sit on the Standing Committee on Health and are currently looking at hepatitis C. They really seem to be pushing for change in prisons. We will continue to push this issue with anyone and everyone, as are other drug user organisations around Australia. We are still hoping the planned trial for an NSP in a Canberra gaol will come through. I will bring you more on it as soon as I have something more to report!

Thanks for reading UN and for being such an amazing member of our community. We have to work to keep each other safe and I am so glad to know you are there watching the backs of other people who use illicit drugs. I know you are the kind of person I would want close by in a crisis! I really hope you will write to us again.

Love Leah

CRYING

Dear UN,

I am in my 30s and am a member of UN. I love your/our mag.

I am currently in gaol. I have been in for the last 3 Xmas'es & soon will be sentenced. Fingers crossed, it's been a long time coming.

Anyway, as of 1 August, 2015, all NSW correctional centres will become non-smoking & Amen to that! But why I am writing this letter is not to complain about taking away our smoking, as I believe it's a blessing in disguise. But I want to draw attention to the fact that this change means there will now be no matches in gaols.

I've been coming to gaol since 1995. Now most users I know are long time users & most men won't let a person who has never used a fit start in gaol. As well, need I say, the risk of HIV and hep C are really high in gaol. So we usually would advise some people to smoke the substance on foil & at the same time give them a spiel about not wanting the monkey on your back, lecturing them somewhat well about life as a user.

I don't know if anyone else can see what's going to happen, but I freaken can. If there are no matches, then there will be no smoking drugs. This means needle use will go through the roof & that will spell welcome to HIV and hep C infections. I hope there will be a voice for those people trying to stay safe in gaol by not using fits and smoking instead.

Thanks for all your hep C info. It has turned me around.

Anyways, I finish with this..

Crying on the inside for our young men.

Darren



Dear Darren,

Wow. Your letter is what makes *User's News* the great mag it is. You have brought to us an issue that only someone who has "been there" could possibly think about. This is a very serious issue and we will be bringing to the attention of anyone who will listen. Thanks so much for bringing it to our attention.

And my heart jumped when you wrote "your/our mag". *User's News* belongs to the whole community, and I thank you for reminding everyone of that. I hope it prompts more people to write in, ask questions, make comment, tell stories, send me illustrations and photos and, in general, to take ownership of the content in the mag.

Thanks for reading the mag and for writing in. We hope you do it again soon.

Love Leah

**** STOP PRESS! ****

Some disappointing news just through: After years of to-ing and fro-ing over the NSP trial in the ACT prison, the ACT government has now bowed to pressure and agreed to give prison guards the power to veto such a program. This means the majority of guards have to vote in favour of the program to get it introduced - and guards say the syringes could be used as a weapon. Despite several successful NSP in prison programs internationally, the spectre of history remains the greatest barrier to introducing a NSP to an Australian prison. **We now need to convince prison guards that the spread of blood borne viruses is a serious issue in prisons and ask for their compassion and support.** One person in 8 who comes into a prison without hep C will be living with the virus by the time they leave - around 15%. The full story here: <http://ab.co/1CvDm22>

Getting sterile equipment

WHY USE STERILE EQUIPMENT?

why should I bother?

There are lots of reasons for using new, sterile needles and other equipment like spoons, filters and tourniquets for each and every shot and disposing (safely) of it after using each item only once.

BBVs ARE VIRUSES CARRIED BY BLOOD

Wherever blood can be, so can Blood Borne Viruses (BBVs). "Borne" means carried or transported – BBVs are viruses carried by blood. BBVs include hepatitis B, hepatitis C and HIV. Every time there is a chance that someone else's blood might enter our bodies (or vice versa) we should think "a blood borne virus could be passed on" and take the appropriate care. For injecting drug users, the big opportunity for BBVs comes through the blood left on or in used injecting equipment.

BLOOD CAN BE ANYWHERE

Blood doesn't just stay on or in a needle. Which means the hepatitis and HIV viruses don't only live in or on fits. You need to think about the fact that blood can be in used spoons, on used tourniquets, on used cotton, on surfaces where injecting has occurred, on fingers, on the body. Only new, sterile equipment has no virus risk.

FOLLOW MANUFACTURER'S ADVICE

Syringes and needles are actually designed and manufactured for single use only. Just like a tissue or a tampon. They were never meant for more than one use, let alone to be used by more than one person.

AVOID A LIFELONG ILLNESS

Use sterile equipment to avoid a blood borne virus (BBV) like hep B, hep C or HIV. If you use a needle that someone living with a BBV has used, it is likely that the virus will transmit to you.

THERE'S MORE THAN ONE BBV

You can have hep B, hep C AND HIV all at the same time - they all live in blood and are called BBVs – blood borne viruses. Getting more than one BBV is called co-infection and makes for a very complicated illness and treatment regime.

WE ALL WANT HEALTHY, WHOLE BODIES

Bacteria causes abscesses – pus sores. These can develop into gangrene if not treated. That means you can lose a limb.

BBVs LOVE TINY

You only have to have a tiny amount of blood present for a BBV to survive. And you only need a tiny amount of BBV to pass on a virus or infection. It is in the nature of BBVs to keep infecting. You might think you have cleaned up a used fit for reuse but you can't be certain unless your equipment is new.

DON'T WASTE YOUR SHOT

Reusing a fit or other equipment, even your own, without cleaning it properly, can give you a "dirty hit" – that is, an infection that may cause violent headache, crippling disorientation and vomiting soon after your injection.

WHERE TWO OR MORE ARE GATHERED, A BBV MAY BE AMONG THEM

If you are injecting with someone else, or if you use equipment someone else has used before you, then there is a risk that you will acquire a BBV. Only by each person using their own new, sterile equipment can you eliminate the risk. That means each person has their own fit, spoon, cotton, filter and tourniquet and mixes up and injects in their own space – then disposes of equipment afterwards.

VIRUSES AREN'T LAZY

In ideal conditions, inside a syringe, hep C can last up to two months; hep B can survive more than four weeks; and HIV can live up to four weeks.

INFECTION REPEATS

Infections from unsterile equipment can develop into endocarditis, an inflammation of the inner layer of the heart that can make you very ill and affect your health for the rest of your life. Once you get it once, you are prone to getting it over and over.

AVOID TEARING

Just because a needle looks sharp to the naked eye, that doesn't mean it is! The more they are used, the worse it gets. You can feel it – you have to push harder and it hurts.

YOU DON'T HAVE TO SEE IT

BBVs live in blood. Just because you can't see any blood on a used fit, spoon, tourniquet or surface doesn't mean it isn't there. You can only be sure with new, sterile equipment that you open.

EACH BBV HAS A FAMILY

There is more than one genotype of hep C and more than one genotype of HIV – and you can get more than one. This means more symptoms and makes treatment even harder. You may be using with someone who has hep C and think it doesn't matter to share. But you may have different genotypes and pass your type onto your friend and vice versa – so you both end up with two types of hep C. There are currently 22 different genotypes, and you can theoretically have them all at the same time. Having more than one type means more symptoms and a more complex treatment regime.

WELCOME BACK

You can clear hep C either spontaneously or through treatment but get it again.

Getting sterile equipment

WHAT CAN YOU GET?

ALL SIZES

BINS

KITS

- ONESIES "WITH THE LOT" - ALL U NEED FOR A SINGLE SHOT
- 5 OR 10 FIT PACKS - SYRINGES IN CARRY CASE/ BIN
- 5 OR 10 KITS "WITH THE LOT" - ALL U NEED FOR A FEW SHOTS

SAFER INJECTING TOOLS

- TOURNIQUETS
- SPOONS
- SWABS
- WATERS

SHARPS

- 1 ML NEEDLES & SYRINGES - SINGLES, FIT PACKS, BOXES OF 100
- 1, 3, 5 ML BARRELS - LUER LOCK, SLIP ONS
- TIPS - BLUNTS & SHARPS LONG & SHORT

SAFE SEX STUFF

- CONDOMS
- LUBE
- DAMS
- GLOVES

FILTERS

- COTTON
- WHEEL FILTERS
- STERIFILTS

read more on filters pg.27

Getting sterile equipment

YOUR EXPERIENCES

We asked some young people about their experience getting sterile equipment. Many did not know where to go or what was available.

XAVIER, 24

Vending machines around Sydney are either positioned way out of reach of anywhere anybody wants to be, like right inside a hospital zone, or they are in places where everybody is, like the Cross, so when you can get there they are empty, there's nothing left. And then there's the cost. A lot of the time you don't have \$3.00 or you can't get change. The machines don't give change. Sometimes they take your money and give you nothing. Mostly I usually have

no idea where to find them! Most packs don't come with water either, so you get stuck. But overall, it comes down to availability & price. I am homeless. My mates and I don't always have change for clean fits. And it can be hard to get the money for a fit vending machine when you need it for so many things. especially early in the morning, between 1:00 AM and 8:00 AM. You really want it then. If you're going to reuse an old fit, that's when you'll do it.



LAVA, 18

Most people don't know which chemists sell fits and which don't and they don't know the whole chemist trick - that if you take in a box [black fitpack] of used fits they will give you a box of new ones for free.

HAMISH, 24

How do you find out where vending machines are? IF you can find one, it's pretty common that it will be empty, especially on a weekend, and on long weekends. They are also broken fairly often. They take your money and you can't get it back or whatever. So you need to be able to get a back up. They don't even have an emergency number for if you are in a jam and can't get a fit. At the very least, they need to have the address of the next closest machine.

TABBY, 19

Finding out where to get fit boxes from machines and where to find different services that provide free equipment is not always easy. I have always found out through friends or simply by asking around. But there must be an easier way than just having to ask people or relying on the knowledge of other people. It seems really hard to find out where to get sterile equipment. If you don't know where to go, you can't get new fits. If you can't get new fits, then you will reuse old ones. I don't want to get hep C but they don't make it easy.

DANDY, 24

We had no equipment and went into a Kings Cross pharmacy where the pharmacist refused to give us needles, without any proof of a legitimate use for them. We found their treatment of us very distasteful and they contributed to us using old equipment. This has happened at other pharmacists as well, and bad treatment discourages people who use drugs from seeking out medical professionals for help.



SAM, 22

My experience with finding new equipment is a fucken nightmare! My rage is that there are absolutely no places where I live - or at least too few and too far apart - to get clean equips. I have way too much to say about trying to find "cleanies"! The big keys are: awareness and availability. We don't know what's on offer to be safer. We don't know where to go. We don't know the addresses.



PHILIP, 22

Vending machines are too hard to find and too hard to get fits out of. Sometimes it feels like playing the pokies when you use a vending machine. You might get lucky and get a fit or you might not. How is your luck running? Do they even want us to have them? I don't think so. They say they do, but I don't think they do. They are messing with our lives.

BEN, 22

I only know a couple of places where you can get boxes of 100 fits and I travel a long way to get to one. I'd really like to know where more are.

UN: Try the AIVL online NSP directory or call your Local Health District.. They will tell you where you can find sterile equipment.

Go to page 47 and 48 for how to find NSPs!

AIVL'S ONLINE NSP DIRECTORY & LEGAL GUIDE
www.nspandlegal.aivl.org.au
ADIS 02 9361 8000 or 1800 422 599

THE LAW AROUND EQUIPMENT

Is it an offence to possess syringes and other equipment?

It is an offence under the *Drug Misuse and Trafficking Act 1985* to possess equipment for self-administration of a prohibited drug (e.g. a bong or ice pipe). However, under Clause 22 of the *Drug Misuse and Trafficking Regulation 2011* that regulates NSPs, it is not an offence to possess a syringe (used or sterile). "Intravenous drug users" can also carry equipment that is required to minimise health risks associated with the intravenous administration of a prohibited drug, that is, "to prevent the spread of contagious disease and minimise health risks associated with intravenous drug use".

It is (technically) an offence for anyone other than a chemist or authorised NSP to pass on syringes however no-one has ever been prosecuted for this. NUAA is currently in the middle of a two year Extended Distribution trial by which people pick syringes up at NUAA's NSP to pass them onto friends. It's going so well that there has been a decision to expand the trial statewide and we hope peer distribution of needles and syringes will become a permanent amendment to the regulation.

It is an offence to possess a syringe in a prison though, even if you're a visitor and even if it is intended for your own personal use and you leave it in a locker before going in.

If it's not an offence to possess a syringe, can police still confiscate syringes from me?

It is still illegal to self-administer (give yourself) a prohibited drug unless you are doing it inside a licensed injecting centre. It is possible that police could confiscate a used fit as evidence of self-administration.

However, evidence that the equipment has been used in the past is not relevant or sufficient to prove the charge (*Erickson v Pittard* [1976] 2 NSWLR 528). The prosecution must show that the equipment was possessed by the accused. The law is the same as for possession of drugs – there must be knowledge the syringe is present and evidence that it belongs to the person.

Police could also confiscate syringes as evidence in other situations, e.g. if you have been accused of an armed hold-up using a syringe as a weapon.

Is it an offence to sell bongs and pipes?

It is an offence to sell, supply or display for sale a bong or ice pipe, or the component parts of a bong or pipe, whether or not the bong or pipe was intended to be used to administer a prohibited drug.

Is it an offence to administer drugs to myself or have someone shoot me up?

- Under the Act, a person is guilty of an offence if they:
- administer or attempt to administer a prohibited drug to himself or herself
 - administer or attempt to administer a prohibited drug to another person
 - permit another person to administer or attempt to administer to him or her a prohibited drug.

READ MORE!

<http://bit.ly/1FzBZE5>

<http://bit.ly/1y2BzWN>

<http://bit.ly/1E2p2nn>

Getting sterile equipment

WHERE DO YOU GET IT?

Within New South Wales, the state government runs the whole injecting equipment show, called the Needle and Syringe Program (NSP).

The Ministry of Health provides the money and regulations. The actual handing out of equipment is managed by 15 Local Health Districts (LHDs). See page 47 for their contact details. Some non-government organisations (NGOs) – community organisations funded by government – also hand out equipment.

There are a few different ways of providing equipment: fixed sites (buildings), usually referred to simply as “NSPs”; via outreach (pedestrian or vehicle); or via automatic dispensing (vending) machines. Often an NSP service will operate more than one – they may have a fixed NSP, an outreach service and a vending machine. NSPs run by LHDs are called primary NSP outlets. NSPs run by NGOs are called secondary NSP outlets although NUAA’s Surry Hills NSP is a primary outlet.

Overall NSW has the country’s largest network of NSP services with over 400 NSP outlets across the State providing free equipment, with no limits, with no Medicare card. Different services will have different products and different brands, so call ahead if you are shopping for something specific.

The private sector tops up the NSPs through a government-subsidised community pharmacy scheme which around 400 chemists across the State take part in.

Primary NSPs

There are primary NSP outlets in various locations within all LHDs. These are fixed sites where the provision of needles and syringes to prevent blood borne viruses is the prime purpose of the service and they have workers with expertise in harm reduction. They provide a range of needle gauges, 1, 3 and 5 mL syringes, and condoms and lubricant; disposal services; and education, health promotion and brief interventions.

Secondary NSPs

Secondary NSP services are provided through a range of agencies where the provision of needles and syringes is not just part of the services they provide. Typical secondary outlets include Community Health Centres, Sexual Health services, Alcohol and Other Drug (AOD) Services, Youth Services, Aboriginal Community Controlled Health Services and Hospital Emergency Departments. Some secondary outlets are involved in both treatment services and the distribution of sterile needles and syringes such as Rankin Court at St Vincent’s Hospital which is a pharmacotherapy unit as well as a secondary NSP and also host a vending machine. Secondaries are required to provide at least 1mL needles and syringes, disposal services and be able to make referrals for harm reduction info.

Outreach

There are two kinds of outreach services. Mobile NSP outreach operate through use of a vehicle. They are typically delivered from a specified location at a specified time but some deliver

to private houses. All mobile outreach services are required to provide disposal services. NUAA’s outreach service is a primary service delivering to public and private addresses in Cabramatta, Fairfield, Liverpool, Campbelltown and nearby suburbs (call 0487 387 442). There are also pedestrian outreach services are provided by staff who move around from place to place or group to group in an effort to promote and extend the reach of a service. Pedestrian outreach aims to increase access to IDUs who may not come into contact with NSP services in other ways. An important goal of outreach work is to develop rapport and credibility with clients, and refer them to other mobile or fixed site NSPs. Where appropriate, outreach may be provided at selected community events. Call your LHD (p47) to find out if there is an outreach service in your area.

Vending machines

Vending machines used for the NSP are officially called Automatic Dispensing Machines (ADMs). There are over 100 ADMs in operation across NSW. These are devices used for the purpose of dispensing needles and syringes without the personal attention of staff. All carry fit packs with 1 mL syringes. Some carry specialty equipment such as larger barrels with needles and wheel filters. There are two kinds of ADMs, those that charge and those that are free. ADMs are usually found in hospital precincts or near NSP outlets for use out of hours.

Pharmacy outlets

Pharmacists across NSW may participate in the Pharmacy NSP Scheme, managed by the NSW Branch of The Pharmacy Guild of Australia. A small number of pharmacies sell needles and syringes independently of the Pharmacy NSP Scheme. Pharmacies sell needles and syringes. They also sell specialist equipment not provided under the NSP, like butterflies and large (10 & 20 mL) barrels. They may also sell wheel filters, waters, swabs etc. They will take back returned used equipment if it is in an official black or yellow box. Some retail pharmacies also dispense methadone. Chemists who participate in the NSP scheme will also exchange used needles and syringes for new ones at no charge. You bring your used syringes safely locked in an official black Fit Pack (holding 3, 5 or 10 fits) and the chemist will give you the same size Fit Pack with sterile needles in it for free. To find a participating chemist, go to findapharmacy.com.au and use the advanced search. Tick the Needle and Syringe box and put your address in, it will bring up options. (You can also use this site to find out methadone dispensers).

