

EDITORIAL: WONDERFUL CONVERSATIONS	2
SURVEY: TELL US WHAT YOU THINK OF US!	3
LETTERS TO THE EDITOR: CONNECTING WITH NUAA	5
LETTERS TO THE EDITOR: NOTHING MORE IMPORTANT	5
LETTERS TO THE EDITOR: BETTER THAN A CURE FOR CANCER	5
LETTERS TO THE EDITOR: HOLD THE DONE!	6
LETTERS TO THE EDITOR: NEW BLOOD	7
NEWS DOSE: OXYCONTIN IS CHANGING!	8
NEWS DOSE: TOO COOL FOR SCHOOL	8
NEWS DOSE: ZOE'S LAW MAY SEE PREGNANT WOMEN PROSECUTED FOR DRINKING, TAKING DRUGS, SMOKING	9
NEWS DOSE: ADCA'S DOORS CLOSE AFTER 47 AMAZING YEARS	9
NEWS DOSE: REALITY CHECK	9
NEWS DOSE: IT'S THE BIG ONE AND IT'S COMING TO AUSTRALIA!	10
NEWS DOSE: WHEN DOES THE LAW SAY A PEOPLE WHO USES DRUGS BECOMES A TRAFFICKER?	11
THE CHANGING FACE OF NUAA	12
THE NUAA PAGES: NUAA'S BOARD WORD FOR WORD	14
MICHAEL KIRBY - JUDGE AND HUMAN RIGHTS ADVOCATE - ACTING GLOBALLY	16
VICTORIA PITT - DOCUMENTARY DIRECTOR - REAL LIFE HEROES	18
MARION WATSON - DRUG USER ACTIVIST - THE MAKING OF A COMMUNITY	20
JEFFREY WEGENER - MUSICIAN - SEX, DRUGS & ROCK N ROLL	22
BONNY BRIGGS - ABORIGINAL HEALTH WORKER - PROUD	24
GAMES PEOPLE PLAY: CROSSWORD	26
GAMES PEOPLE PLAY: FIND A WORD AND OTHER PUZZLES	28
PARAPHERNALIA: NOT THE WOMEN'S WEEKLY	30
CARLA TRELOAR - RESEARCHER - CONNECTING WITH PASSION	32
RUSTY YOUNG - AUTHOR - INSIDE INSIGHT	34
ADAM HARVEY - JOURNALIST - DRUGS ON THE TELLY	36
STEVE ROLLES - DRUG LAW REFORM POLICY OFFICER - CHANGING THE DRUG MARKET	38
INDRAVEER CHATTERJEE - LAWYER - COMPLAINING IS ITS OWN REWARD	40
NUTRITION AND RECIPES: KEEPING IT ALL MOVING ALONG	42
PUZZLE ANSWERS	44
RESOURCES	46
WHERE TO GET FITS	48



EDITOR:

Leah McLeod

COMMUNICATIONS ADVISORY COMMITTEE:

Bonny Briggs, Joanne Brown, Sione Crawford, Jason Grebely, Sam Liebelt, Leah McLeod, Kate Pinnock, Jack Rance, Kylie Valentine

COMMUNICATIONS TECHNICAL COMMITTEE:

A/Prof Nadine Ezard, Dr William Huang, Denis Leahy, Dr Frank McLeod, Dr Rod McQueen, Jane Wenban

USER'S NEWS BOARD FOR UN#76

Jack, Maurice, Tracy, Kelly, Sara

If you would like to be involved in the User's News Board, please call Leah on 8354 7300 or email her on leahm@nuaa.org.au

ARTISTS:

Bodine (poster), Glenn Smith (portraits)

LAYOUT DESIGN:

Utility Creative

CONTACT:

PO Box 350, Strawberry Hills, NSW 2012.

P: (02) 8354 7300 or 1800 644 413 (toll free)

F: (02) 8354 7350

E: usersnews@nuaa.org.au

ADVERTISING:

Approved advertisements will be relevant to the objectives and aims of NUAA. In special circumstances, advertisements will be accepted if they are perceived to be of general interest to User's News' readership. User's News takes no responsibility with respect to the claims made by advertisers. The publication of an advertisement in User's News is not an endorsement of the advertisers, the products and/or services featured. To advertise in User's News, please contact the editor on (02) 8354 7300, or at usersnews@nuaa.org.au.

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.

WONDERFUL CONVERSATIONS

There's a load of stuff we do well at NUAA. For my money, one of the most amazing things is the way NUAA, as a funded drug user organisation based on membership, provides a focus for people who use illicit drugs to come together as a community. User's News is awesome at giving a voice to that community. It's all about putting the "us" in "user".

Overwhelmed as we get with fighting against stigma and discrimination and irrational, unfair laws and policies, we have not always known how to be a cohesive community. We have been isolated and lonely at times, even unsure if or how we are like others who used illicit drugs, not knowing who or what to trust.