Smoke shops

A very few smoke shops will stock bongs, cannabis pipes and glass ice pipes. It is illegal to sell them so if they do, they will have them “under the counter” and available only if you ask. Peers who smoke ice say most tobacconists sell glass pipes for around \$20 each.



On line

You can google bong and glass pipes and find places on line that will sell them, including ebay. Remember they are illegal if they are for use for drugs. You can get injecting equipment from a number of places on line. Apart from eBay, which seems to have a fairly full range of equipment for sale, with free postage, there are the following:

Terumo's own site, with 100 x 1 mL syringes for \$15.35 and 50 winged infusion sets for \$26.82. See more here: <http://bit.ly/1qerVV>

There are several health supplies companies, including some operating in Australia, that sell injecting equipment, bins and other supplies. Use a google search like "buy needle and syringes in Australia" to find suppliers.

<http://bit.ly/1E2q02Z>

For safer foil, water, sterifilts, "nevershare" coloured fits and the full shebang, Exchange Supplies in the UK posts harm reduction supplies to the world at very reasonable unit costs and postage amounts.

<http://www.exchangesupplies.org/>



OUR LEGAL RESPONSIBILITIES TO YOUNG PEOPLE*

* According to the NSW Needle and Syringe Program Policy And Guidelines 2013
<http://www.wdp.org.au/pdf/NSW-Needle-Syringe-Policy-and-Guidelines.pdf>

ALL YOUNG PEOPLE

1. NSPs have a duty of care to all young people, to try to make them safe.
2. All young people under 25 who inject are considered at risk
3. It's important that any young person entering an NSP is given sterile injecting equipment if that will keep them from greater risk, including exposure to blood borne viruses through the possibility of reusing or sharing equipment.
4. It is also important that they are not worried about using the service again, because it might place them at further risk if they don't have somewhere safe to get new sterile equipment from.

YOUNG PEOPLE UNDER 16

5. Within the current legal and policy framework, a young person under the age of 16 and who is injecting

drugs must be the subject of a report to the Family and Community Services Helpline. If their name isn't known to NSP staff, a description and other identifying information should be provided.

6. A decision is made by the NSP team about providing injecting equipment. It all depends on how old the person is and whether denying them equipment would place them at risk of reusing or sharing used equipment or other risky behaviour.
7. Before giving them equipment, the NSP worker is obliged to help the young person do a risk assessment, including risk of exposure to blood borne viruses, other injecting risks and general risks faced by them.
8. They also need to provide information on alcohol and drug support services that are age appropriate.

YOUNG PEOPLE 16 AND OVER

9. If a young person 16 or over who injects drugs comes into an NSP, the staff may make a report to Family and Community Services if they are concerned the young person is at risk of harm from abuse or neglect. The young person should be involved in the decision to report however does not have to agree to a report for a report to be made but must be informed.
10. NSP staff should also provide support and referral to appropriate alcohol and drug services and youth specific services along with any injecting equipment.

Getting sterile equipment

WHERE DO YOU GET IT?

YOUR RIGHTS

1. NSPs are anonymous – you don't have to give your name.
2. NSPs are confidential – ask the workers anything.
3. You don't need to be referred from another service.
4. You don't need a Medicare card.
5. Equipment is free!
6. Take as much as you need.
7. You can take extra equipment for your friends from NUAA's NSP. Make sure you get the card NUAA produces that authorises you for extended distribution.
8. You can get advice on safer using including injecting, vein care, filtering, overdose, withdrawal management and more!

AIVL'S ONLINE NSP DIRECTORY & LEGAL GUIDE

www.nspandlegal.aivl.org.au

Provided by NUAA's national peak drug user organisation, AIVL, this is a list of needle and syringe programs (NSPs) including contacts, addresses (with a link to a Google map), hours of operation and types of equipment supplied.

It's device friendly!

You'll also find a state and territory reference of NSP and drug related laws with info on possession of equipment and disposal, rights during police questioning, illicit drugs and sex work.

Get to know your local NSP

CALL THE ALCOHOL & DRUG INFORMATION LINE 02 9361 8000 or 1800 422 599



The ADIS line is answered 24 hours 7 days a week, 365 days a year. ADIS has an up-to-date and extensive database that includes over 2200 drug related services including providers of needles and syringes.

Need a chemist who sells fits?

findapharmacy.com.au

To find what services pharmacies provide Australia-wide, use the advanced search. Tick the "Needle and Syringe" box, put in your location to get some options... then go shopping!

TOP TIPS!

1. NSP workers are there to help you. They are a great resource and usually have a lot of experience. Use them!
2. Ask for a demo if you don't know how to use a piece of equipment.
3. Run through your injecting technique with them and see if they can find ways to make your drug use safer.
4. Investigate different options for needles, filtering, water etc for different drugs and occasions. One routine won't cover all the situations you might face. NUAA and UN have some great articles on all this stuff <http://www.nuaa.org.au/nsp/> and your NSP worker can give you advice and demos.
5. If you aren't happy with how you are treated or information you are given at an NSP, chemist, or other service then make a complaint! (First complain to the owner/ senior manager. If no satisfaction, go to the Health Care Complaints Commission. <http://www.hccc.nsw.gov.au/Complaints/How-to-make-a-complaint/Default> Check out advice on NUAA's webpage on stigma and discrimination or call us on 02 8354 7300 and we can advise you.)
6. One disrespectful or unhelpful worker shouldn't stop you using a service, or another service, at an NSP or chemist or in fact anywhere! Most are great and want to help you.

Getting sterile equipment

WHAT CAN YOU GET?



SCOTT, 19

Where I live they only have B&D syringes. I asked where I could get Terumos and I was told a place an hour away. I really hate using B&Ds, they don't suck up properly and don't jack back properly so I did the trip. But when I got there, all they had was more B&Ds. It's not right. So I come into the city to get my syringes, over two hours each way. I should be able to get what works for me. I'll reuse Terumos rather than mess around with B&D that don't work.

ALI, 22

I think there should be pipes, you should be able to get pipes at NSPs. They are quite expensive. If you want young people in NSPs, get pipes. Then we have a place where we can get the information and other stuff. But there needs to be stuff for us. I shouldn't have been injecting to be able to come and get good information about drugs and staying safe.

JAKE, 24

I want 3mL barrels and wheel filters in vending machines. I don't understand why they don't have it. Lots and lots of people would want that.

UN

You may find this hard to believe, but there are some people who inject who feel the way you do in reverse, that is, they love B&D, which are ultra-fines at 29 gauge and don't like using the standard Terumo 27 gauge!

I agree that choice is important. We should be able to get the injecting equipment that suits us. At NUAA we stock both brands, including a Terumo 29 gauge, as do a number of NSPs. It may be worth it to ring up some NSPs and find out which stock your faves. Call your Local Health District (numbers on page 47 of this mag) to find out about stock in your area.

A number of people I spoke to for this edition said they would rather reuse a brand they liked than use a brand they didn't like. I can only emphasise that a used fit cannot possibly ever be as efficient or as safe as a sterile fit, regardless of brand.

When you can't get the Terumo 1 mL 27 gauge completes you want, you might like to learn how to use a barrel and tip arrangement where you have more control over the size of the needle and can use a 27 gauge tip. There are more choices in the world of injecting than you may realise.

UN

Pipes are not currently available but perhaps should be. They are currently illegal, so it is not simple. The focus of NSPs is the prevention of blood borne viruses (BBVs). There is a (small) risk of spreading BBVs via bleeding lips (abraded by the heat) and certainly encouraging people to not inject fits in nicely with BBV prevention. In Canada, where crack is the main drug, they have distributed pipes. They also developed a disposable mouthpiece that goes on the end of a pipe and can be changed between users. I think you make great points about getting young people and non-injectors access to good harm reduction information.

UN

There are some vending machines that do stock these e.g. Coffs Harbour. Call your Local Health District (numbers on page 47 of this mag) to find out if there are any in your area. It's a great idea to have these standardised. NUAA sits on a lot of high level committees and this is something we are taking on board.

Dear Doctor

SKIN DEEP



We have an awesome committee of doctors who give technical support to *User's News*. Thanks to Dr Frank McLeod, A/Prof Nadine Ezard, Dr Robert Graham & Dr William Huang for the advice they gave us in response to some questions that were asked by the young people who advised on this edition of *User's News*.

JASON, 18:

Dear Doctor,

MY FOOT SWELLED RIGHT UP WHEN I INJECTED THERE. I WAS REALLY WORRIED BUT SOMEONE TOLD ME I HAD ACCIDENTALLY HIT AN ARTERY AND IT WOULD GO DOWN ON ITS OWN. IT DID THAT TIME, BUT WILL THIS SORT OF THING ALWAYS GO AWAY EVENTUALLY? SHOULD I EVER WORRY?

Dear Jason,

There are a couple of reasons why you might get swelling after an injection.

1. Firstly, swelling can be caused by bleeding from the blood vessel that was punctured. You may have hit an artery and not a vein and then swelling will occur quickly.

There are good reasons why you inject in veins and not arteries. Here is a quick angiology (the study of blood flow) lesson. The arteries carry blood full of oxygen from the lungs via the heart to our organs and all the way to the tips of the fingers and toes in the limbs. Veins carry exhausted blood back to the heart and lungs to be re-oxygenated and go back out via the arteries again. The oxygenated blood of arteries is red. The exhausted blood is blue-ish. Arteries have thicker walls and the blood flows under higher pressure. Veins have thin walls and the blood flows under low pressure. Vein punctures stop bleeding a lot quicker than arterial punctures which can bleed out very quickly.

Your main target for any drug you inject is the brain. Veins are best for receiving drugs and taking them to the heart for distribution to the body and brain. If you inject into an artery, the drugs run downstream affecting the tissues near fingers and toes.

Smaller veins such as in the arms, are safer for injecting than large veins, such as in the neck or groin. With large veins, clots can form. These can travel to the brain or to the heart and lungs, causing major problems.

If you have hit an artery, the injection site will blow up quickly and quite severely and require strong local pressure for some time, that is, you need to press on the site for about five to ten minutes to control the swelling. Put that part of your body above your breastbone (level with your heart), for example by holding your arm up or by lying flat on the floor and putting your leg up on a chair.

Accidentally injecting into an artery is ALWAYS a risk when injecting drugs. If you do hit an artery, it can lead to permanent serious damage to downstream body parts.

If what you inject is able to cause the blood vessels to shut down, especially any of the amphetamine group, then it will cause the tissue of the fingers and toes to die – what we call gangrene. If permanent blood vessel damage is done even if the fingers and toes do survive, the hand or foot might remain cold and painful for many years to follow due to restricted blood flow.

We don't recommend you inject in your hands or feet. But if you must, take special care. Never leave rings or bracelets/bangles on if you are injecting in your hand or wrist area. If a ring is left on and you accidentally hit an artery, your hand will swell up rapidly and you may be unable to get your jewellery off in time. The same of course applies to jewellery on the feet such as toe rings and anklets if you are injecting in your feet.

If you accidentally pierce a vein, that is you push a needle through a vein and it bleeds, the swelling will occur slowly and not usually cause pain, although it will be worse if the limb is hanging down. Again, compression and elevation of the limb above the breast bone may alleviate it.

2. You might also get swelling from infection.

There is always the risk of infection when injecting illicit drugs. Virtually nothing injected that has been purchased on the street will be sterile and so will always be a potential source of infection. Depending on the germ concerned, this can result in local swelling with reddening and pain as occurs in cellulitis or a more generalised and dangerous infection, as in septicaemia where the germ breeds in the blood stream and may damage the heart and other organs.

The signs of cellulitis include redness, warmth, swelling, tenderness, and pain in the involved tissues. It looks like an inflamed, red rash on your skin and pus filled blisters can develop. If the area is expanding rather than getting smaller, cellulitis should be treated by antibiotics and perhaps in addition a topical cream.

Septicaemia is NEVER uncomplicated and will always need treatment, however when infection starts to interfere with the organs of the body it must be treated by antibiotics. The signs are fever and chills and a low blood pressure which may make you feel dizzy, exhausted and weak. You can feel alternately well and sick from septicaemia so even if you feel a little better from time to time, you still need to go and get medical attention. Don't leave it too late. See a doctor.

Filtering properly, swabbing the area and cleaning your hands can all reduce the risk of infection. See the NUAA video on hand washing and swabbing <http://bit.ly/1aliBkX>, AIVL's resource *A Fistful of Soap* and other fact sheets <http://bit.ly/1CSMvf4> and our piece of filtering on pages 26–27 of this edition.

JAKE, 18:

Dear Doctor,

I SOMETIMES GET A WEIRD RAISED RED WELT LIKE RASH AROUND MY INJECTION SITE WHEN I INJECT HEROIN. IT SEEMS TO GO AWAY FAIRLY QUICKLY, BUT WHAT'S THIS FROM AND SHOULD I BE WORRIED?

Dear Jake,

Most likely this is due to a localised reaction from the drug or its contaminants which can cause a local release of the chemical histamine. Histamine will cause reddening with some swelling in the skin and possibly itching. While it is possible this could be an early indication of an allergic reaction to whatever has been injected – or whatever that drug was cut with – it is probably more likely to be a simple irritant reaction. It would not be wise to use an antihistamine to counteract this effect as the effects of the antihistamine and the injected drug could well interact causing an overdose. It will go away on its own fairly quickly. If it doesn't, go and see a doctor.

ANYA, 24:

Dear Doctor,

I HAVE A HARD, HOT PUS-FILLED SORE ON MY INJECTION SITE FROM INJECTING ICE. WHAT HAS CAUSED IT? WILL IT GO AWAY ON ITS OWN OR DO I NEED TO SEE A DOCTOR? WHAT WILL HAPPEN IF I KEEP INJECTING THERE?

Dear Anya,

Any signs of pus around an injection site should lead you to a doctor for attention. Whatever you do, don't inject through it. Give the site a break until it has completely healed up.

Pus at an injection site suggests infection and given that it's close to a recently punctured blood vessel, it is not too hard to imagine germs could gain easy access to the blood stream, which is not a good outcome.

You may also get infections that are not actually on your injection site but elsewhere on your body. These will look and feel like a large boil and will be hard, hot and sore to touch, and may weep.

Basically where there is heat, redness and pus, especially if it is accompanied by a fever, there will be significant infection and you need to see your doctor. The infection may need to be lanced and will probably need antibiotics.

These sores will most likely be related to impurities that have entered your blood from infection. Ice contains a lot of impurities in it that are part of the manufacturing process and can enter your body when you inject. If you are very clean in your injecting practice, you can contribute enormously to preventing a repeat infection. That means always using a sterile, new needle and other new equipment; always washing your hands well – for 15 to 20 seconds or so; swabbing the area you are injecting in and your skin, including your fingers and the injection site. See the resources we have recommended to Jason for more info.

SEAN, 19:

Dear Doctor,

I GOT A RASH ON MY UPPER ARM THAT LOOKS A BIT LIKE ACNE – JUST ON ONE ARM THOUGH – AND NOTICED THAT OTHER ICE USERS GET THIS ON PARTS OF THEIR BODY. I HAVE FRIENDS WHO ARE CONVINCED THERE ARE ANIMALS BURROWING IN THEIR SKIN. SOMEONE TOLD ME HE THOUGHT IT MIGHT BE BEDBUGS AND TO LOOFAH IT. WHAT DO YOU THINK IT IS AND HOW DO I GET RID OF IT?

Dear Sean,

This could be one of a number of things. To start with, injecting stimulants is known to cause a rash, but this should go away within ten minutes. This is your body's natural reaction to the substance or perhaps the cutting agent.

When you are very active as you are on ice, the combination of dried sweat and drugs leaching out can make your skin feel uncomfortable and even itchy. If you are sleeping rough or even so preoccupied with partying you delay your usual hygiene routine, it could just be about oils and dirt irritating the skin. A sleep and a shower will freshen your outlook on this one.

It might also be a result of agitating your skin while "under the influence". Some people who use illicit drugs can become focused on things like blemishes, itches or skin picking. We aren't even aware we are doing it sometimes, but can end up with an irritated section of skin. In its most severe form this can result in infections, and if it comes to that it may need prescription medication to clear.

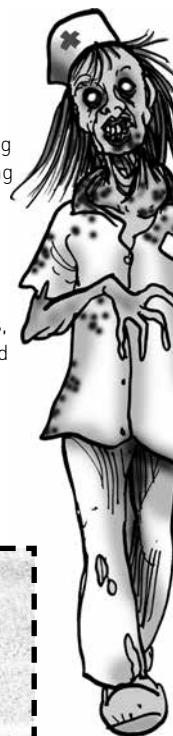
There are even people who use large amounts of methamphetamine who experience a feeling like having insects crawling over, under and in the skin, called formication (no, not fornication!). This may be connected to underlying mental health issues. When severe, this can become part of a psychotic delusion and result in admission to a psychiatric hospital.

Having said all that, there are parasites around. Scabies, body lice and the like are very easy to get through casual contact or even from things like carpets if the right conditions are there. And you are right, there are bed bugs in Sydney. These sorts of pests can be easily identified and treated by a chemist – there are lots of great products on the market – and you will also need to treat clothes, blankets and the like.

There are also bacteria that live in and on the skin and nose and some of them need to be treated. Other bugs doing the damage are Staphylococcus or Streptococcus, the latter one possibly leading to Rheumatic Fever or Acute Kidney Disease (Acute Nephritis). It can be worth getting a skin swab and getting it checked out to find out what is causing the problem.

Good advice with all skin problems is to try and minimise picking. The use of bactericidal soap, such as PhisoHex® or Sapoderm® available at pharmacies, along with keeping fingernails short and clean, can really help.

DEAR DOCTOR is going to be a permanent part of *User's News* so please get your questions in to us so we can get them answered! Text to Leah at 0406 422267 or email leahm@nuaa.org.au



Ask a peer anything...

NUAA KNOWS HOW

When we were talking to young people who use drugs about this edition, a number of things came up that they wanted to find out more about. They were not necessarily medical, although some had a medical angle. All related to safer using, or what is known as “harm reduction”.

So we asked peers to give their best answers to some questions that came up when consulting with young people for this edition, then got them “tech-checked” by peer experts and our UN Technical Committee of doctors and pharmacists.

If you want to know more about any of these topics, check out our websites usersnews.com.au and nuaa.org.au or call us on 8354 7300 to talk it through with a NUAA peer staff member.

If you have questions like these, send them into UN marked NUAA Knows How and we'll answer the best questions received!

LUDO, 23:

What is the best way to get bang out of your benzo buck? What, if any, benzos are water soluble and can be injected? I inject Xanax because I have the feel for steel so I think everything is better injected, but I am told it may not be the best way to go.

UN:

I asked a lot of people who use benzos about this and got pretty similar answers across the board. Firstly, everyone agreed that no benzo pill can be injected safely – in fact it is highly dangerous to inject them. It is also pointless, because benzodiazepines are not water soluble. This means that the active ingredient remains in the chalky residue at the bottom of your spoon when you inject it. (The exception with injecting benzos is of course those that come as a liquid in a vial and are made for IV use and they should not be taken orally.)

I'm told that if you are injecting Xanax® and you are feeling it, chances are you are injecting the entire pill, chalk and all. This means the chalk and other binders are flowing around in your bloodstream and will eventually lodge somewhere. If it is in

your lungs: hello emphysema! More commonly you end up with having your limbs amputated. This is not a scare tactic, this is the actual experience of people who have injected it. One peer who injected Xanax® on a daily basis was injecting in her arms but soon lost feeling in her fingertips. She switched to injecting the Xanax® in her groin. The result? First the loss of half a foot and a labia, and then her whole leg. This is not an isolated story. In addition, injecting Xanax® is one of the leading causes of death by IV use. They even have a name for it – Xanax® collapse.

Benzos are made to be swallowed and work very well when taken orally. They come on more quickly and strongly than injecting. However, I am told by some connoisseurs that the quickest and most efficient way to absorb benzos is by shafting or bunting (putting it inside your anus). The drug very readily permeates the thin membrane of the anus and so comes on quickly.

So the best advice for getting the max out of a benzo is to try bunting it. If you don't like that idea, go for the oral effect. You can increase the speed it will come on by crushing the pills up before you swallow them or taking them sublingually – popping the tablets under your tongue to be absorbed.

Please note that naloxone (Narcan®) does not reverse the effects of benzo overdose. If you suspect benzo overdose, you need to call “000” urgently.

Benzo = benzodiazepine = minor tranquiliser (depressant) prescribed by a doctor for panic and anxiety disorders, sleep difficulty, seizures and alcohol withdrawal = a large drug class = Generic names include diazepam, temazepam, alprazolam, clonazepam, oxazepam = Brand names include Xanax R, Normison®, Serepax®, Valium®, Rohypnol®, Mogadon® = benzos are scheduled by the TGA as S4 except alprazolam (brand name Xanax®) which is S8 and therefore subject to stronger regulations.

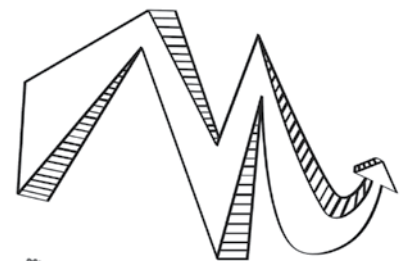
READ MORE!

<http://bit.ly/1Cc0EcG>

<http://bit.ly/1CvE7rJ>

<https://www.tga.gov.au/>

<http://bit.ly/105Tobx>





ALITA, 19:

It seems like common sense to use hot water for oxies to get the most out of them but someone told me that it's better to use cold water. What do you think?

UN:

Many people use heat because they think they are getting more of the active ingredient out. But heating can be unnecessary and even dangerous.

If you are mixing up opiate pills like Oxycontin® you need to deal with the binders (aka fillers or wax) throughout the pill that act as a slow release mechanism. As you heat oxycontin, the binders liquify and soften and will go straight through a wheel filter and in your mix. Heat may give you a clearer mix, but having a clearer mix doesn't mean you have got more out of the drug, it just means you have melted the binders and they are now in your mix. They will cool and separate once in your arm and may soon lodge in your lungs, kidneys, spleen or brain.

Research has shown that cold water extraction – where you crush up the pill very finely and then let soak in water for five minutes – is just as effective as hot techniques and a lot safer. Cold is, however, slower so you need to have a little bit more time.

It seems there are no exceptions with pills. Cold water extraction is best practice across the board as far as we know. If, after reading this, you are still going to go with heat when shooting opioid pills, then cool your mixture down while in the spoon, before you filter it. You can rub an ice-cube on the bottom of the spoon to quicken the process if you want. This will re-solidify any binder that has melted so it doesn't end up in your mix. It's not perfect but better than shooting all those binders.

As far as powders or ice is concerned, in Australia there is no need to add heat when mixing up. The brown heroin in Europe is actually made for smoking, not injecting, so needs to be prepared for injection. Heroin here mixes clear in cold, as does ice and other meth products. Some people add heat to help dissolve heroin if it is in rock form and a bit hard, but it really may just need a bit more work to mix it down. Cooking your mix – even bringing it to a bubbly boil – doesn't actually get rid of bacteria. If you want to do that, use a bacteria wheel filter.

If there are things in your mix that don't dissolve in cold (room temperature) water then you don't want them in your veins because they will revert back once injected. But cooking heroin may simply be a matter of taste and advice from both peers and doctors is that it doesn't actually add any harm.

There is a great article about this here. <http://www.harmreductionjournal.com/content/6/1/37>

JOEL, 24:

I have thought about going on methadone a few times to help get my heroin use under control. But everyone says it gets in your bones so it's really hard to get off. How does it get in your bones?

UN:

Methadone doesn't actually get in your bones. It can affect your bone density, but it doesn't "get in your bones" in the sense that it then has to be leached out in withdrawal. It can also damage your teeth, but so can 300 different medications including heroin, not to mention smoking, bad dental hygiene and not seeing a dentist regularly.

It is true that methadone withdrawal can be a little tricky. Methadone hangs around in the body much longer than heroin but it has nothing to do with the issue around bone weakening. Rather, it is because methadone has a longer "half-life", which is a way of talking about how long a drug stays in our system before the liver clears it. In general, the longer the half life, the more prolonged the withdrawal syndrome. But it's also one of the reasons methadone is so effective and why it only has to be taken once a day – and why if you are on a high dose you don't suffer much by missing a dose here and there.

Most doctors declare methadone withdrawal lasts six weeks maximum (as opposed to the four days they claim heroin takes!) but many people who have actually experienced it claim it takes much longer to clear all the symptoms, especially getting normal sleep. It seems like an individual experience and some people don't have too much trouble at all, while others find it incredibly difficult. Lifestyle issues have an influence here, and it depends how healthy and fit you are in other ways when you withdraw. For example, if you have hep C, your liver is already stressed and can make withdrawal harder to deal with. If you exercise daily, you may pass toxins more efficiently and be more physically tired so sleep patterns may improve sooner. The psychological battle can be more than half of it in some cases. However long it takes, it is always better to come down slowly as 'jumping off' a high dose of methadone always results in a more severe and prolonged withdrawal.

All medicines have benefits and negatives. Methadone has side effects just like any other medication – including illicit drugs. The most important question, and not just for methadone but for every other drug used as a medicine, is whether the benefits are worth the risks.

For people trying to not use heroin or wanting to cut down on its use, methadone is about as good as it gets. I went on it when I fell pregnant and find it very useful for juggling life priorities. It made me able to make space for a new baby in my hectic life of four jobs and a drug habit. It has helped me deal with hep C and depression. I am still on methadone and

NUAA Knows How

my family is happy and functioning today. That baby has just started high school. For others, the benefits will be different. Research associates methadone with reduced risk of death and blood borne viruses, improved physical and mental health, increased employment, improved relationships, successful parenting, reduced stress, increased stability and lower crime rates and jail stays.

Methadone is an opioid and so the side effects of methadone are also some of the side effects of heroin and other opioids like oxys, and of other illicit drugs. Like heroin, methadone does cause constipation (no shit!). But you can control that to some extent with your diet. Methadone is also charged with rotting your teeth. Like heroin and other illicit drugs, as well as many other drugs including antidepressants and antipsychotics, methadone causes a dry mouth (Xerostomia) and, along with the fact that methadone is mixed with sugar and alcohol, this increases the risk of dental decay. This is also treatable. See UN#78 at usersnews.com.au for some advice about Xerostomia or talk to your dentist. Mind you, you need to balance this one against the possibility of poor dental hygiene, insufficient trips to the dentist, a lifetime of other drug use that also causes Xerostomia – and of course tobacco causes far more damage than methadone on your teeth. Biodone can be an alternative to methadone here, as it is sugar and alcohol free.

Osteoporosis, a bone disease, has been identified as an issue of long term use of methadone. Research shows that methadone does things to bone cells and to the hormones that control bones that suggest it weakens bones perhaps more than some of the other opioids. Get this tested regularly and ask your prescriber about risks and treatments.

Lifestyle factors also contribute in part to some of these things, and given that well over 90% of people on methadone also smoke tobacco, some drink alcohol regularly and that others don't eat well or exercise regularly, we need to think how much these things are responsible for.

Right now, your big issue is probably whether methadone is a match for you – will the benefits outweigh the negatives? Many people find it is worth it. A few have severe reactions, for example around the constipation issue, and decide not to continue. But methadone has helped a lot of people manage their heroin use. You could consider buprenorphine as an alternative – but again, it has its own negatives. Talk it over with a prescriber. Ask as many questions as you have. Research it on the net. Call the Opiate Treatment Line on 1800 642 428. Go to nuaa.org.au for the peer perspective – there's a great resource called *If I knew then what I know now* on line or call NUAA for a copy or to speak to a peer on 02 8354 7300. And good luck.

<http://bit.ly/1N66fgD>

KATIA, 21:

I use quite a few hallucinogenics and I wondered about the risks. I have heard of people getting stuck in a trip and never coming down and wondered if that can really happen or if it's just something said to scare small children. I have also heard about acid getting caught in your body and causing flashbacks throughout your life. Are flashbacks real and if so, what are they caused by?

UN:

The biggest thing affecting how people handle hallucinogens are pre-existing mental health conditions. People who have really bad experiences usually have a mental illness either diagnosed or dormant and the hallucinations hook into their belief patterns. Having said that, I spoke to many people who have used a lot of hallucinogens in their lives and quite a few know of personal friends who have not experienced mental health issues but who were hospitalised because of experiences tripping – and some are still disordered. One had a friend who is still in a psychiatric locked ward, some twenty years on. Another had friends who never recovered after experiences on Datura.

Many of us have had to nurse a friend through a "bad trip". This can go from bringing them calmly back into reality, reminding them who and where they are and that what they are experiencing is not real but the result of a drug induced experience, to just babysitting them so they don't hurt themselves by flying into the sea off the cliff path at Bondi or hugging a cactus in the Botanic Garden, embarrass themselves by taking all their clothes off in David Jones or end up in court after walking out of Louis Vuitton with a set of luggage (yes folks, all true stories).

The harm reduction tip to take away from all that is: never trip alone. The buddy system is the best tool we have for safer using of all substances. In a group situation, it can really help if one person abstains from hallucinogens. If a friend seems fine and happy but just needs some support to keep them from harm, try and provide that or find someone in a fit state to provide that. But if a friend is frightened or having a bad time, or engaging in deliberate self-harm, then don't hesitate to get professional help. You can call ADIS (the Alcohol and Drug Information Service) which has trained counsellors 24/7 on 02 9361 8000 or 1800 422 599 or if it feels like an emergency call "000" for an ambulance or take them to your closest hospital emergency department.

No-one I spoke to knew anyone who had personally experienced an actual flashback – or what is known as "hallucinogen persisting perception disorder" – and research done in this area has shown little evidence of its existence. Visual problems such as seeing halos around objects seem to be the most common type of flashback, but



I didn't see any evidence in my brief scan of the literature of what we think of as a flashback in the annals of urban myths – that is, being in a meeting at work and suddenly being propelled to Planet X where your boss is the #1 alien. One experienced tripper told me about a defining moment or an epiphany when under the influence that later presented itself again very much like a de ja vu moment. But that seems about it.

Rachel, 22:

When I smoke ice, the next day I get a bad cough. I'd really love some tips for making my throat feel better.

UN:

Once you have the cough, there are cures from both chemist and supermarket that claim to "soothe the throat", including shelves of "cough lollies" like faves with butter and menthol that coat the throat. A home cure is honeyed herbal tea.

If every single time you end up with a scratchy throat, you might become more prone to infection each time you smoke. Inflamed tonsils and other respiratory problems can re-occur. If the pain persists a few days past your last session, you may need antibiotics.

What is better of course, is to avoid getting the cough in the first place. Heating your pipe up too much will make the gear too hot, and in some cases can even burn it. That can aggravate your throat, giving you a cough hangover. Not to mention that you end up with a blackened pipe from burning crystal inside the bowl. Another problem from overheating is that it increases the risk of burning your lips and having your very fine lip skin rip slightly and bleed, and that creates a risk of blood borne virus transmission.

To avoid cough, soot and torn lips, try to control the heat of the pipe better through improving your technique. The flame of your lighter should never touch the glass. Don't apply constant heat, roll the flame in a circular motion around the bottom of the bowl when you are heating it. Using your tongue to control the hit can cause injury both short and long term so is best avoided. Holding the smoke in your lungs is also not recommended. You actually get most of the effect in the first few seconds. Holding the smoke (as with cannabis) will just hurt your throat and your lungs for very little gain.

Let your pipe cool between uses. One reason for a too-hot pipe can be sharing, so that the pipe is constantly in

use with no time to cool. If at all possible, each person should use their own pipe. Then it's easier to keep it cooler because it is not in constant use and you can use your great technique to keep your own pipe looking good and working well. And even if you or your friends do get chaffed bleeding lips, you are not going to be part of a HIV or hep C hazard.

Your equipment can also make a big difference. Glass or pyrex pipes, say people who smoke ice a lot, are the best kind for controlling the temperature. Some dislike using big "torch" lighters as they are simply too hot. They prefer a regular disposable lighter of a reliable brand is the best tool for the job. Others like a big lighter, because they work slightly more quickly and are less likely to blacken the underside of the blow and impede visibility. If you do use a torch lighter, take it away as soon as the ice melts and inhale the vapour. And if your lighter is getting too hot to hold, chances are your pipe is getting too hot for your drugs.

HEIDI, 18:

The other day I accidentally didn't tap the liquid back and ended up with about 10 lines of air at the end of my shot and pushed it into my veins. Then I waited to die. It was 3 in the morning and I couldn't really ask anyone about it and I thought it happened really quickly. I honestly thought shooting air would kill you. After an hour I figured out it wasn't going to happen and I'm here. Was it just that I didn't shoot enough to die? How much air can you safely shoot without dying?

UN:

I can't believe we got this one, because something really similar happened to me when I was younger! I was told at the time that you'd need a bicycle pump to get in the amount of air necessary to kill us. While this is a bit of an exaggeration, I understand that you do need around 100 mL – so 100 x 1 mL syringes worth – in order to cause an air embolism. The lungs do a really great job of dealing with any air that comes in via the veins. This is one of those things that we don't need to worry too much about in the normal course of things. Certainly the amount of air that we are likely to inject is not enough to cause instant death. However, the risk of an air embolism is increased if you are shooting into the neck where there is actually a minor negative (or sucking) pressure as the blood is flowing downhill to the heart.

KEEP READING OVER THE PAGE...



NUAA Knows How

Having said that, don't stop tapping the air out of your syringe. While a big part of getting rid of air bubbles from syringes in a medical setting is about measuring the amount of medicine accurately, you still don't want to inject air. It may not be fatal but harm reduction is about making sure the body doesn't work harder than it needs to. Injecting air irritates and traumatises your veins. It can cause discomfort and even pain for some people. It certainly increases the chance of bruising and scarring and decreases the life of an injection site.

ANA, 23:

I am pretty sure that I have never used someone else's fit so I don't think I could have hep C or HIV. I don't think I need to be tested. It would feel a bit like getting a pregnancy test when you haven't had sex. Why should I get tested?