It has been through the leadership of pioneers in the drug user movement that we have found each other. In Australia, drug user organisations really took off in the 1980s, when we needed to join together as we faced the AIDS epidemic. In forming networks, we found so much more than mere survival. We found community. We developed a collective sense of self-worth.

There are those who do not think that people who use illicit drugs can form a caring community. We prove them wrong each time we get extra sterile equipment to share with someone that we care about. We reinforce our connections every time we pick up used paraphernalia off the street to bin it properly, so as to protect our needle and syringe program. We flex our political muscle every time we share safer using information, or take the time to train in the use of Naloxone in case a friend overdoses, or work to prevent the spread of hep C and HIV, or share an experience of discrimination in User's News or on the NUAA website. We can count on each other. We keep each other safe. We know we are not alone.

The contemporary drug user organisation gives us a way to become a community of practice. Simply put, a community of practice is a group of people who comes together not just because they have an activity in common, like taking drugs, but rather a group who comes together to learn how to do it better, more safely and with innovation. NUAA helps us to do this in NSW and User's News and our website have central roles.

As a community of practice, it is important that we have progressive conversations with the broader community. The more we consolidate as a unique community, the more we willingly connect with the wider population.

Having introduced ourselves to the world, we are now having some wonderful conversations. This edition of User's News celebrates this. Welcome to the Interview Edition. This issue has ten amazing interviews with ten amazing people who are connected with people who use drugs in one way or another. Some are "out" about their history of drug use and others spend their lives thinking about us!

And as we invite our colleagues into this edition of UN, we celebrate how comfortably we share our space with others. We host a helluva party and you're invited!

This edition brings you great words of wisdom from some really interesting folk. Think WHO magazine without the botox. Think Oprah on the couch with a fat dose of reality. The real difference? This issue of UN is really still all about you, just from the perspective of a whole heap of interesting people who have been pulled into our net in one way or another. Whether they work for us, write about us, research us, interview us for TV or film, or advocate for us on the world stage, these are people who are smart, sassy and affect our world. They are all people who are respected in the wider community and listened to because of their skills.

What's really cool is that each of the people who are speaking to us in this edition did so because they respect us. They have stood up to be counted as a friend of NUAA. All of them wanted to confirm their connection to our community and to give us a respectful nod. They consider NUAA a valuable organisation with which to partner and consider stigma and discrimination towards people who use drugs to be despicable. We thank them for their great taste, because we are truly a rocking community, and we welcome them as partners in the struggle.

I think you will find their words at best motivational and at least interesting. They are all people whom I admire. I trust you will enjoy hearing from them.

Love Leah

SURVEY

TELL US WHAT YOU THINK OF US

Want to have your say about *User's News* — and the chance to win a \$150 Westfield voucher? Let us know what you think about your magazine! In order to ensure that *User's News* is all it could be, from time to time we need your advice. Please help us make some improvements and help all of us become more knowledgeable by completing the survey.

1. About you

Your gender (please circle)	M	F	T	I
Your age	Your postcode			
Are you a NUAA member?	Yes		No	
Are you Aboriginal or Torres Strait Islander? (please circle)	Yes, Aboriginal	Yes, Torres Strait Islander	Yes, Aboriginal and Torres Strait Islander	No
Are you currently in prison? (please circle)	Yes		No	
Do you have internet access?	Yes		No	
What is your preferred language for reading?	English		Other	
If you answered 'other', which is your preferred language?				

2. About how you pick up and read *User's News*

What year did you start reading <i>User's News</i> ?	
How do you usually get <i>User's News</i> ? (please circle)	<input type="checkbox"/> I'm on the mailing list <input type="checkbox"/> Read it on the NUAA website <input type="checkbox"/> I pick it up from my clinic/ doctor/ health service/ NSP/ pharmacy <input type="checkbox"/> From a prison worker <input type="checkbox"/> From a friend / flatmate / partner
How many people read your copy of <i>User's News</i> ? (please circle)	<input type="checkbox"/> Just me <input type="checkbox"/> Me plus 1 2 3 4 5 6 7 8 9 others

3. What you think of *User's News*

	Agree	Disagree	Neither
<i>User's News</i> is easy to read			
<i>User's News</i> has relevant information on hep C prevention, treatment and testing			
I learn things from <i>User's News</i> about hep C that I don't learn anywhere else			
I learn things from <i>User's News</i> about safer injecting that I don't learn anywhere else			
I share with others what I've learnt in <i>User's News</i> about safer injecting &/or hep C			
I have changed how I inject &/or use drugs &/or think about hep C and other blood borne viruses after reading <i>User's News</i>			
There is a good balance of information, reader's stories, and humour			
I like to keep my <i>User's News</i> to refer back to			
I don't want some family or friends to know I read it			

4. I read *User's News* because... (please tick all that apply)

I can identify with the reader's stories	
It's written by people who use drugs	
I trust that the information on hep C and injecting is accurate and up to date	
The magazine includes news, tips, information and views that are important to me	
People who use illicit drugs are represented in a way that respects and values them	
I can use the tips on safer injecting in real life	
It makes me feel connected to a community	
<i>User's News</i> is the only health-related magazine I regularly read	

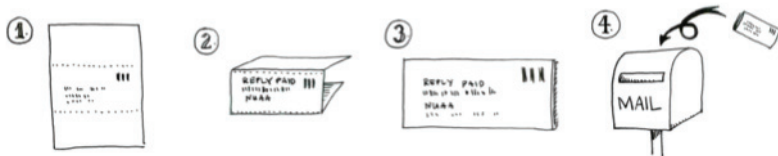
Anything else you'd like to add?