UN:

I don't know if you meant this as a rhetorical question but I'm going to answer it anyway! Blood borne viruses (BBVs) can be transmitted in lots of ways other than sharing a needle, including sharing tourniquets, drawing up from the same spoon if someone is reusing their own fit, from other people's poor hand-washing techniques, if someone can access your stuff without you knowing or if someone has ever shot you up. You don't have to see blood for it to be there, and viruses can live in a surprisingly small amount of blood. Get tested regularly. It is a good prevention strategy. If you know you are living with hep C, then you can get treated and make sure you don't pass it on. You don't need to make a big deal of it or tell your doctor why. Just add it in the mix if you are getting tested for something else. Getting an extra vial of blood drawn for peace of mind is worth it. There are places you can get tested for free without a Medicare card if you are worried about talking to your regular doctor about it. You can be tested at Sexual Health Clinics. Find out where you can go local to you by contacting NUAA on 02 83547300 or nuaa@nuaa.org.au. Or find a Sexual Health Clinic at <http://bit.ly/1qM44nA>

JACK, 18:

I've been thinking a lot about steroids lately. I'd like to know how to use them properly and safely?

UN:

Performance and image enhancing drugs (PIEDS), of which the most common is steroids, are really not that useful for young people.

A common perception is that the steroids work like 'magic'. Steroids don't work by themselves – they just set the stage for something to happen. You really need to have gone as far with developing your body in the gym as it is possible to go "naturally", that is with exercise and diet, before you

start to think about enhancing your already bulked, fit and strong body with PIEDS.

Even then, it's not just a matter of taking them and watching the muscles appear like Popeye and spinach. You need to know how to run a cycle of drugs, what to eat, how to exercise, how much water to drink. You need to cut sugar and salt because they clash with steroids and create side effects.

PIEDS can give you the stamina of an 18 year old – but if you're 18 already, you're probably not going to get much extra benefit for all the work and money of PIEDS.

It is up to you to weigh up the costs versus the benefits but the PIED peers we have spoken to say that when you are young, it's too much trouble for too little result. They say if you know anyone who says differently, you should be questioning their level of understanding of PIEDS and how they work.

PIEDS peers tell me there are lots of side effects to deal with, especially if you don't learn how to use PIEDS properly. It's an exact science. Side effects can include damage to the reproductive organs, liver, kidneys, heart problems from elevated cholesterol and blood pressure and certain cancers. Users are often confronted with swings in mood. Their natural production of testosterone will shut down when a cycle is started and they may encounter problems associated with trying to get their body to start producing it again when they stop the cycle. They can end up with mood problems, breast tissue, acne, fatigue and depression. The key to controlling most side effects is the use of an aromatase inhibitor, injection time-keeping and regular blood testing. It's a big deal and a lot of work.

Anyone contemplating the use of steroids needs to educate themselves as much as possible on the topic. This may take years. In the meantime, try these forums:

- www.aussiegyjunkies.com
- steroid-forums.com/
- forums.steroid.com/ (no Aussie content)
- ausbb.com/forum.php

Send your
questions to:
NUAA
Knows How



HOW TO AVOID TRACK MARKS

1. USE A NEW, STERILE NEEDLE EVERY TIME YOU INJECT

You can't see it with the naked eye, but needles blunt with just one injection. It takes a lot of pressure to poke a blunt instrument through your skin. Think about the difference between slicing a tomato with a sharp knife and a butter knife. Now apply that to injecting. You can go in smoothly with a new needle or you can tear a hole and damage the skin and vein with a used one. Plus, chances are you will need a few goes to get a vein with a used fit because the veins roll (move) when the tip is not sharp, making it hard to pierce them. Be kind to yourself. Watch this NUAA video at <http://bit.ly/1Dqvrvy>

2. MATCH THE TOOL TO THE SITUATION

Choosing a needle size depends on what drug you are using and where you are injecting it. It's best to always use a spike that is thinner in diameter (gauge) than the vein you are using.

3. ON THE UP AND UP AND UP

First, insert the needle so the bevel – the oval tip that enters the vein and carries the gear into your blood – faces up. Second, position the needle so that it goes in the direction of your heart. Third, you don't need to dig down deeply with the needle to get a vein. Veins can run quite shallowly. Run the needle parallel to the surface.

4. A CHANGE IS AS GOOD AS A HOLIDAY

Just like real estate, it's all about location, location, location! Rotate your sites. If you are having serious trouble finding a vein, improving your technique will help.

5. VEINS THAT SIT UP AND SAY HI!

The easier injecting is, the less times you will have to try for a vein, therefore the less damage you will do both for short term bruising and long term scarring. The more you prepare your veins, the easier it will be to inject. You want them plump and proud – "proud" in the sense of sitting high, not in the sense of self-satisfied. Drink water. Heat your site – try a wheatpack. Avoid caffeine.

6. BE SNEAKY! DISTURB THE SITE AS LITTLE AS POSSIBLE.

In order to limit damage and scarring, it's always better to disrupt the site as little as possible. Don't rush. Try to be somewhere you can take your time over your shot and go gently. First, keep the site still. Keep your limbs straight. Rest or lean against something. Second, jack back as few times as you can. Third, put the liquid in slowly. Fourth, you want the site to bleed as little as possible once you take the fit out. Elevate the site before you take the fit out, then pull the needle out slowly while elevated. If you are using a lot of liquid, use a butterfly.

7. ANY FILTER IS BETTER THAN NO FILTER.

Filtering is really important. Residue in your veins can cause all sorts of problems.

8. GET YOUR TOURNIQUET TECHNIQUE DOWN.

If you are a person who needs to use a tourniquet, because not everyone does, it's advised to use a proper tourniquet. Next best is one of the blue ones you can get from NSPs. Tourniquets need to be a decent width and have good elasticity or "give". It's super important not to share tourniquets with others, get your own. Tourniquets get blood on them.

9. SNAKE OIL

There is no evidence for their effectiveness. Some NSPs give out or recommend bruise creams. Made for reducing hemorrhoids, they may help reduce bruising at the injection site and reduce future scarring. The best evidence is probably associated with vitamin E used daily. Get a cream with a very high percentage of vitamin E content or open vitamin E capsules and spread the oil on bruises and scars.

10. DO YOU REALLY HAVE TO INJECT?

There are a lot of times where injecting isn't actually going to give you the best bang for your buck. Some drugs are not made to be injected, and work better taken other ways. Swallow, snort, smoke, chase, shelve. Some places are not made for injecting, like gaol. You can look up techniques on sites like: bluelight.ru; opiophile.org; drugs-forum.com; 420chan.org; reddit.com/r/drugs and www.reddit.com/r/opiates/; and partyvibe.org

For the full article on how to avoid track marks and improve your injecting technique, go to usersnews.com.au It's totally worth a read.



THE DIRT ON FILTERING

PARLY, 18:

I never filter ice because it mixes down really clear just in the baggie. I don't know if I'm supposed to, but I never do. I worry the filter will take part of the drug.

UN:

Recently in Melbourne there have been a number of people hospitalised with endocarditis from not using filtration for ice. Endocarditis is an infection of the inner lining of your heart that occurs when bacteria spreads through your bloodstream and attaches to damaged areas in your heart. Left untreated, endocarditis can damage or destroy your heart valves and can lead to life-threatening complications.

It's always better to filter all drugs. Street drugs are full of germs and harmful particles. Just because the mix looks clear, doesn't mean it is. Ice can be really grubby because of the way it is manufactured. Small insoluble particles can block small blood vessels, cutting off oxygen flow to tissues in the body – causing rot and death of the tissues. Microbes from the air and your skin – along with whatever was breathed in or on fingers and utensils used to make and package your drugs – can get into your mix and in your veins. You can get serious infections from a contaminated mix and the best way to get rid of contaminants is with filtration.

The best filter to use for ice is a fine wheel filter for bacteria, but a sterifilt can be a great alternative that is sterile and workable while being less time-consuming. Sterifilts are considered the best filtration for amphetamine "baggy" mixes and also perform well in terms of getting rid of the most residue while holding on to the least amount of drug. Also they come in sterile packaging, so no added bacteria from dirty fingers.

But no matter what sort of filter you use, some filtration is always better for your veins than no filtration.

The amount of drugs that filters retain is miniscule. You can always wash

them with clear water to make sure you get all the drug or if using cotton, swallow it.

Filters should never be reused or kept for a wash at a later time. This will only produce what you are working to avoid – a "dirty" hit or infection. One extra word: no filter can remove a virus.

BRETT, 19:

I never know how big your filter should be. You get given a big bit of cotton wool.

UN:

Your filter should be quite small – just big enough to just sit above your mix when resting your needle on it so particles have to pass through it and can't slip into the fit when you're drawing up the mix.

DAN, 21:

I have been told that wheel filters are really great to use for oxies, but they look like they would take half your drugs along with whatever else they are filtering out. Do they?

UN:

Not at all. In fact these little devices will help you get the best out of your drug. The amount of drug that any filter retains is minimal and you can always rinse a couple of times til you are sure you have it all. What the filter keeps is stuff that shouldn't be in your body – chalk and fillers – not active ingredients.

Wheel filters take a little getting used to, like anything new. When filtering pills like oxys, the trick is to use a cotton wool ball as a pre-filter before using a wheel filter; then a coarser filter (1.2 micron – red at NUAA) to get rid of all of the chalk especially if the mix is very chalky or gluggy; then a finer bacterial filter to get rid of all of the bacteria (0.22 micron – blue at NUAA). Remember no filter can get rid of a virus.

You will be able to tell when the wheel-filter is starting to block up as it will

become harder to push through. Don't push it through hard, get another wheel-filter and finish off the job. To get the remaining goodness out of the full filter and into your mix, use a mL or so of water and run it through the filter. You can run through more if you like, but remember not to keep a used filter around thinking you can get another mix out of it later. They are breeding grounds for bacteria once used.

Sterifilts are an alternative to wheel filters that are not as effective but will clean up your mix considerably if you don't have a wheel filter, and have been found to retain the least amount of drug after rinsing of any filtering method. While wheel filters are better, Sterifilts are a good alternative when you are in a hurry and the next best alternative to a wheel filter. It's best to use the most efficient filter you can get your hands on, but any filter is better than no filter.

JADE, 24:

A couple of times, I have injected methadone that I have kept in my mouth. So far I've been lucky, but I'd like a way that might be safer.

UN:

Methadone should always be filtered with a red bacterial wheel filter. Any drug that has been in a mouth should be treated with a bacterial wheel filter to filter out bacteria and fungi. Mouths are really dirty places and it is risky to inject drugs when it has been in someone's mouth. It is not safer if it has been in our own mouth compared to someone else's – it's all the same. It can even be risky to inject methadone from a bottle that has been sipped from. Injecting drugs that have been in a mouth without a bacterial filter can result in serious infection and make you very ill, including a high risk of endocarditis, a heart infection that will plague you all your life if you get it once. A bacterial filter is an absolute must for all methadone or buprenorphine injection, and for all drugs that have been in a mouth.

WHAT FILTERS DO WHAT?

A.K.A. AVOIDING A DIRTY HIT

SAFER



FILTER	WHAT PARTICLE SIZE DOES IT STOP?	TIPS
Blue Bacterial Wheel Filter	0.22 microns	This is the best and will stop bacteria as well as particles and greatly reduce risk of particles lodging in your lungs.
Red Wheel Filter	1.2 microns	This will take most particles out and greatly reduce risk of particles lodging in your lungs. <i>Sterile in package.</i>
Steri Filt Filter	5 microns	This is the best for use with powders and greatly reduces the risk of particles lodging in your lungs. <i>Sterile in package.</i>
Compressed Cotton Filter from Apothicom	20–30 microns	Less likely to block your needle than other cotton based items. <i>Not sterile.</i>
Tampon	About 50 microns	At risk of contamination if rolling with unclean hands. Same risk level as cotton balls. <i>Sterile until opened.</i>
Cotton Wool Ball	About 50 microns when rolled up	At risk of contamination if rolling with unclean hands. <i>Often does not come in sterile packages.</i>
Fresh Rollie Filter	About 50 microns	Better than cigarette filters.
Alcohol Swab	About 50 microns	These are very thin and can let your needle blunt easily. There may be risks associated with injecting the alcohol in the mix.
Fresh Cigarette Filter	About 50 microns	Some cigarette filters may contain harmful chemicals and small fibres. <i>Not sterile.</i>
No Filter	NOTHING!!	Most dangerous. All the germs and particles will stay in your shot.

LESS SAFE

SHOOTING UP AL FRESCO

Most of us have shot up al fresco – out in the loveliness of the day. It's rarely a lifestyle choice, more something we do because we don't have any other choice. While it's always best to use at home if that's a possibility, or at the Medically Supervised Injecting Centre (MSIC) in the Cross, these are not always options. If only we had MSICs all over the State...

Sapphire, 19

I shoot up outside in a park or whatever if there's nowhere else, but prefer to at least do it in a public toilet if I can. Sometimes you just have to. It's a risk, there's a lot of things that can go wrong and because you're jumpy watching out for people you hurry too much. It's hard to be as clean as you need to be.

Once when I was shooting up on some stairs of some flats I thought I was pretty hidden but two guys saw me from an upstairs window. They were very abusive, they went from suggesting that they wouldn't call the police if I had sex with them and trying to spit at me and one of them threw a lit cigarette towards me. I just kept going, because I was trying to get finished and out of there, so they said they were coming down to give me a hiding, so I just got the gear in the fit and didn't even try to get the shot in, I just grabbed everything and ran. I was really scared, they were so aggressive. They came into the street yelling "junkie whore" but I got away. I burst into tears as soon as I knew I was away and safe. I was really scared and angry.

Gil, 24

I think we have all used drugs in less than ideal places. I have used in many places that weren't ideal. From public parks to alleyways, car parks to apartment blocks, people's backyards to public toilets, workplaces and my university. At night and during the day, with people around and without people around, being careful and not being careful. But of all these situations the only place I have ever been caught was in a quiet street in a quiet neighbourhood in my car with almost no one around.

I had just met my dealer and I drove around the corner in a quiet suburban street and parked. I prepared my shot while looking around constantly for anyone that could see me, I saw no one. I shot up. Next thing I know I wake up to a cop knocking on my window. My doors were locked, as they always are when I am using drugs in the car to prevent people from opening up the doors if they catch me, including police. I quickly look around to take in what's happening outside my car there were two police cars and an ambulance with multiple police and paramedics. I looked around for my injection gear and left over heroin packets in order to hide them or swallow them. While the cop was

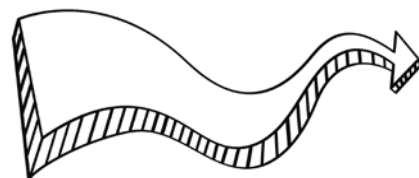
telling me through the window to not bother. I ignored her and continued. When I failed to find my remaining heroin I opened the doors and got out. It turns out I had parked in front of the drive way of a house.

The owner had come out and knocked on my window to get me to move because he couldn't get out. When I didn't wake up and he saw injection gear he called the police. I was checked out by the paramedics and driven home. While that was happening the police searched my car finding nothing but injection gear. After being returned home by the police I instantly returned to my car. Looking under the driver side seat I saw my two packets of heroin just sitting there in the middle of the floor.

This all taught me a valuable lesson. When using drugs in your car, follow the golden rule of breaking the law. Never break two laws at once. If you are in a parking spot that requires a ticket, buy a ticket. Don't park in no stopping or no parking zones. Don't park in an area where anyone would have any reason to come up to you to ask you to move or ask why you are there. Having said all that, if I hadn't parked there, then maybe I wouldn't be alive to tell the tale.

Simeon, 20

I always carry a container with sterile equipment, including a couple of syringes, those black covers for single fits [NSPs call them scabbards: Ed], plenty of swabs, cotton, water, scissors, a spoon. I always have new equipment on me no matter where I am or what comes up. I put all the rubbish back in it afterwards then I get rid of the rubbish and top up when I go to an NSP for new needles. I use a pencil box, my girlfriend has a manicure case, a friend has a case from a fountain pen. Whatever it is, I think it's good if it looks pretty harmless from the outside but has a hard surface so you don't risk poking yourself (or someone else) with a needle. Mine is metal so I can even use it as a little space to mix up in.



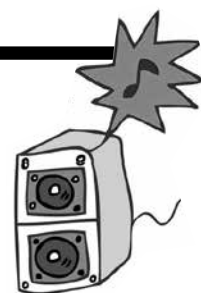
Some tips for making the most of where you are...



- Think about where you are and how to make it safe.
- Try and find somewhere quiet where you are less likely to be disturbed.
- Make the surface you are using on as clean as possible.
- Having a good base to mix up on can be the key. You can use the bag your injecting equipment came in.
- If you are outside or in a stairway mix up on a magazine or newspaper. You can easily cover up what you are doing if someone comes.
- Scope your environment and think about what is around that you can use. In a toilet, use the toilet paper or hand paper for putting on the toilet seat or cistern so it's clean.
- Carry a little bottle of hand sanitiser for cleaning your hands
- If you are in a bathroom, take advantage of the situation and wash your hands first.
- Make sure you have plenty of swabs. Use as many as you need. Then use extra.
- Get everything open and ready to go (but sitting in its sterile wrapping) before you open your gear so you are minimising the time of risk – that is, when the mix is in the spoon.
- If you are shooting up in a car, you can use the passenger side and mix up in the glove box. You can easily shut it if someone comes by.
- If you shooting up with friends, have each person take responsibility for their own injection. Use a mag or newspaper and each make your own space and then each have your own equipment – fits, spoon, filters, tourniquets etc. Not only does this reduce the chance of a blood borne virus, it reduces the stress of mixing up for others (or having others mix up for you) in an already stressful situation
- Learning to use a sterifilt means you add an extra layer of hygiene, as these come in a sterile wrapper and you are not using your fingers to roll a filter.
- Did we mention swabs? Well, use some more!
- Keep your fit covered and flat so it doesn't roll off and you end up with a dirty or dented needle. If that happens, use swabs to clean the needle.
- Mixing up in a baggie means if you need to grab the mix and run you won't lose any liquid. Some gear can be mixed up by putting in the fit, adding water and shaking. However, these techniques forgo use of a filter so they are unsafe, to be used in an absolute last ditch emergency.
- Clean up as you go so you can take off quickly
- Get your fit lid back on and get it back in the fit pack at the very least
- Take your used fits with you and the rest of your rubbish.
- To reduce the risk of overdose try and use with a friend or at least make sure someone knows where you are and what you are doing – even if by phone.

CHECK OUT NUAA'S VIDEO: MAKING LOCATIONS SAFER

<http://bit.ly/1GmE7C8>



DRUGS & MUSIC & STAYING SAFE

Despite common misunderstandings, drug use and a healthy lifestyle do not have to be mutually exclusive. People attend music events because they want to enjoy themselves and socialise. This piece gives some tips about how to enjoy yourself if you want to combine music festivals and getting high. By taking a few simple steps you can do as little damage to yourself as possible while maxing on enjoyment. It's about respecting your body, listening to your limitations, being a good friend and being empowered by evidence about safer ways to use drugs.



1. SET + SETTING

How do you feel, where are you going, what are you taking?

Consider your mindset: do you feeling like partying? Maybe you've been upset or unwell recently? If so, don't push yourself. If you are unwell, you may be setting yourself up for a bad drug experience. Drugs and alcohol often enhance the mood you are in, and if you are feeling down or unwell, you may just be magnifying those feelings. Remember fun? That's your goal, so do all you can to maximise achieving that!

What's the setting: house party, large commercial event with police and security, a multi-day festival you're camping at? Different settings require different considerations. Do some research. What kind of amenities are at the event? Can you get healthy food or do you need to take some? Is there a medical/first aid provider? Red Cross's Save-A-Mate program often have a tent at festivals and ACON often have support "angels" at festivals to help people having a rough time. These people are there to help, not bust you, so orientate yourself with their location in case you or someone around you needs such services at any point and be honest with them if you need help.



2. MATCH YOUR DRUGS TO THE EVENT

Make sure you have all the gen on your substance(s) of choice and the music event you're attending.

Have you tested the substances you are going to take to make sure you know what they are? It's important to know about any substances you may choose to take prior to an event. Some helpful hints include:

- Research your drugs and the event and make them match! Do your drugs suit the music? Maybe you should reconsider taking uppers if you're attending a low key family folk festival or vice versa you want to avoid k-holing in a mosh pit.
- What drugs are your friends taking? It's always more fun to be at the same level as your friends and be able to support each other.
- Have you had the drug before? It's better to use substances you know or have tested before. Seek guidance from your peers if they've tried it before. You can also research online. DanceWize hrvic.org.au/dancewize/, erowid.org, pillreports.net and bluelight.org are great places to start.
- It's always best to buy from a trusted and reliable source. Taking your chances at a festival and buying from someone

you don't know often doesn't work out. You won't know the strength or may even get ripped off. If the gear is unknown, try a little bit first. You can have more later.

- If you're using more than one substance research the effect of such combinations. Think about any prescription medication you may be on and whether you can mix other substances or alcohol. The more different drugs you take, the bigger burden on your body and the more likely chance of overdose or feeling unwell. Adding alcohol adds a lot of extra pressure on your body.
- Think about the party start and finish times and how long your ride going to last. You don't want to find yourself experiencing a 24 hour high at an 8 hour party! Nor do you want to be peaking while you are still in line or trashed before your favourite band even hits the stage.
- Seriously consider investing in your own drug testing kit. Reagents such as Mecke and Mandelin can produce results for a range of substances including the dangerous adulterants like PMMA/PMA.
- You should also be conscious that some drugs are sold under false pretences at herbal shops. These substances may or may not be harmful, but you may not get the high you were expecting.



3. SORT THE MECHANICS

Wear comfortable clothes and comfortable shoes! The substance(s) you consume may make uneven surfaces and gravity your enemy. Take a jacket even if it's hot. It can double as a cushion if you feel a bit whacked and need to take some time out. If you're heading to a multi-day event, prepare for all seasons and always have a dry pair of socks!

Check the weather forecast. At single day events if it's warm, but there's a chance of rain then take a plastic poncho. They are light, cheap and disposable and can make a big difference to your comfort.

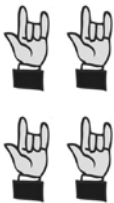
Have water on you always; wear your drink bottle like an accessory. Remember to have a salty snack on you because the combo of dancing and stimulants means you will lose body salts. You only need a teaspoonful of salt so a packet of salted peanuts in your pocket will work. Don't guzzle water or get obsessed with rehydrating. But don't let yourself get too thirsty either. Just drink normally.





If you're attending a one day/night event consider how you'll get home and whether you'll have to travel while high. If it's a house party can you sleepover? Can someone pick you up? Do you have money put aside in order to catch public transport or a taxi? Is there someone you can call if you get in a spot who'll pay a cab at the other end or pick you up? Despite your best plans things go wrong, so have a plan B.

If you're attending a multiday festival, set up your campsite before you take anything! Tent poles and tarps can put up a fight under even in the most comfortable of settings and you want to have your campsite set up before you start to party so you have your own chill out space ready. This can be a place to go rest once you've had enough adventure for one night, but it's also a safer and more private place if you're choosing to take drugs too.



4. BEFORE & AFTER

Pre-loading and post-loading can be useful concepts!

Pre-loading on drugs or alcohol can seem like a good idea in terms of saving money and not being sniffed out by a dog, but can wreck the good time you've paid a lot for your ticket to enjoy.

You can end up peaking way too early, or feeling ill from having too much at once.

If you want to "pre-load" then do it on sleep, vitamins and food! Healthy nutrition, hydration, and regular sleep is the magic triad for enjoying music and using drugs in a safer way. Anyone who uses stimulants may need supplements of magnesium, potassium, vitamin B, and vitamin C or other minerals or vitamins. When party time is imminent, make sure you have a balanced meal before you put drugs in your body. No exceptions! Eating is cheating and that's awesome (#winning).

After the partying is done, "post-load" on plenty of rest! Know that you may feel a bit flat or depressed after partying on stimulants and have a little cocoon waiting for you to recover in. Whether you choose to do that with friends or alone, make sure your bed is comfy, your room is clean, you've got some fruit stocked in and you have made the time to relax and enjoy. Baths are great. Watch a happy movie. In general, be nice to yourself and let yourself get heaps of sleep. Arrange for an RDO if you work so you can collapse guilt-free.



5. ANIMAL NOISES

One reason people pre-load is because they are worried if they carry drugs on them they will be caught by dogs or searched by police.

Just because you are carrying drugs doesn't mean you will be picked up and just because you aren't doesn't mean you won't be. The NSW Ombudsman's 2004 Review of the Police Powers (Drug Detection Dogs) Act 2001 found that while police searched every person indicated by a dog, prohibited drugs were only located in 26% of those searches.

A research article "Handler beliefs affect scent detection dog outcomes" in a journal called Animal Cognition concluded that dogs are unduly influenced by their handlers. The study determined handler influence by giving handlers

false information that scents were present in specific places. They found that handlers prompted their dogs, and the dogs obeyed. The message out of this is: your behaviour and police stereotyping are probably bigger predictors for whether you'll be stopped by dogs than whether you are carrying drugs. Watch a few of those shows about airport customs procedures and you'll see how many people are fingered for looking nervous, trying to avoid dogs/police, not having stories straight and not being white.

If you are fingered, you do have to co-operate. Be polite – you don't want any other hassles – but don't offer any more information than you have to – your name and address – without legal representation. If you are under 18 the police must help you to call the Legal Aid Youth Hotline. If you are Aboriginal or Torres Strait Islander, they must call the Aboriginal Legal Service Custody Notification Service. If you have a disability of any kind you are eligible for additional support. Police can pat you down and ask you to lift your clothes or take off your shoes/socks. You do have to open your mouth or part your hair if they ask you, but police at festivals do not do cavity searches or go near your genitals although these areas are in the smell zone for a dog. Have a look at the Legal Rights section in this edition. This interesting website is run by lawyers and ex-cops in the US.

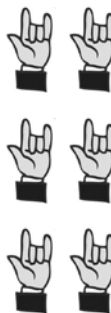
<http://nevergetbusted.com/>

<http://bit.ly/1FzF1bo>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3078300/>

<http://www.legalaid.nsw.gov.au/what-we-do/criminal-law/youth-hotline>

<http://www.alsnswact.org.au/pages/custody-notification>



6. FRIENDS, MATES, BUDDIES & PALS

The buddy system is the best one people who use drugs have of staying safe.

Make a deal with a friend or a group of friends to watch out for each other and stick together. What the terms of your pact is will be up to you, but it could include watching out for each other if you feel ill and need medical attention and/ or if someone is giving you unwanted sexual attention when you are out of it and/or making sure each other gets home. Babysitting a mate if they go a bit overboard is one of the rules of friendship.

A big part of harm reduction is about people who take drugs looking after each other as a community. Prohibition means drugs are treated as a legal issue more than a health issue, and this can be a barrier for people getting credible reliable information about substance use and access to essential health services due to stigma and discrimination. The peer education model is a positive counter-force. Practice harm reduction and be a positive role model to your peers. Share your knowledge with your friends. Sometimes you also might share your concerns if a peer could improve their technique or if they may need to pull back a bit to stay safe. Watch out for each other. Your intervention may save a life or cement a friendship that may last a lifetime.



MANAGING OVERDOSE

With cut out and keep cards!

JADE, 23:

I have called an ambulance for a friend who overdosed. The ambos were really good, they were polite and everything, and it ended up being ok. My friend was treated and they said he should go but he didn't want to and they didn't make him. He wasn't happy about it all, but he thanked them and they left. He was a bit sick because we didn't have any more gear. But the gear came on again after a while. We didn't realise that would happen so that was a bonus.

UN:

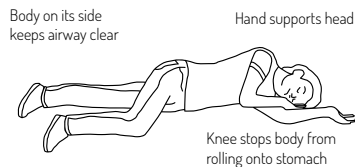
We get good stories and bad stories about ambulances, but the overwhelming majority are positive. Ambos don't have an easy job. Having said that, if you do have a bad experience, it is worth letting someone know. AIVL have an ongoing stigma and discrimination project, recording negative experiences at <http://www.aivl.org.au/stories/discriminationsurvey/> The info about opioids coming back on after being treated with naloxone (Narcan®) will be useful to readers. Never fear, naloxone doesn't take away your stone altogether, it just reverses it for a while – usually about 20–40 minutes depending on the dose. It is really important not to use again in that time, or you may overdose again.



Fold here

OVERDOSE Getting help

1ST: RECOVERY POSITION



2ND: CALL "000"

Ambulance please!
My friend has overdosed...



Police do NOT routinely attend ambulance call outs to overdoses. Ambulance officers are there to HELP and not report, and cannot press charges.

YOU COULD SAVE SOMEONE'S LIFE

DIAL "000" FOR AN AMBULANCE IF:

- You can't wake someone
- They are not breathing
- They are only taking a breath every now and then
- They are snoring and hard to wake

WHEN YOU DIAL "000" TELL THEM:

- Exactly where the person is (street, closest cross street, access etc)
- That they are unconscious
- That it's an overdose

STAY WITH THE PERSON until the ambulance arrives. TELL THE AMBULANCE CREW all you know about what, when and how the person used.

Ask us about FREE overdose & naloxone training

Tel: 02 8354 7300
www.nuaa.org.au



Cut along the dotted line

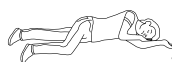
OVERDOSE Managing Fitting

1ST: MAKE THE AREA SAFE

- Remove anything that can cause injury
- Don't restrain them, the fit will only last a short time
- Don't worry about their tongue, they will NOT swallow it.

2ND: CALL "000"

I need an ambulance please!



- Body on side keeps airway clear so they won't gag on vomit
- Hand supports head
- Knee stops body from rolling

Police do NOT routinely attend ambulance call outs to overdoses. Ambulance officers are there to HELP and not report, and cannot press charges.

YOU COULD SAVE SOMEONE'S LIFE

TIPS FOR CARING FOR SOMEONE EXPERIENCING STIMULANT OVERDOSE:

- Move them away from bright lights and action if you can
- If at a venue consider getting help from staff. Large events employ First Aid officers.
- Monitor pulse, breathing and conscious state
- Keep them warm
- Encourage them to keep sipping water.
- Discourage them from smoking, it will impair their breathing.
- If they are delusional, don't challenge them but you can remind them they are out of it.
- If they are distressed, try to get them talking about their hobbies or interests

Ask us about FREE overdose training

Tel: 02 8354 7300
www.nuaa.org.au



Cut along the dotted line

PERRY, 19:

My friends and I were partying and one of the girls just went unconscious all of a sudden. We thought at first she had fallen asleep but then we couldn't wake her. We tried to waken her but she wouldn't respond. She seemed like she was breathing, but not normally, really slowly. She'd taken a lot of pills.

There was a big argument about what to do. No-one knew what to do. Someone was like, she'll be okay, just let her sleep it off, but someone else was saying what if she dies. We were worried about calling someone for help because we were all under 18, we had all taken stuff and we had other drugs and alcohol on us.

In the end someone volunteered to stay with her and call "000". The ambulance came and made them both go to the hospital with them. When they got there, the girl who was with her took off. The girl who overdosed ended up being ok. We all felt a bit bad about it, but at least we did call an ambulance.

UN:

Thanks for this story Perry. I bet everyone who was there that night are glad the ambulance was called. If your friend had died you would have been devastated all your life. I always think a good rule of thumb is to imagine what you would want done if you were in that situation. If you had overdosed, how would you want your friends to behave? We buddy together when we use drugs to look after each other. It's a good thing to discuss beforehand – how should we handle it if someone becomes unwell or overdoses? Make sure you have talked it over with at least one friend and decide to look after each other if the worst happens.

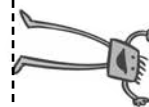
Whenever there is an overdose, you need to call an ambulance. Put the person in the recovery position and call "000". Tell them everything you know about what and how much the person has used and when they used it. You DON'T need to tell them your age. Attending an overdose does not implicate you. Ambulance officers are there to help not to report you and cannot press charges. Sometimes police do attend overdoses but not usually. As a precaution, it's a good idea to get rid of any drugs and drug paraphernalia from the scene. Have a look at the section on police powers and your rights in this edition (pages 40-41)

PAULA, 24:

I did the naloxone course but I haven't had to use it yet. But I learned some things about overdose I didn't know and it feels good to be prepared. I'm a bit scared I won't remember what to do if it comes down to it. But I think I'll be ok. I'm really glad I did it. The only thing is it doesn't work on Xanax and other pills [benzos] and heaps of people use those. You still have to call an ambo up front if someone drops from pills [benzos].

UN:

A lot of people find it really empowering to carry naloxone and many NUAA members have great stories of helping not just one but several people with their prescription. Don't worry, you will do great if it happens! Just keep calm. If necessary, the person on the end of your "000" call can help talk you through it if you really can't remember. We look forward to hearing about your first overdose reversal with naloxone! For readers wanting to get their own prescription of naloxone, have a look at the cards here and find out where to get training or contact NUAA on 8354 7300 or at nuaa@nuaa.org.au **Remember, it's best practice to call an ambulance whether you use naloxone or not.**



MORE CARDS OVER



OVERDOSE

Symptoms

STIMULANTS

SERIOUS – call “000”

- Anxiety
- Racing pulse
- Profuse sweating
- Excessive thirst
- Breathing difficulties
- Seizures (fits)
- Nausea
- Vomiting
- Delusions (seeing or hearing things that aren't there)
- Psychosis
- Chest pain

SUPER SERIOUS

- They stop sweating (and they are getting hot)
- Stroke (headache; loss of balance; blurred or decreased vision in one eye; difficulty in speaking; numbness or partial paralysis)
- Unconsciousness

OVERDOSE

Symptoms

DEPRESSANTS

SERIOUS – call “000”

- “Dropping” into sudden unconsciousness
- Lapsing in and out of unwakeable unconsciousness
- No response when you call their name, shake their shoulder, tweak their ear or tell them the police are coming!
- Deep snoring
- Slowed heart beat
- Slowed, shallow breathing (hypoxia)

SUPER SERIOUS

- Heart stops
- Breathing stops
- Skin turns blue

KNOWING WHEN TO GET HELP CAN SAVE A LIFE

Tel: 02 8354 7300
www.nuaa.org.au



OVERDOSE

Reducing Risk

TAKE STOCK! A FEW SMALL CHANGES IN THE WAY YOU USE MAY SAVE YOUR LIFE.

USE THE BUDDY SYSTEM. It is best to never use alone.

KNOW WHEN YOU ARE VULNERABLE and be extra careful at risky times.

KNOW YOUR TOLERANCE especially if you haven't used for a while.

TEST YOUR GEAR FIRST. Have a little bit first.

HAVE LESS if you have other drugs or alcohol on board.

INJECT 1ST ALCOHOL 2ND If you have your shot first then drink alcohol you will be better able to judge when you are reaching your limit

BE PATIENT If you have been treated for overdose with naloxone (Narcan R) your gear will come back on after a while. Scoring again will make you overdose

TAKE CARE OF YOUR HEALTH. When you are fit and eating and sleeping well, you are less likely to overdose.