OK, GREAT! NOW PLEASE GET THE SURVEY BACK TO US.

There are two ways to complete this survey: either complete this page, cut it out, fold and tape it and send it to the address on the back, or complete it on line by going to www.nuaa.org.au

If you are mailing it...

1. Cut this page out of UN
2. Fold the survey along the dotted lines.
3. Make sure the address and barcode are on the outside of the package.
4. Use sticky tape or a stapler (if you have some) to secure the package
5. Pop it in any mailbox – no stamp required, but if you add one, it would help our budget!



Delivery Address:
PO Box 350
STRAWBERRY HILLS NSW 2012

No stamp required
if posted in Australia



NUAA
Reply Paid 87434
STRAWBERRY HILLS NSW 2012

WANT TO THROW YOUR NAME IN THE BARELL FOR A \$150 VOUCHER?

While we are not asking for personal details, if you'd like to go into the running for a \$150 Westfield Voucher you will need to leave a name and contact number. All returned surveys will be destroyed following the collation of data and no names or phone numbers will be kept. To be in the running for the voucher you must return your survey by 20 May, 2014.

Then put your name and your phone number
or email address here.

Make sure when you fold this up that your details are folded on the inside.



LETTERS

DEAR UN...

HOLD THE DONE!

Dear Editor,

We want to tell our story. My partner and I are from country NSW. After using heroin for quite a few years and going to jail on several occasions, we decided to go on the methadone program. We started low and went up until I was on 100 mg of methadone syrup, and my partner was on 140 mg of methadone syrup. We were stable on this dose for years. It took us a year or so to get a take away even though we never had a dirty urine or caused any trouble. But by the time we had been on the program for 14 years, we'd get four take away doses a week from the local chemist.

Then the doctor that runs the show decided anyone on a dose over 100 mg should switch from methadone syrup to biodone. For whatever reason, the change just didn't suit my partner. Even after going to 200 mg of biodone it still didn't work right.

One day my partner was talking to the dosing chemist about it and the chemist suggested he take half a dose in the morning and half in the afternoon. He started doing that with his takeaways. It worked well for him so I tried it with my 100 mg methadone and I found it also worked a lot better. The chemist offered to halve all the doses if it helped us. So we started drinking half a dose at the chemist and taking the rest home to have in the afternoon. We mentioned to the doctor on numerous occasions how well the half doses were working, and he'd just say something like "that's good" or whatever and never really said anything more about it. When the old chemist fell ill and retired, a new pharmacist took over the half dosing along with the other four chemists there. This went on for about two years. We had finally reached a point where we were doing great.

So we decided to reduce off the methadone altogether, as using drugs these days is the last thing we're interested in. Our plan was to reduce a bit at each doctor visit (usually every 3 months) and then finally get off the stuff completely after a year or two. Then we get this call from the doctor saying that the chemist informed him we had been getting unauthorised take aways for the past 18 months or so, namely the half doses, and that we had to meet him the next morning. At the meeting, the doctor said to us that he was going to reduce our doses by half and cut off all take aways. We couldn't believe it. We didn't understand how the chemist could dose unauthorised. We had always assumed it was all above board, after all we'd mentioned it to the doctor on numerous occasions. Yet here was the doctor saying he'd only just found out about it. We had never seen the script, it was faxed straight to the chemist, so we didn't know it had not been worked out with the doctor. The implication was that it was our fault, that we had somehow pulled off a scam.

We decided that we'd had enough, we wanted off the methadone. So we just didn't go back and get dosed again. Heroin seems a hell of a lot easier and quicker to come off cold turkey compared to methadone and biodone. It's just crazy what it does to your body. Bad heart and chest pains, can't breathe properly, We feel like we've been hit by a train. And it

doesn't change or seem to get better, even after 3 weeks it still feels like day 5 or so. It just doesn't seem to get any better. We were very ill and needed some help to detox. We even contacted accident and emergency at the hospital, we were told to go away. We approached the D&A services and they said the only help they could give us was to go back on the methadone. Why would these people, who all knew how well we'd been doing for so many years, suddenly do this to us? The first doctor we got to see on day 19 gave us valium and 6 boxes of codeine, which did absolutely nothing, and cost us \$50 for each box of 20 as they were not on the PBS. We asked for something stronger to help us withdraw. He knew we had a good record with urines. He told us he couldn't give us MS Contin as it would take three weeks to get the authority.