Tel: 02 8354 7300
www.nuaa.org.au



WHEN YOU ARE AT GREATER RISK OF OVERDOSE

YOU HAVE HAD A BREAK FROM USING

- Recently left detox, rehab, or prison
- Only use every now and then
- Recently had a naltraxone implant removed

YOU MISJUDGE THE STRENGTH OR CONTENTS

- Using a new dealer or the gear is from a new batch
- The strength of the gear varies e.g. homebake or mixing up pharmaceuticals and patches
- Fentanyl and homebake are stronger than you realise.
- Stimulants like ice often include chemicals you wouldn't think of.

YOU ARE MIXING DRUGS OR DRINKING ALCOHOL

- Using pharmaceutical grade opioids, especially Fentanyl or homebake
- Used benzos in the 24 hrs

before your shot

- Drinking alcohol
- YOU USE MORE THAN USUAL**
- Larger shot than usual or have more shots than you usually do throughout the day

YOU MISJUDGE A DANGER PERIOD

- Relaxing or sleeping after a shot. Most people don't die at the time of injection.
- Just been treated for overdose and still have naloxone (Narcan R) in your system
- Depressed and feeling reckless or careless.
- Serious physical illness such as heart or blood pressure problems
- Existing psychiatric illness (in the case of stimulants)
- Feeling unwell and run down from a virus or other illness
- Tired especially when you have not slept for days from using ice.

NO MORE WAITING FOR THE AMBULANCE TO ARRIVE WHILE YOU WATCH HELPLESS...

KEEP CALM AND CARRY NALOXONE

Naloxone is used to reverse opioid overdose (e.g. heroin, morphine, oxycodone, methadone).

It is an immediate first aid response to overdose used by ambulance officers for decades under the brand name Narcan R and is now available for use by those most likely to witness an overdose.

People who inject drugs can be prescribed naloxone as a liquid in ampoules to take home FOR FREE.

It is safe, easy-to-use and effective.

Naloxone takes 2-5 minutes to start working and the effects last about 20 minutes.

Naloxone should be used with other overdose management strategies, including calling “000”.

OVERDOSE TRAINING SAVES LIVES

NALOXONE PRESCRIPTIONS

YOU can be trained for FREE in overdose prevention and treatment and prescribed naloxone (Narcan R) for your use at these Sydney locations:

- KIRKETON ROAD CENTRE (KRC), Kings Cross Tel 02 9360 2766
- MEDICALLY SUPERVISED INJECTING CENTRE (NSIC), Kings Cross Tel 02 9360 1191
- LANGTON CLINIC, Surry Hills Tel: 02 9332 8777

FIRST AID COURSES

RED CROSS SAVE-A-MATE (SAM) overdose training is available in city and country areas for people who use illicit drugs. Tel: 02 9229 4111

ST JOHN'S AMBULANCE runs First Aid courses including a mini 2 hour CPR course. Tel: 1300 723 021

Tel: 02 8354 7300
www.nuaa.org.au



Cut along the dotted line

Cut along the dotted line

Cut along the dotted line

Old farts

WORDS OF WISDOM



We asked people who have been injecting a long time to pass on their best words of wisdom... What do they wish someone had said to them? What is their best piece of advice to younger people who inject?

When I was a kid, autograph books were big and my mother wrote this: Love many, trust few, always paddle your own canoe. I really think it's good advice. Learn to inject properly yourself. Buy it yourself. Know your source. Mix it yourself. Inject yourself. Then you have the power. You know the amounts are right, you know the equipment is sterile. When my life is on the line, as it is when you use drugs, I trust the one person who puts me above everyone else: me.

Jen has been injecting 28 years

I won't say "don't do drugs" because no-one listens to that. Everyone has to make their own mistakes. What I will say is: try not to let drugs become the ONLY thing you do. Use drugs sure, but don't cut yourself off from "straight" life. Enjoy sunrises, get a dog, fall in love, study, read, learn an instrument, learn to cook, draw, meditate. But above all, get a job, even if it's volunteering for a few hours a week. Work builds self-esteem. Work opens opportunities you might not otherwise discover and you befriend people that otherwise you would never meet. It also gives you a way to pay for your drugs and stay out of the justice system. Most importantly, being in the workforce keeps you connected. If you slip "off the grid" it's really hard to get back.

Bill has been injecting 28 years

Pay your rent first. Just do it. Don't be tempted to think you'll catch up next week. You won't. Coming back from homelessness is very hard if you don't have anyone to bail you out. Some people never come back.

Stella has been injecting 40 years

Go at your own pace. You don't need to keep up with anyone else. Don't worry about what others are doing or not doing. Make your own choice about what, when, how and how much you use. No one else gets to live your life or feel the way you do or has to put up with the consequences of your actions. Chances are in a year's time you won't even be in touch with the "BFFs" you have now. So make your own decisions and set your own boundaries. It took me a long time to learn that the key to "cool" was being myself not some image I had in my head about who I should be.

Lyla Has been injecting 32 years

Never use alone.

Tony Has been injecting 35 years

You don't realise it when you start, but using changes you in ways you could never foresee. Think carefully before you take the step to injecting, or the next step to daily use. Do you really want what comes with it? Because it can be a really hard way to live.

Jacob Has been injecting 45 years

Swab those decks me hearty! Swab the surface you are mixing up on, swab your spoon, swab scissors if you use them to cut open a deal, swab your fingers before your roll a filter (of course let 'em dry first!), swab your injection site before you use, swab the needle if you accidentally touch it. You can't swab too much. You can't be too clean when it comes to injecting. Get a box of alcohol swabs next time you are at the NSP. Get two.

Pete Has been injecting 30 years

No one has the right to make you feel bad about your drug use or where you are in life. It's your business. Using drugs isn't bad just like abstinence isn't good. It's all just being true to yourself.

Gina Has been injecting 14 years

It took me five overdoses to learn it's better to be patient and test your gear first. Doing the naloxone course changed my life. It's so empowering to know you are prepared.

Megan has been injecting 18 years

There's nothing sexy about hep C. Nothing. It makes life really hard. If there is one thing that I would do over again is to make sure I never ever shared a needle, not even with a partner. We are lucky in Australia, we can get as much sterile equipment as we want. So my advice is: get lots so you don't run out. Not just fits but other equipment like spoons, waters, tourniquets. Get tested for hep C and HIV regularly, even if you don't think you need it. And if you acquire a virus, then get treated. You don't want to end up feeling old and tired out before your time.

TIM Has been injecting 25 years

If you are in prison and only doing a short stretch, seriously consider using the time to have a break, or smoking your gear. Using in prison is really risky. The chance of getting a blood borne virus is very high it's not a bet, it's pretty much a sure thing. If you think you might be going in, get on methadone before you go to court because once you're in, it's hard to get on a program.

Lachie Has been injecting 24 years

Fearless withdrawal

CHANGING DRUG USE: GETTING THROUGH WITHDRAWALS



Jay, 24:

That comedown after ice is just awful, so hard to deal with. I'd love some tips for dealing with that.



Bradley, 22:

I always start a detox with good intentions. When I'm stoned I want to not use, but as soon as I'm straight I find myself working out how to get stoned again. It's hard to see it through.

Nothing lasts forever. What goes up must come down. Whether it's a collapse after a weekend on ice or a withdrawal from a year on heroin, we need to learn how to manage times when drugs are absent from our lives as well as how to be safer when we are in the thick of it. There are many reasons you might want or need to detox. You might want to try abstinence or just need a break. You might have run out of money or just want to get your tolerance down. You might want to go overseas or have a baby. You might be going to jail or need to pass a drug test. Whatever the reason, it is always better to see the writing on the wall and do your withdrawal in a way that you are in control. That can mean a little bit of planning.

Where to be?

Where you detox will depend on your circumstances. If we are recovering from a party or binge we will want something different than we do if we are detoxing from a long period on a drug of dependence.

We can choose to detox at home or as an in-patient in a detox unit. If we have somewhere comfortable to stay and can get children minded and have time and a space to ourselves, then detoxing at home is great. No waiting list, no rules, we sleep when we want, turn the music up, smoke, self-medicate and do whatever is needed. However for some, the discipline and support of a detox unit really helps and access to buprenorphine for withdrawal from opioids can be a bonus. For those of us who are homeless, the inpatient detox is a place we can withdraw with dignity, hot meals and clean clothes. Some say there are too many people in a detox unit to distract them, while people with partners or flatmates who use like the idea of getting away from the familiar. If you are thinking rehab, then many places will want you to go through an in-patient detox. But it's your choice.

NUAA, your doctor and local clinic can help with advice and publications like Turning Point's *Getting Through Withdrawal*

series. Look on the net for info, including nuaa.org.au. Call your Local Health District – numbers in the back of this mag – or free phone service ADIS (Alcohol and Drug Information Service) on 02 9361 8000 to find services and help make up your mind.

How should I approach it?

Headspace

How you approach things is up to you and depends on whether you are planning a long abstinence and a life changing experience, or just want to take a break. Both of them hinge on making a decision to see something through, whether for a short or long period of time. The thing you can be sure of with detox, it has a beginning, middle and end. The middle is the hardest, but it will be over eventually if you stick with it.

If you are looking to change your life, you might make a ritual of your last drug experience, delete your dealers' numbers and have a mourning period. You can count the hours you've been drug free, reward yourselves as you go and get a support person/people (and actually use them!). Try sticking signs up around the place with affirmations on them like "I am a person with choices and I choose to clear my body of drugs" or keeping a diary noting the advantages of not using and listing all your good qualities.





BRAVE tips & advice

If you are taking a shorter break, you might decide to not make a big drama of it and just think of it like any other illness. After all, lots of people do it all the time, it's achievable, it's just one of those life things you have to do, like tidying the house, doing your taxes, exercising. There is always tomorrow and you can have drugs again any time you want – just not today.

Either way, the trick of not taking drugs is just that: you don't take them, no matter how you feel or whatever reason you dream up. Not so easy when you're in the middle of it, so don't beat yourself up if it doesn't quite work out that way.

Detoxing is not pleasant so you need to distract yourself. Dip into DVDs, CDs, magazines or comics. Draw a stick-figure cartoon starring you. Write lists ("things that make me happy"). Make a collage. Try relaxation tapes or meditation. Bounce a ball off the wall. Anything to stop obsessing over cravings. Delay the decision to get on... after you have a shower, after you write a story for UN. Make bargains. Distract yourself until you know your dealer is off for the day.

Don't get caught up in head chatter at 3am. This isn't an ideal time to dwell on how you lied to your partner, ripped off your friend or let down your kid. Remind yourself your emotions are exaggerated because you are detoxing. You are doing the best you can right now, and that's good enough. Be nice to yourself. You're pretty great, you know.

Physical withdrawal

Everyone's different, but there are some common symptoms. Get some meds for symptom relief. There are some tried and tested drugs that are not replacement drugs but deal with the actual symptoms, so talk to your doctor, a drug and alcohol service, your chemist or a naturopath, herbalist or acupuncturist. You can get prescription or over-the-counter drugs that will help. Depending what you are detoxing from, you may need something for muscle pain, stomach and bowel cramps, diarrhoea, headache, runny nose, weepy eyes and sleeplessness.

Look after your nutrition. Multi-vitamins, massive doses of vitamins B and C, and iron will help, especially if your diet has been lacking lately. You could also try natural remedies like St John's Wort for depression, echinacea for "head-cold" symptoms, valerian for sleep or ginseng to ease fatigue and low energy. Take lots of baths or showers with nice citrus smells to clear your head. Do some deep breathing and stretching. Masturbating really helps with easing both physical and emotional withdrawal symptoms.

Sleep is the great healer. You can work towards normalising your sleep by making your bed for sleep/sex only, not for watching TV or reading; keeping a regular sleep schedule (going to bed and getting up same time every day); and regulating your light intake – more sun by day and less light by night with low-wattage bulbs and a dark bedroom.



Emotional withdrawal

You are going to feel bad, and that's ok. It's what happens when you pull up from a binge or stop taking a habit-forming substance and there is no way of avoiding it. It's part of life to experience negative emotions and detox has a way of re-tweeting them all. Remember it is exaggerated because you are detoxing and you will feel better soon. Probably tomorrow. You can hang on til then. Remind yourself you are an amazing person doing something really hard.

You will feel crappy and anxious, so the tidier and cleaner your environment, the better you will feel. Detoxing in a chaotic environment is setting yourself up for failure – one reason why some people choose an in-patient detox in a clinic. Decide if you want people around or not, but make sure you have someone to call on for support if you need it. You can always call ADIS for a chat on 02 9361 8000 – they have counsellors on 24/7/365.

Your anxiety will be exaggerated, so remind yourself you are detoxing and it's all a bit larger than life. But don't ignore it. If you worried about something in particular, like an outstanding bill or argument with a friend, if will make you feel better if you acknowledge it to yourself without blame and then try and do a small thing to move it forward – like making an appointment to deal with it after your detox or even just writing it on a "to do" list to think about later. It may be that detoxing is a step towards fixing things you're worried about, so congratulate yourself.



Finally, remember there is no such thing as failure. Any experience will always make you better prepared for another time and place.

DISPOSING OF YOUR NEEDLES SAFELY

MANDY, 20:

I don't understand people who throw their fits on the ground, especially in parks. At the very least I make sure it goes back in a box [fitpack] and then I wrap it up and bin it. I really hate seeing fits on the ground. What if someone stood on it? Just because you inject drugs doesn't mean you have to be careless. But I think there should be more places you can take them. Sometimes I have to keep my used fits for too long before being able to get rid of them.



WILLIAM, 23:

I've used with people, like in a park, and when we finished they've thrown their fit onto the ground, just not caring. I get really annoyed. I tell them, it's not just about you; it risks everything. Most people already think that people who inject are scummy and selfish. When they see fits on the ground it's like a trigger to complain about the fact that we can get needles. If they complain enough, there's a chance the government will listen and we'd be without clean fits.



UN:

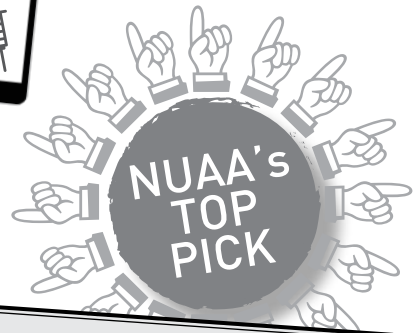
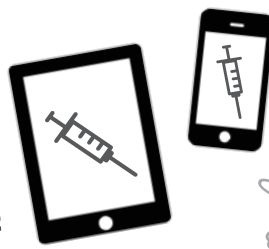
It can be hard sometimes to find the right place to put your used equipment. You can't put fits in the household waste – it can stop a whole truckload of garbage being processed. Some councils actually randomly check what's going out in the garbage. If you put them in public rubbish bins, it can end up with the whole bin taped up and boycotted by sanitation workers. Having said that, Mandy has the right idea. It's better to put your fit in a bin than on the ground. And if you have to leave it in a public place, it's better in a black fitpack box than loose on the ground. It's safer and less noticeable

UN:

Thanks for that William. You're right, there are lots of great reasons to dispose of your injecting equipment safely. Here's some of them to try on people you know who have trouble disposing of their used equipment safely.

- A place with lots of discarded fits becomes a "hotspot" for increased police activity and media attention.
- The nearest NSP or methadone clinic is often targeted and these services can be blamed and closed.
- All we have fought for over decades can become at risk because of a bit of street rubbish.
- Given favourable conditions inside a syringe, hepatitis C can last up to two months; hep B can survive four weeks or more; and HIV can persist up to four weeks.
- We don't want anyone to reuse used equipment if they are desperate because we want to reduce the risk of passing on blood borne viruses like HIV and hepatitis C and of infections from unsterile injecting.
- We need to make sure no-one can hurt themselves on the equipment. Actually, needle stick injuries are actually not common, but people worry it might happen so we need to manage the concern about it.
- Every time we drop a fit, we are giving ammunition and intel to use against us.
- We want to remove the risk of the general community having an unkind emotional reaction to injectors or to people living with a blood borne virus like HIV or hepatitis.
- We don't want to help people to buy into stereotypes about people who use drugs as dangerous people with dangerous, selfish behaviour who don't care about their health or communities.
- Every time the general public sees syringe rubbish, they are connected to the worst stereotypes of people living with a virus carried by blood as "dirty". This affects our health and well-being in serious ways, including risking the approval and delivery of life saving treatments.

Here are ways you can dispose safely:



1. **Safesharps** website and phone app is awesome. A great app developed to help you find the most convenient location to dispose of your sharps safely. You put your location in – anywhere in Australia – and then get a disposal point within 10k of where you are. Have a look here <http://www.safesharps.org.au> or enter safesharps at the app store.

2. Take your fits to your NSP. Some will pick them up too. Basically if a place will give you new equipment they will take disposals. They give out bins in all sizes to take home so you can return them full.
3. Some NSPs will pick up disposals and some areas have outreach services. If you live in the Cabramatta, Fairfield, Liverpool, Campbelltown areas you can call NUAA's outreach service on 0487 387 442 and they will pick up your disposals and drop off some new sterile equipment at the same time.
4. Every public hospital will take sharps. Usually they have a large disposal bin near Accident & Emergency
5. Other "Drug & Alcohol" services like methadone clinics and the Medically Supervised Injecting Centre (MSIC) take them
6. Chemists who sell sterile equipment will take disposals, but they need to be in an approved fitpack or yellow bin.
7. Public toilets cared for by councils and in businesses often have sharps bins on the wall for singles
8. Councils often provide larger capacity bins in public places – call your local council office to see if they do
9. if you see fits lying around your hood, get proactive and ask for them to be picked up. Call the NSW Health 24 Hour Needle Clean Up Hotline on 1800 633 353. They'll come and tidy them away! While it's tempting to pick up a used fit and deal with it yourself, it's better to call one of these services if you notice fits in a park or other public space.
10. Some clinical waste contractors will do a household pick-up service of full sharps containers and provide a new one (but charge a fee)
11. The Australian Diabetes Council Resource Centres take used sharps – see their website <http://www.australiandiabetescouncil.com>

JAKE, 18:

I used to be "fuck you" about needles, I just didn't care. I thought if people want to treat me like shit then why should I care about them. But then you know, I'd recycle the rubbish at home! One day I just realised that person who wanted to heal the planet was me, not the other one. I wanted to be a positive influence on the universe, not a negative one. So I started making sure I took my used needles with me and got rid of them when I went to get new ones.



UN:

And this is why we are ready to pass the community baton onto young people!

Getting rid of our fits is super important. Disposal is also about more than just sharps. We need to take all our rubbish with us – wrappers, water, spoon, balloon etc. Look around (and down!) for blood splotches, spots and spray and wipe off with swabs. Keep track of our used filter and wrap and bin.

Leave nothing but memories and the scent of your French cologne...



SO YOU'VE COME TO THE ATTENTION OF THE POLICE...

Many thanks to Jane Saunders, Principal Solicitor at The Shopfront Youth Legal Centre, for the legal advice in this edition. See ad for Shopfront on the inside back cover!



Possession, supply, what's the difference?

To be in possession of a drug, it has to be in your custody or control, and you must know about it. You can be guilty of possession if you share ownership or control of the drug with others, or if you are minding the drug for someone else.

"Supply" has a very broad definition and includes having drugs in your possession for the purpose of supply, or offering or agreeing to supply, whether or not any drugs change hands. If you sell aspirin and pass it off as heroin, you may be guilty of supply! Supply also includes giving drugs away without receiving any payment.

Possession is a summary offence which is dealt with by the Local Court (or the Children's Court if you are under 18) and the most common penalty is a fine. Supply is a much more serious offence and often results in a prison sentence.

What is deemed supply?

If you have more than the "trafficable quantity" (eg 3g heroin, 300g cannabis leaf, or .75g ecstasy) you could be charged with deemed supply. This means the law assumes that you had the drug in your possession for the purpose of supply, and it will be up to you to prove that you didn't intend to supply it to anyone else.

If the police want to search me, do I have to agree?

It depends! For the police to stop and search you, they usually need a warrant, or a "reasonable suspicion" that you are carrying something illegal such as a prohibited drug or a weapon.

But police may search you without any reasonable suspicion if you consent (agree) to being searched.

Be careful! Police often ask "would you mind emptying your pockets, mate?" or "have you got anything on you that you shouldn't have?". If you agree to show police what's in your pocket or bag, it might be hard for you to argue that the search was unlawful. The police will probably say you consented to the search, and therefore they did not need any reasonable suspicion.

So, if you are not sure whether the police are asking for your consent or telling you they are going to search you, ask politely whether the search is voluntary.

What is reasonable suspicion anyway?

"Reasonable suspicion" is very difficult to define, and it is often left to a court to decide. A reasonable suspicion is less than a belief but more than just a possibility. It must have some kind of factual basis, and it will usually be based on a number of factors.

For example, the fact that you are in an area well-known for drug dealing, or are outside a methadone clinic, will not usually be enough to raise a reasonable suspicion, but if police see you approaching people or handing something over to another person, they would probably have reasonable grounds to suspect that you were carrying drugs.

Simply objecting to being searched or demanding to know why you are being searched does not give police reasonable grounds for suspicion – insisting on your rights does not mean that you have something to hide.

What kind of search can the police do? Can they strip search me?

In most situations, police may do either a frisk search or an ordinary search, which may include requiring you to remove outer clothing.

If a police officer suspects on reasonable grounds that a prohibited drug is concealed in your mouth or hair, they may ask you to open your mouth or to shake or move your hair. This does not authorise them to forcibly open your mouth, but if you fail to comply with their request it's an offence.

Strip searches are searches where you remove most or all of your clothes, and the police search your clothes and the surface of your body. Strip searches don't include searches of body cavities.

Strip searches must not be performed except when it is necessary and in serious and urgent circumstances. When conducting a strip search, police must not touch the person and must ensure that the person's privacy is respected. A strip search cannot be performed on a child under 10. For a person between 10 and 18, a parent or guardian (or a non-police person acceptable to the young person being searched) should be present.

Do I have to show ID if the police ask?

In most situations you do not have to tell the police your name and address. However, if they ask, it is usually a good idea to tell the police your name and address, or show them some ID, otherwise they might make trouble for you or even arrest you.

You do have to tell the police your name and address in some situations, including:

- if police suspect on reasonable grounds that you may be able to assist them to investigate an indictable offence because you were at or near the scene of the offence;
- if police intend to give you a direction to leave a place;
- if police suspect on reasonable grounds that an apprehended violence order has been made against you;
- if you are under 18 and police suspect you of carrying or consuming alcohol in public;
- if you are suspected of committing certain types of offences on public transport;
- if police are trying to serve a fine default warrant;
- in some situations when police have been authorised to use their emergency public disorder powers;





- in a range of situations relating to vehicles and traffic.

In situations involving vehicles and traffic, you usually have to show the police your licence if you have one. In nearly all other situations, even if you have to tell the police your name and address, you do not have to show ID. The police have no right to search you for ID.

When can the police give me a move-on direction?

Police may give a "reasonable direction" to a person in a public place if they have reasonable grounds to believe that the person's presence or conduct:

- is obstructing another person or persons or traffic; or
- constitutes harassment or intimidation of another person or persons; or
- is causing or likely to cause fear to another person or persons, so long as the relevant conduct would be such as to cause fear to a person of "reasonable firmness"; or
- is for the purpose of supplying or obtaining any prohibited drug.

Examples of reasonable directions include telling people to stop fighting or to move away from a doorway they are blocking. In most cases it would not be reasonable to tell a person to leave the area and not to come back for 24 hours, 7 days, forever, etc.

When can the police arrest me?

The police may arrest you if:

- they know or suspect on reasonable grounds that you have committed an offence, or
- they believe on reasonable grounds that you have breached, or are about to breach, a bail condition; or
- they think it is necessary to stop a "breach of the peace", or
- there is a warrant out for your arrest (eg for failing to appear at court, breaching your parole).

For many years the courts have said that arrest should be a last resort. If police wish to deal with you for an offence, it is not always necessary to arrest you. Where possible, police should use alternatives such as a court attendance notice, penalty notice, Young Offenders Act caution or youth justice conference.

The law says that, if police wish to charge you with an offence, they may arrest you only if they are satisfied it is reasonably necessary for a reason such as:

- confirming your identity
- stopping you from fleeing
- ensuring you appear at court
- stopping you from committing an offence
- preserving evidence
- stopping you from interfering with witnesses
- to protect the safety or welfare of any person.

Can I be arrested for swearing at the police?

It is an offence to use offensive language in, near or within hearing of a public place or school. Swearing and offensive language are not necessarily the same thing – whether something is offensive depends on the context and on current community standards. In most cases, simply using the "f" word would not be found offensive by a court, unless it is used repeatedly, in a really aggressive way, or combined with other stronger language.



Despite what the courts say, there are many police officers who believe that certain swear words are offensive, and will arrest you (or at least give you a court attendance notice or penalty notice) if you swear.

What should I do if I am arrested?

Firstly, you should try to stay calm, don't swear or physically resist the police. You could be charged with more offences and, even if the arrest turns out to be unlawful

and they can't make the charges stick, it will cause you a lot of hassle.

You are entitled to know why you are being arrested. If the police have not told you why you are being arrested, you can ask them.

After arrest, you will probably be taken to a police station. If you are arrested for an offence and you are taken to the police station, police must allow you to speak with a relative or friend, as well as a lawyer. You are also entitled to have these people come and see you at the police station if they are able to.

If you are under 18 the police must help you to call the Legal Aid Youth Hotline. If you are Aboriginal or Torres Strait Islander, they must call the Aboriginal Legal Service Custody Notification Service (unless you have already made arrangements to speak to another lawyer).

If you are a "vulnerable person" (under 18, Aboriginal or Torres Strait Islander, non-English speaking background, or if you have a disability or mental illness) you are also entitled to have a support person at the police station. If police are not aware of your disability or Aboriginality, you should tell them.

In nearly all cases you have a right to silence, which means you don't have to answer police questions or even go into an interview room. Apart from telling them your name and address, it's best not to say anything until you have got legal advice.



YOUNG, STONED AND LOOKING FOR LOVE

Let's talk about sex

BIBI, 18:

I know I should be paying attention to my sexual health, but I'm not sure when or how often I should get tested.

This is going to depend a lot on your sexual activity. If you tend to be in long term monogamous relationships, it's a good idea for you & your partner to get tested at the start of a new relationship (in a perfect world this would happen before having any unprotected sex) & after a relationship ends. If you have casual partners but always use condoms, get tested at least once a year. If you don't always use condoms, you may want to make STI testing a 3 to 6 monthly routine. If you have unprotected anal sex or do sex work you should aim to get an STI test every 3 months.

Besides those routine check-ups, there are some special circumstances that should trigger you to get a test:

- If you have any genital symptoms that you're worried about – pain, discharge or difference in appearance.
- If a current or past sexual partner is diagnosed with an STI (even if it was a while ago & you don't have any symptoms yourself).

Despite what a lot of people think, most STIs have no symptoms at all so it's important to get tested even if you feel fine. That said, there are some signs of infection that are best reviewed by nurse or doctor as soon as possible:

For girls:

- Pain with sex
- Bleeding during sex or other abnormal vaginal bleeding
- Pain or discomfort when you pass urine
- Blisters, rash, or lumps around the genitals or anus
- Abnormal vaginal discharge

For guys:

- Pain or discomfort when you pass urine
- Discharge from the penis
- Pain or swelling in the testicles
- Blisters, rash, or lumps around the genitals or anus

Most infections are easily treated & won't leave you with any ongoing problems, but complications are more likely the longer you leave it. If you're not sure whether or not your symptoms need professional care or you're not sure where to go to get tested, you can talk to a sexual health nurse by calling the Sexual Health Infolink on 1800 451 624. It's confidential & free from a landline.

TANI, 19:

I've done a lot of unsafe stuff. Where can I get tested for free?

The easiest way to get tested for free (no Medicare needed!) is to go to one of the sexual health clinics. These are specialist services that provide testing & treatment for Sexually Transmissible Infections (STIs). They can't see everyone but you would qualify. They prioritise people who have genital symptoms (like pain when passing urine or vaginal bleeding after sex), people who have had sex with someone known to have an STI (like chlamydia or gonorrhoea), people under 24 years old, people who are injecting drug users, people who do sex work & people who are living with HIV. So don't be shy about mentioning these things when you call because they are your "in". There's at least one sexual health clinic in most major Australian cities & a whole bunch throughout NSW. You can often find these clinics through an internet search, but you can also call the Sexual Health Infolink on 1800 451 624 for all the info you need. It's confidential & free from a landline.

You can also get tested for free at any bulk-billing medical centre or doctor (GP) if you have a Medicare card. If you're over 15 you can get your own Medicare card. Simply fill in a form at a Department of Human Services Service Centre. Always ask when making an appointment if the doctor bulk-bills or you could get a shock.

I  drug users

MATTHEW, 20:

I really like ice and I really like it for sex, but it does push you further than you might go if you weren't out of it. It's important to me to stay safe at those times.

The key to staying safe is being clear with yourself about what's important to you, in other words, what feels safe & fun.

Pre-planning is your best option. If you go in for PNP (Party and Play) take a look at the UN#75 article at usersnews.com.au on how to think through the safer using side. It includes things like being responsible for your own new, sterile equipment; always watching any shots being made up; washing your hands and using swabs between sex and mixing up; and taking breaks from the action as you need it. If being injected by someone else is part of your sexual practice, tell them you want the full doctor /patient experience, along with new equipment, surgical hand-washing and the smell of swabs in the air.

As far as safer sex, the number one rule is that you will stay safer if you always use a condom – with lots of water based lube of course – and/or a dental dam and/or gloves. Use new condoms, dams and gloves between sexual partners and/or sex toys. Keep an eye on where the condoms and gloves are kept and don't share lube from a bottle if you can help it – it's better to use sterile sachets.

The key to the best and safest experience you can have is to think about what kind of sex you want, if there's anything that you don't want & how you might establish those boundaries. It's important to say what you want and you might need to think about that (and practice it) beforehand. Sometimes you won't need to say anything. Just nodding at the box of gloves or condoms will show someone you think it's time for a new one.

Physical safety is also important. Trust your instincts. If you feel afraid or uncomfortable about a situation, there's probably good reason. Make an exit plan in advance where you can. Make sure your friends know where you are.

INGRID, 24:

Sometimes when I'm mashed I just don't want sex, I just want to chill. I mean, I want to go out, but just relax with my friends. But I usually end up whacked and then fucking someone. Especially if they are supplying the drugs! It just seems inevitable sometimes and I don't know how to stop it.

Some drugs can make you feel really excited & aroused & some can make you feel like your libido is lost in space. In either situation it's important to think about your personal & sexual safety.

First of all, if you're going on a night out, think of your expectations. Do I want to have casual sex? Where do I want that to be? How can I keep myself personally & sexually safe?

Sometimes casual sex when you're trashed can be fun & exciting – however, sometimes it can be regrettable too. If you don't trust yourself when you're high, tell a friend you trust who can help keep you safe. Always stay with people & consider where you are & how you leave a situation if you need to. Know how you are getting to wherever you're going to crash and go when you are ready. If you're staying with friends, talk beforehand about how you're going to handle it if you want to leave first. Tell your friend this plan. Think of some ways you can get out of situations nicely – try them out on your friends. If it's a matter of actually feeling unsafe, you can always call a security guard if you're being pressured by someone.

Some drugs do make you horny & that desire can get in the way of you thinking clearly. But if you make a plan in advance you don't have to depend on thinking clearly in the heat of the moment. If you know you don't want to have sex when you're wasted, think about what you can do before taking drugs that will help keep you in control.

That said, carry condoms & lube with you just in case. If pregnancy is a concern, consider a back-up plan such as getting the contraceptive implant in advance or if the condom breaks – going to a pharmacy (within 3 days) to get emergency contraception .

Sex should be pleasurable & consensual between partners. If you find that you're not interested in sex at the time, it's far easier & better to delay sex for another time when you will enjoy it. That's the point isn't it?

For more information or to ask any questions visit www.playsafe.health.nsw.gov.au or talk with as sexual health nurse by calling the Sexual Health Infolink on 1800 451 624 between 9am & 5.30pm Monday to Friday. It's confidential & free if you call from a landline.



ONE POT WONDERS

People who use drugs need to pay special attention to our diet so we stay healthy – and can party longer and harder.

Thanks to Miriam Chin, Dietician at the Albion Street Centre, who helps us stay focused on our nutrition without compromising our taste buds.

Washing up – the worst part of cooking up a feed! Even if you take the easier but more wasteful route of using paper plates and disposable cutlery, there's all the pots and pans and lids and knives and spatulas...

But if you cook smart and make the most of the one pot, you can minimise your washing up and spend more time enjoying your food and the finer things in life.

Try doing your boiling and steaming of vegetables, pasta and rice first, then place these in your serving bowls and then cook the messier items like meats and sauces. Or try just cooking everything together in a stir-fry, braise, soup or casserole – perfect for these cool autumn days!

Beef & Vegetable Soup

Serves 6

- 4 beef bones or lamb shanks
- 6 cups water, extra water if needed
- 2 reduced-salt beef stock cubes, crushed
- 1 cup peeled and chopped sweet potato
- 2 medium potatoes, peeled and chopped
- 1 onion, chopped
- 2 carrots, peeled and chopped
- 1 celery stick, chopped
- 1 zucchini, chopped
- 1 cup frozen mixed vegetables
- 1 x 400g tin chopped tomatoes
- 1 x 400g tin red kidney beans, drained and rinsed
- ½ cup uncooked macaroni
- Pepper to taste

METHOD

1. Place bones or shanks in a large saucepan and add enough water to cover.
2. Cover and cook on medium heat until the meat on the bones is tender then add stock cubes.
3. Add pepper, potato, sweet potato, onion, carrot, celery, zucchini, frozen mixed vegetables, tomatoes, red kidney beans and macaroni.
4. Cover and cook on low heat for 20 minutes or until macaroni is soft and vegetables are cooked but still firm.
5. Spoon into bowls and serve hot.

Fuss Free Tomato Risotto

Serves 4

- 2 tablespoons oil
- 1 onion, chopped
- 2 cloves garlic, crushed
- 1 cup Arborio rice
- 2 cups chopped mixed vegetables, fresh or frozen (eg capsicum, zucchini, carrot, celery, mushrooms)
- 1 x 400g tin chopped tomatoes
- 3 reduced-salt stock cubes, dissolved in 3 cups water
- 2 tablespoons Parmesan cheese
- 1 teaspoon dried basil (or 1 tablespoon fresh basil, chopped)
- 1 x 185g tin tuna in springwater, drained
- Pepper, to taste



METHOD

1. Heat oil in saucepan on medium heat. Add onion and garlic and stir until onion is soft.
2. Uncover the saucepan for the remainder of the cooking. Add rice to pan, mix well to coat each grain with oil. Add fresh vegetables and mix well.
3. Stir in tomatoes and stock. Stir occasionally over medium-high heat for about 15 minutes and then constantly for another 5 to 10 minutes or until almost all the water has been absorbed. Rice should still be quite moist at this stage.
6. Add basil, parmesan cheese and tuna. Mix well and serve.