On day 27, we got in to see another doctor who wrote a script for MS Contin straight away. We will be on these for a week or two til the withdrawals are more bearable. It was distressing to us that the first doctor lied about the waiting period - we would have respected him more if he had simply said he didn't feel comfortable giving them to us. We had even offered to have daily dosing at the surgery or chemist.

The D&A doctors have done a few things over the years that weren't right. Once we had to miss a close relative's funeral because they refused to change an appointment time, threatening to cut takeaways if we didn't attend. Another time when our twin baby died, after the funeral I was forced to do a urine test because they said I looked like I was on something. I had just buried my baby for crying out loud. Of course the urine test came back clean. There are lots of stories from others too, but no-one complains because of fear of the repercussions.

Don't get me wrong, methadone worked well for us for years, and we think it is a great solution for many people. But there needs to be more options. Including the option to halve your dose. Giving people the option to use pharmaceutical grade heroin or methadone would be another great idea, provide a sterile product of a known quantity and strength, with minimal side effects. It would be better for the body over long term use, and easier to come off when the time comes. And when people do want to come off, there needs to be the right sort of help, including medicated withdrawal. We also think that anyone on methadone or buprenorphine should be given a copy of the NSW methadone guidelines handbook. There's a lot of stuff in it that we didn't know about, like the right to appeal any decisions that you may think is not right.

Thanks for letting us tell our story,

Jack and Jill.

Dear Jack and Jill,

Thanks for sharing your story. You really wanted it out there, and I am glad we could give you a voice. To jump off that high a dose cold turkey is amazing. That's like hero status!!! I think you will do really great. But just keep in mind that your tolerance is now very low and that overdose is a major risk on gear or pills, so be careful if you do need to seek some further relief or decide to experiment.

Love Leah



NEW BLOOD

Dear Editor,

I have the same name as another prisoner in another gaol. We both had HIV tests in gaol at around the same time. The other fellow was released before his test results came back. His results were then redirected to the Long Bay Hospital and then to my gaol. Upon arrival, I was told that I had contracted HIV.

The different gaol number and the DOB were not detected. How can that happen in this alleged cautious era in the health system?

As a result I led a stressful existence taking medication for the next 27 months believing I was HIV positive. I also believed that I was going to die and therefore didn't have all that much to lose. I was seriously thinking about escaping from prison and living out the rest of my days free. Then someone said "how will you cope when you get sick on the run?" I didn't want to be on the run and terminally ill.

Nowadays I understand more about HIV and that people can live a mentally positive lifestyle with HIV. I realise now that the concerns I had were an exaggeration - I was catastrophising my existence. What else was I to do in the absence of any truths and advice to the contrary? I was simply ill informed about the possibility of living with HIV. I was not given appropriate education or counselling along with my test results.

I had not used any drugs for 14 years when I was given the news that I had contracted HIV. I categorically blame the gaol's mistake for my sudden and dramatic return to heroin usage.

When I was given the news and thinking I had nothing to lose, I put myself at considerable risk. I took ownership of an old gaol syringe to use exclusively as my own, so I couldn't put anyone else at risk. Unbeknown to me, the syringe was infected with the hep C virus. The cheap gaol disinfectant was insufficient to kill the hep C virus. I soon tested positive to hep C as well. This result was definitely not a mistake.

I also decided to have unprotected sex with other HIV+ men. After all, what would possibly be the concern or benefit requiring the use of a condom when both the consenting parties were HIV+? Those guys I had sex with are no longer with us and yet I somehow still do not have HIV+ 10 years after those events.

The stress even caused me to end my relationship with the love of my life that I had intended to marry.

I am very lucky that I am still alive today and did not contract HIV, given that the authorities played risky games with my life - giving me a false positive test, followed by inadequate education about living with HIV and then placing me at further considerable risk with unprofessional and negligent practices related to virus prevention in gaol.

I was hep C positive for about a decade until I recently successfully completed a treatment program using Interferon. I am now "HEPATITIS C NOT DETECTED"! I am still an IV user with my own syringe that no one else gets to use. I think I am playing it safe?

I don't normally cope with life outside prison due to social problems and I quickly return to prison. I readily admit this because I simply cannot start a new life in society with a \$300 Centrelink crisis payment alone. How does anyone START a new life with \$300? It simply cannot be done. I am therefore hopeful that my solicitor is right in saying I can sue the ass off of Justice Health, Corrective Services and Eastern Area Health Service. Their error had a considerable and dramatic impact on my life and I am going to be handsomely compensated for it eventually. These payouts will enable me to live a crime free existence and prevent my return to prison. The payouts will resolve the "social" issues I have previously experienced at entering society.

Justice Health don't make these mistakes anymore. These days stringent recording and labelling exists on blood products. Test results need to be read professionally and cross checked to see if the prisoner number and DOB are exact and not just similar.

More needs to be done to protect the health of prisoners. There is unsafe IV drug usage in gaols and consumers are at considerable risk of health issues such as hep C and HIV. Also remember, prisoners get released back into your local community. Let's try to prevent problems coming to your community by advocating for some change.

I would like the NSW Government to introduce a Needle Exchange Program equal to the proposed ACT NSP in the ACT prison system. Advocacy undertaken for this by NUAA and others is beneficial, appropriate and appreciated by the IV users in NSW gaols.

More money is required in gaols for drug awareness and for treatment. We urgently need to extend intervention programs, that is, buprenorphine and methadone. Due to the limited number of methadone places, a waiting list of six to nine months has resulted for a "here and now" problem. Fincol R should be made accessible to all prisoners in all gaols.

Safer practices are essential.

best wishes,

Jack.

Dear Jack,

Thank you for this very moving story, and for your insightful suggestions. We are with you. Safety is vital. Choice is everything.

Love Leah

News Dose

OXYCONTIN IS CHANGING!

If you use OxyContin, please be aware that the pills are changing.

The old "oxys" have "OC" on one side, and the strength of the pill in mg on the other.

The new formulation has the strength on one side, and "OP" written on the other side.



The new form of OxyContin is MUCH harder to crush up, and the drug stays bound into a slow release formula even when it is crushed to powder and mixed up.

MOST IMPORTANTLY, the new Oxy turns into a sticky gel which is hard to draw up if you crush it and mix it with water. You'll probably waste most of your taste. It could cause serious vein and lung damage.

Our best advice at the moment is: If your pill says "OP" on the side, the safest bet is to swallow it.

How do I identify the reformulated tablets?

There are two key indicators to look for.

1. The box has been labelled with 'Reformulation'.



2. The reformulated Oxycontin® tablets remain the same colour. However, they have changed in size and are marked with 'OP' rather than 'OC'.

Strength	10 mg	15 mg	20 mg	30 mg	40 mg	80 mg
Comparison of original (first) versus reformulated OxyContin® tablets (second).						

Comment

There is concern amongst harm reduction advocates that this new formulation marks a backward step for the pharmaceutical industry. In the US, where the reformulation has been out since 2010, there is mounting evidence that people who were snorting or injecting Oxycontin have now moved to heroin or other stronger and potentially more dangerous pharmaceutical opiates. A US study conducted 21 months after the new formulation was introduced was published in the New England Journal of Medicine in 2012. It showed that out of 2566 opioid-dependent patients at 150 treatment centres, OxyContin use dropped from 47.4% to 30%, but use of the stronger opiates, in particular Fentanyl and Hydromorphone, increased from 20.1% to 32.3%. When asked what opiate they "used to get high in the past 30 days at least once" Oxycontin fell from 47.4% to 30%, but heroin use doubled. This suggests that people are simply switching to other available opiates which are less trouble to prepare, although 24% of respondents managed to "defeat the tamper resistant properties" of the new formulation. This study is backed up by an increase in heroin seizures across the country as well as increase in overdoses in some localities.

Read more here: www.nejm.org/doi/pdf/10.1056/NEJMc1204141 and <http://news.wustl.edu/news/Pages/24025.aspx> and <http://cronkitenewsonline.com/2013/11/experts-prescription-drug-abuse-leading-to-spike-in-heroin-use>

TOO COOL FOR SCHOOL



It happened back in 1998 but we're still talking about it! A school anti-drugs resource was withdrawn when a child pointed out a problem with these "Too cool to do drugs" pencils. No wonder the research shows drug education in schools is ineffective.

We found the story here: <http://usvst3m.com/post/77805523747/too-cool-to-do-drugs-pencils-withdrawn-from-schools>



News Dose

ZOE'S LAW MAY SEE PREGNANT WOMEN PROSECUTED FOR DRINKING, TAKING DRUGS, SMOKING

NSW's controversial "Zoe's law" bill may open the door to women being prosecuted for taking drugs, smoking or drinking during pregnancy. The legislative changes currently before the state's upper house would make it a criminal offence to destroy or harm a foetus after it reaches 20 weeks or 400 grams. The bill will be voted on in the upper house of the NSW Parliament by the end of March.

The bill was named in honour of the unborn child of Brodie Donegan, who was hit by a drug-affected driver on Christmas Day in 2009. Zoe was stillborn. But Ms Donegan was the only victim recognised under current NSW law, which does not grant a foetus personhood.

A Sydney University obstetrics expert, Kirsten Black, told protesters she was concerned a mother-to-be who refused to undergo a procedure - for instance, a woman whose baby was presenting in the breech position but did not want to undergo a caesarean section - would be open to prosecution. "This is not far-fetched. A Utah woman was charged with murder when she refused to undergo a caesarean section for her twins, and one died at birth," Dr Black said. And she feared the proposed bill would pave the way for prosecutions aimed at woman who failed to follow medical advice throughout their pregnancy. "I worry that this bill could open up the possibility of women being prosecuted for drinking, smoking and taking drugs during their pregnancy," Dr Black said. "Whilst medical practitioners would urge women to make informed choices during pregnancy in the best interests of both their own health and that of their offspring, few if any would support a legal compulsion to follow medical advice."