Fuel your
body well to
party hard

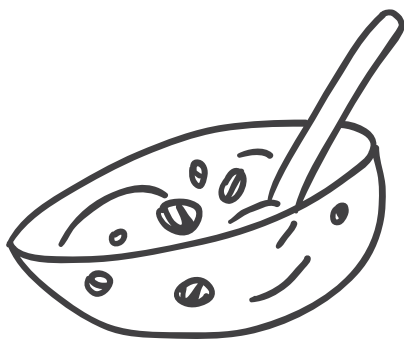
Tofu & cashew nut stir-fry

Serves 2

- 1 teaspoon oil
- ½ red onion, cut into wedges
- 400g frozen stir-fry vegetables
- 200g fresh udon or Hokkein noodles
- 200g firm tofu, chopped into large cubes
- 1½ tablespoons reduced-salt soy sauce
- ½ tablespoon sweet chilli sauce
- ¼ cup roasted unsalted cashew nuts

METHOD

1. Heat oil in a wok or a large frying pan over high heat. Add onion and cook for 3 minutes. Add vegetables and stir-fry for 3–4 minutes, until tender-crisp.
2. Add noodles and mix well. Reduce heat to medium-low and cook for a few minutes. Add tofu and cook for a few minutes, stirring.
3. Add soy sauce and sweet chilli sauce. Add cashew nuts and stir through just before serving



Bean, corn & zucchini quesadillas

Serves 4

- 8 flour tortillas
- 400g can red kidney beans, rinsed and drained
- 1 cup corn kernels, drained
- 1 medium zucchini, trimmed, finely diced
- 1 cup low-fat grated cheddar cheese
- Ground black pepper, to taste
- 2 large tomatoes, diced
- Large green salad, to serve

METHOD

1. Sprinkle a tortilla with one quarter of beans, corn, zucchini and cheese. Season with pepper and place another tortilla on top. Repeat with remaining tortillas.
2. Heat a large frying pan over medium-high heat and spray with oil. Add 1 quesadilla and cook for 2 minutes, until golden. Carefully turn quesadilla out onto a large plate. Slide back into pan and cook other side for a further 2 minutes, until golden. Repeat with remaining quesadillas.
3. Cut quesadillas into quarters and top with diced tomato. Serve with a green salad.



You've heard that expression
"There goes the neighbourhood"?

Overdose
management

Vein care

The law &
your rights

NOT ON OUR WATCH!

Safe
disposal

Filtering

Hep C & HIV
prevention

Safer using workshops for people who inject drugs
 in the REDFERN/WATERLOO AREA.

Live longer. *Be healthy.* Feel good.

**Find out how to attend by calling Megan on
 0433 360 768 or emailing her at
megans@nuaa.org.au**

SHARE THE LOAD WITH A LIVERMATE



Want to be healthier? Join us
 for understanding, information
 and support. At a LiverMates
 group you can meet like-
 minded people.



EVERY WED
 1:00 – 2:00 PM
 Level 3
 414 Elizabeth St
 Surry Hills

CONTACT US FOR
 DETAILS OF NEW
 GROUPS AT:
 Newcastle, Rozelle &
 Darlinghurst

**To find and attend a LiverMates group or learn
 out how to start one up in your area, contact
 Yvonne S at NUAA yvonne@nuaa.org.au or
 8354 7331 or facebook us.**

STEELS ON WHEELS



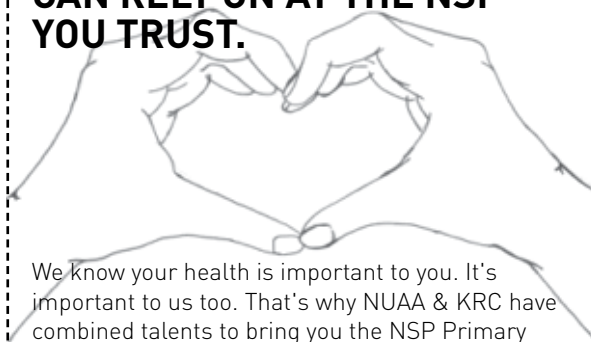
NUAA'S NSP MOBILE
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For the FREE delivery of injecting equipment in
 Sydney's South West - Cabramatta, Fairfield,
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 about 86 localities! Not sure if we deliver to your
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IT'S THE HEALTH CHECK YOU CAN RELY ON AT THE NSP YOU TRUST.



We know your health is important to you. It's
 important to us too. That's why NUAA & KRC have
 combined talents to bring you the NSP Primary
 Health Care Clinic.

NUAA NSP, 345 CROWN ST., SURRY HILLS EVERY
 THURSDAY FROM 2:00 TO 4:00 PM
 TOTALLY FREE • NO REFERRAL • NO MEDICARE
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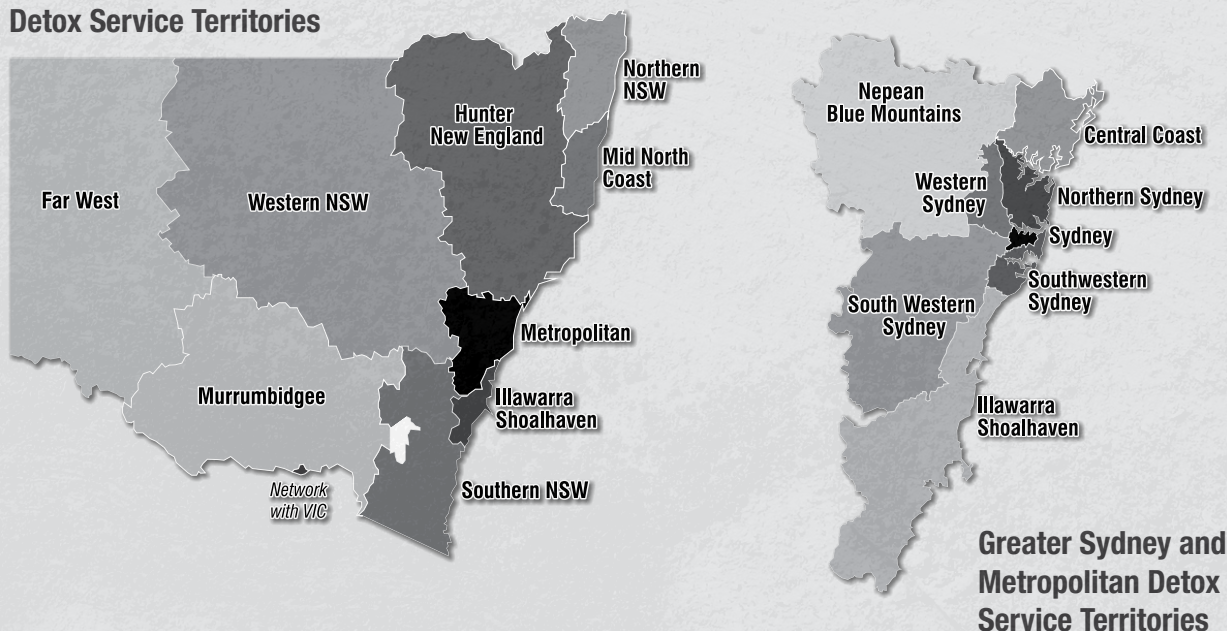
**Tests, assessments, wound care, overdose
 training, vaccinations, sexual health, pap smears,
 fibroscans, peer support, harm reduction, and
 more...**

Local Health District Intake Lines

To access any treatment service, including detoxes, rehabs, counsellors and public pharmacotherapy programs, you will need to contact your local Intake Line. Call the number of the service that best matches where you live and explain to them your situation and the service you would like to access. They will assist you with appointments and referrals.

Service	Phone N ^o
Northern NSW Local Health District Drug and Alcohol areawide intake (Tweed Heads/Lismore)	02 6620 7600
Hunter New England Local Health District Drug and Alcohol intake line	(02) 4923 2060
Western Sydney Local Health District Drug and Alcohol intake line	(02) 9840 3353
South Eastern Sydney Local Health District (Randwick/Sutherland)	(02) 9113 2944
Northern Sydney Local Health District Drug Health Services (Hornsby/Ryde/Manly)	1300 889 788
Illawarra Shoalhaven Local Health District	1300 652 226
Central Coast Local Health District Drug and Alcohol intake line (Gosford, Wyong)	(02) 4394 4880
Mid North Coast Local Health District Drug intake line (Coffs Harbour/Kempsey/Port Macquarie)	1300 662 263
Nepean Blue Mountains Drug and Alcohol Service Drug and Alcohol intake line	(02) 4734 1333
Sydney Local Health District Drug and Alcohol intake line (Concord/Balmain/Canterbury/Camperdown)	(02) 9515 6311
South Western Sydney Local Health District Drug and Alcohol intake line (Liverpool)	(02) 9616 8586
Far West Local Health District Drug and Alcohol Helpline (Broken Hill/Ivanhoe/Tibooburra/Wentworth)	1300 662 263
Murrumbidgee Local Health District Drug and Alcohol line (Albury/Griffith/Wagga Wagga/Deniliquin)	1800 800 944
Southern NSW Local Health District Drug and Alcohol Line (Yass/Queanbeyan/Bega/Goulburn)	1800 809 423
Western NSW Local Health District Drug and Alcohol Helpline (Orange/Dubbo/Bathurst)	1300 887 000

New South Wales Regional Detox Service Territories





Where to Score Fits



SHOOT CLEAN!

NSP Location	Daytime N°	NSP Location	Daytime N°
Albury	(02) 6058 1800	Narellan	(02) 4640 3500
Armidale/Inverell	0427 851 011	Narooma	(02) 4476 2344
Auburn Community Health	(02) 8759 4000	Newcastle/Hunter	(02) 4016 4519
Bankstown	(02) 9780 2777	New England North	(02) 6686 8977
Ballina	(02) 6686 8977	Regional Area (referral service)	0427 851 011
Bathurst	(02) 6330 5850	Nimbin	0429 362 176
Bega	(02) 6492 9620	Nowra	(02) 4421 3111
Blacktown	(02) 9831 4037	Orange	(02) 6392 8600
Bowral	ADM at back of Hospital on Ascot Road	Parramatta	(02) 9687 5326
Byron Bay	(02) 6639 6635	Penrith/St Marys	(02) 4734 3996
Camden	(02) 4634 3000	Port Kembla	(02) 4275 1529
Campbelltown (MMU)	(02) 4634 3000	Port Macquarie	0417 062 265
Canterbury (REPIDU)	(02) 9718 2636	Queanbeyan	(02) 6298 9233
Caringbah	(02) 9522 1046	Redfern Harm Minimisation Unit	(02) 9395 0400
Coffs Harbour	(02) 6455 3201	Rosemeadow	(02) 4633 4100
Cooma	(02) 6885 8999	St George	(02) 9113 2943
Dubbo	(02) 4827 3913	St Leonards (Royal North Shore)	(02) 9462 9040
Goulburn S.East	0417 062 265	Surry Hills (Albion St Centre)	(02) 9332 9600
Grafton	(02) 4320 2753	Surry Hills (ACON)	(02) 9206 2052
Gosford Hospital	(02) 9477 9530	Surry Hills (NUAA)	(02) 8354 7300
Hornsby Hospital	(02) 8788 4200	Sydney (Sydney Hospital Sex Health Centre, CBD)	(02) 9382 7440
Ingleburn	(02) 4782 2133	Tahmoor (Wollondilly)	(02) 4683 6000
Katoomba/Blue Mountains	(02) 6562 6022	Tamworth	0427 851 011
Kempsey	(02) 9360 2766	Taree	(02) 6592 9315
Kings Cross (KRC)	(02) 9357 1299	Tumut	(02) 6947 0904
Kings Cross (Clinic 180)	(02) 6622 2222	Tweed Heads	(07) 5506 7556
Lismore	(02) 6620 2980	Wagga	(02) 6938 6411
Lismore - Shades	(02) 9616 4807	Windsor	(02) 4560 5714
Liverpool	(02) 9977 2666	Woy Woy Hospital	(02) 4344 8472
Manly	(02) 9682 9801	Wyong Hospital	(02) 4394 8472
Merrylands	0427 851 011	Wyong Community Centre	(02) 4356 9370
Moree	(02) 4474 1561	Yass	(02) 6226 3833
Moruya	(02) 9881 1334	Young	(02) 6382 8888
Mt Druitt	(02) 6670 9400	Redfern Harm Minimisation Program:	(02) 9395 0400
Murwillimbah/Tweed Valley	(02) 9562 0434		
Marrickville Harm Minimisation Program	(02) 9562 0434		
Canterbury Harm Minimisation Program	(02) 9562 0434		

This is not a comprehensive list. If you can't contact the number above or don't know the nearest NSP in your area, ring ADIS on (02) 9361 8000 or 1800 422 599. ADIS also has a state-wide list of chemists that provide fitpacks.

WHO CAN HELP??

THE ALCOHOL & DRUG INFORMATION LINE
on 02 9361 8000
or 1800 422 599

Call trained and skilled counsellors for information, for counselling support or to get advice from a harm reduction perspective.

ADIS has an up-to-date and extensive database that includes over 2200 drug related services including providers of needles and syringes, treatment services, face to face counselling and specialty services. Call anytime - it's a 24 hours a day / 7 days a week / 365 days a year service.

The Opioid Treatment Line (OTL) on 1800 642 428

They can provide information about pharmacotherapy clinics, chemists and prescribers. Call during business hours or via ADIS's number.

AIVL'S ONLINE NSP DIRECTORY & LEGAL GUIDE

www.nspandlegal.aivl.org.au

Provided by NUAA's national peak drug user organisation, AIVL, this is a list of needle and syringe programs (NSPs) including contacts, addresses (with a link to a Google map), hours of operation and types of equipment supplied. It's device friendly! You'll also find a state and territory reference of NSP and drug related laws with info on possession of equipment and disposal, rights during police questioning, illicit drugs and sex work.

NUAA on 8354 7300

Call for safer using information during business hours (after 2pm on Tuesday). Visit our website with loads of resources on nuaa.org.au or find *User's News* articles and featuring this edition on usersnews.com.au

The Shopfront

YOUTH LEGAL CENTRE

Who are we?

The Shopfront Youth Legal Centre is a free legal service for homeless and disadvantaged young people. The Shopfront is a joint project of Mission Australia, the Salvation Army and the law firm Herbert Smith Freehills.

What do we do?

- Give young people legal advice and represent them in court.
- Help educate young people about their legal rights.
- Inform and train youth workers about legal issues.
- Campaign for better laws and policies relating to disadvantaged young people.

If you are 25 or under, and homeless or disadvantaged (a serious mental health problem or disability) the Shopfront may be able to help you with:

- Court representation on criminal charges, traffic matters and apprehended violence orders
- Dealing with police
- Sorting out unpaid fines
- Victims compensation claims
- Legal advice and referrals about other issues including family law, child protection, being a witness, complaints against government agencies, tenancy, employment, discrimination, contracts and debts.
- Case work, support and referrals for non-legal needs such as housing, health, income support and education

How can you reach us?

Phone: (02) 9322 4808

Email: shopfront@theshopfront.org

Address: 356 Victoria Street, Darlinghurst NSW 2010

Office hours (9.00am to 5.30pm Monday–Friday).

For urgent legal advice after hours, follow the prompts to be put through to a lawyer.

You can self-refer or ask a worker to call us.

www.theshopfront.org has lots of great fact sheets.

Who else can you call in an emergency?

If you are under 18 call the Legal Aid Hotline on 1800 10 18 10.

They are open from 9am to midnight Monday to Thursday, and 24 hours weekends and public holidays.

If you are an Aboriginal person or Torres Strait Islander, and you are under arrest, you have the right to call the Aboriginal Legal Service Custody Notification Service on 1800 765 767.



The New South Wales Users & AIDS Association (NUAA) is an independent, user-driven, community-based organisation funded by NSW Health. NUAA aims to advance the health, rights and dignity of people who use drugs illicitly; provide information, education, and support for drug users; promote the development of legislation and policies to improve drug users' social and economic well-being; and improve the quality and standards of services available to drug users.

NUAA relies on a strong & active membership - people who support the work & aims of the organisation. NUAA membership is free, confidential, and open to anyone interested in the issues affecting people who choose to use drugs illicitly. You can become a member of the association (receive voting rights, stand for election, and receive User's News) by sending a completed form (below) to NUAA. You can use the same form to be placed on the User's News are posted free of charge in a plain envelope.

To join NUAA – or just receive User's News – complete this form and post it to NUAA:

- I am already a member of NUAA / on the mailing list, but am updating my details.
- I want to be a member of NUAA.
I support NUAA's aims and objectives.
- I do not want to be a member of NUAA. I want to receive User's News only.

Inmates, please give MIN number: _____

Name: _____

Address: _____

City / Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Mail Preferences:

- I want to receive User's News.
- I want to be emailed NUAA's monthly newsletters.
- I want to receive news and information about NUAA events and activities.
- I do not want to receive any mail from NUAA.

I am allowing NUAA to hold the above information until I want it changed or deleted.

Signature: _____ Date: _____

Personal Information Statement:

We collect this information to add you to our database and/or notify you of information and events relating to NUAA. We store this information either in hard copy or electronically or both. Access to your information is strictly limited to staff who need it to act on your behalf. Your information will not be passed on to any other organisation. You can access and correct your personal information by contacting our Privacy Officer on (02) 8354 7300 or free call 1800 644 413.