The bill includes provisions designed to protect pregnant women, medical practitioners from prosecution and preserve abortion access. But Julie Hamblin, a lawyer who specialises in health, is not convinced these provisions would be effective. "The people who support Zoe's Law will say, correctly, that the bill has an exemption for medical procedures and it has an exemption for things done by or with the consent of the woman - so they argue that doesn't affect abortion," she said. "As a lawyer, I simply don't believe that's true."

Read more here:

<http://www.theage.com.au/nsw/sydney-protesters-vow-to-fight-zoes-law-20140223-33am.html>

To learn more and you wish to protest please see the Women's Legal Centre Webpage:<http://www.womenslegalnsw.asn.au/wlsnsw/law-reform/zoes-law/>

ADCA'S DOORS CLOSE AFTER 47 AMAZING YEARS

After 47 years, the federally funded peak body, the Alcohol and other Drugs Council of Australia (ADCA) was defunded and the office closed down on 28 February, despite funding approval by the previous Government til 2015/16. The National Drugs Sector Information Service including the National Inhalants Information Service has ceased. The library collection remains on the shelves with no access or maintenance. Its annual conference has been cancelled. ADCA's premises in Canberra are to be sold.

The initial explanation for defunding ADCA was that it was part of Government's debt reduction strategy. ADCA's Chief Executive Officer David Templeman called this "an almost whimsical remark given ... the drugs and alcohol impost on our communities cost around \$50 billion annually, and yet ADCA's budget was in the order of \$1.4 million per annum."

The federal government also stated that ADCA had 'financial difficulties'. ADCA's external auditor was outraged over the remark and the comment was hastily withdrawn. ADCA was then advised they were being defunded because the government could get advice from multiple sources however this is a small part of its business. Templeman has stated that "ADCA's defunding appears to have been based on an unfortunate misunderstanding of the role that ADCA fulfills in the Australian community... It would have been very helpful if ADCA had been consulted in the decision making and reasoning for defunding."

A consortium of leaders in the alcohol and drug arena, including Dr Tom Calma AO, Professor Mike Daube AO and Emeritus Professor Ian Webster AO wrote of a " ...widespread concern that this government may lack commitment to action and appropriate consultation on alcohol and drug issues."

More here: <http://www.smh.com.au/federal-politics/political-news/alcohol-and-other-drugs-council-of-australia-in-administration-after-tony-abbott-cuts-20131126-2y836.html>

REALITY CHECK

Last year, it was revealed that a backlog in drug testing by NSW police laboratories was putting criminal cases in jeopardy, amid claims some drug analyses were taking six to ten months to be completed. For drug possession charges — as opposed to trafficable quantities — the statute of limitations after the laying of charges is six months. In an attempt to solve this and prosecute more people for possession, a pilot of nine TruNarc devices have been deployed to NSW police to cut the time needed to test substances. The US made TruNarc device can be used immediately when drugs are found on people or in cars and during raids. The device compares samples with an on-board library of 83 illicit drugs and 68 cutting agents and within seconds the drug is identified on a screen. It is claimed that the machine is capable of analysing solid or powder samples, and can even scan through transparent containers and clear plastic. The police claim that it's quick, it's reliable and it's mobile for substances less than the trafficable quantity. Officers can issue on the spot a prescriptive certificate which can be used in court.

Read it here: <http://www.heraldsun.com.au/news/nsw-police-minister-mike-gallacher-announces-trial-of-new-drug-testing-device-to-cut-statewide-backlog/story-fnii5s3y-1226836718845>

News Dose

IT'S THE BIG ONE, AND IT'S COMING TO AUSTRALIA!



**GET INVOLVED
IN AIDS 2014!**

For more
information, visit:
www.AIDS2014.org

Melbourne has been selected to host the world's largest HIV/AIDS Conference in July 2014, the 20th of its kind. The conference, which is now held every two years, attracts up to 25,000 stakeholders in the HIV response from around the world. The International AIDS Society (IAS), which organises the conference, cited Australia's "strong political, scientific and civil society commitment to ending the HIV epidemic both nationally and throughout the Asia Pacific region," as important reasons for selection of Melbourne.

The conference will highlight where we are now with HIV/AIDS, look at directions for the future, including what's holding us back and how we move faster, and of course how we make sure no one gets left behind. Speakers from all around the world will present.

A number of prestigious speakers from around the world will address conference attendees attending from hundreds of organisations involved in providing services around HIV/AIDS. Michael Kirby, interviewed in this mag (page 16) will speak about HIV and the law. David Cooper from the Kirby Institute in Sydney will also be a key speaker, talking on "Where are we headed with ART - beyond an undetectable viral load". James Ward, who is currently working with NUAA on our Rise Project focusing on how to reach Aboriginal people with messages about blood borne virus prevention,

will be talking on HIV and indigenous populations. Getting people who inject drugs included as a primary focus has been tasked by drug user organisations, however no specific speaker representing people who inject drugs has been asked to speak at a major session.

Of particular note is the International Indigenous Pre-Conference on HIV/AIDS which will be held in Sydney on the 17th – 19th of April. Entitled Our Story, Our Time, Our Future this pre-conference will be co-hosted by an Australian Aboriginal and Torres Strait Islander Organising Committee and is the first time ever such an event has been held.

NUAA will be working with local peers to showcase their real life stories and highlight the 'Our Mob' Mural at Redfern station. We have worked with the Settlement and a curator to develop a brochure on the mural and its original purpose – to highlight the needs and issues of local ATSI people who inject drugs in relation to HIV, drug use and harm reduction. We hope to get lots of people there at a gathering to share stories, so look out for details on NUAA's website www.nuaa.org.au



News Dose

RESEARCH ALERT!

WHEN DOES THE LAW SAY A PEOPLE WHO USES DRUGS BECOMES A TRAFFICKER?

Researchers from the National Drug and Alcohol Research Centre, Dr Caitlin Hughes, Professor Alison Ritter and Benjamin Phillips have finalised a project to look at whether laws in Australia are fair around the amounts of drugs a person needs to possess to move them from being labelled a "personal user" to being a "trafficker". That amount is called the "trafficable threshold quantity", which simply means the maximum amount you can be caught with by police before you are looking at a supply charge.

Most Australian states and territories have adopted drug trafficable thresholds which specify quantities of drugs, over which it is *presumed* an offender has committed an offence of 'drug trafficking', rather than 'possession for personal use' and this amount differs from state to state. This has in some cases resulted in unjustified convictions of a user as a trafficker.

The researchers decided to look at the trafficable thresholds crossing five drug types (heroin, methamphetamine, cocaine, MDMA and cannabis) and six Australian states (NSW, Victoria, Queensland, South Australia, Tasmania and Western Australia). They were particularly interested in whether the trafficable thresholds for the five different drugs allow the prosecution and the judiciary to properly distinguish drug users from traffickers. They also looked at the reasons for the different thresholds and looked at problems that might be caused from crossing state borders.

The project revealed that regardless of the drug we are using or the state we live in, most Australians who use illicit drugs really didn't know what the actual amounts of drugs were that would separate them from being users and bump them up into the trafficking category.

While most users only had a small risk of exceeding the trafficable thresholds when they followed typical use and purchase patterns, the maximum amounts that people reported they consumed or purchased were often higher than the trafficable thresholds. This indicates that particular groups of users are at risk of wrongly being charged as a trafficker (most notably users of MDMA and users in NSW and SA), particularly when they purchase in bulk or have a high use or binge session.



The researchers showed that the risks of using illicit drugs are exacerbated by the idiosyncratic Australian criminal justice response to drug traffickers. They outlined a number of ways to reduce risks to users, including legislative reforms to make the threshold quantities higher for some drugs and in some states. They will be partnering with NUAA in the future to look at ways the system can be changed, including making the threshold amounts larger.

KNOW THE TRAFFICABLE THRESHOLD QUANTITIES IN NSW, BY DRUG TYPE, AS OF MARCH 2014

Heroin

3g

Methamphetamine or Amphetamine

3g

Cocaine

3g

Cannabis leaf

300g

Synthetic cannabinoid

3g

For full details on all other quantities go to **Schedule 1 of the Drug Misuse and Trafficking Act 1985:**

http://www.austlii.edu.au/au/legis/nsw/consol_act/dmata1985256/sch1.html

CHANGE HAS COME TO NUAA!

WELCOME TO YOUR NEW AND 'HIP' DRUG USER'S ORGANISATION! WE HAVE REVAMPED OUR LOOK, OUR HOME AND OUR WEBSITE!

OUR LOOK

We've got a new style, a new feel, and a new refreshing brand. Our new logo will be on all our material in the future, giving us a more professional and co-ordinated look.

LOGO

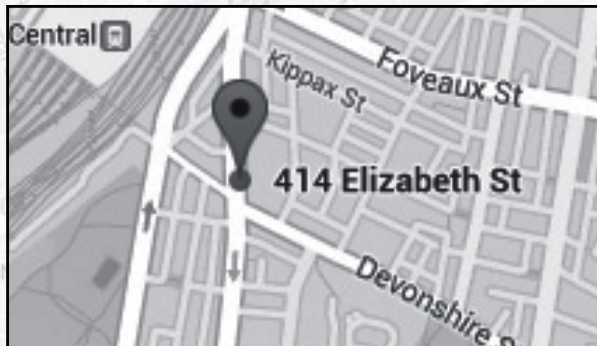
After 25 years, NUAA has changed its look.

Gone is the red, black and white, our new revised branding is 'NUAA blue', and our logo proud and bold. We decided it was time to refresh our branding to reflect not only where we've been but also where we are going – we're looking to a growing and diverse membership, NUAA itself has matured and become more thoughtful rather than reactionary. While the red and black colours with the splash suited NUAA's needs and represented who we were, the 'NUAA blue' logo reflects a sophisticated organisation going forward.

NUAA
NSW USERS
AND AIDS ASSOCIATION

OUR HOME

Our offices have moved to Level 5, 414 Elizabeth Street, Surry Hills. However, the needle and syringe program (NSP) remains where it was at 345 Crown Street.



While the offices have moved to an open plan layout that allows for vibrant communicative atmosphere, we have recognised the need to maintain our peer-based NSP. Our Community Programs Team, Administration Team and Policy, Advocacy and Communications Team are all glad we don't have to travel the 69 steps at least a couple of times a day. We're housed with a number of community groups and organisations – which allows for great partnerships – and with our NSP remaining at Crown Street we maintain our relationships and with core members. Our new open plan feel allows for greater synergy between programs. It's all new and blue! And our NSP has also had a bit of a revamp and looks fantastic as well. Win, win!



NUAA

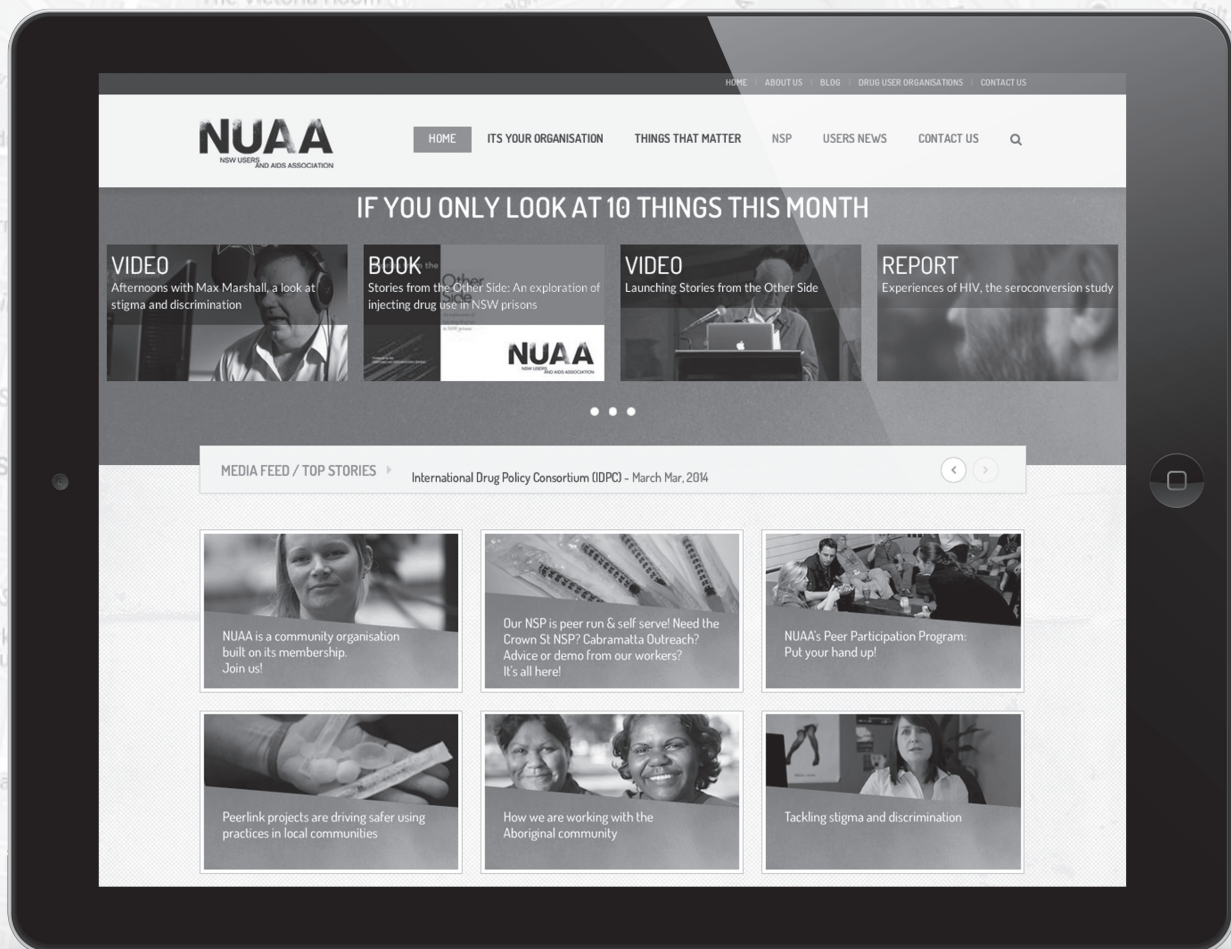
NSW USERS
AND AIDS ASSOCIATION

OUR WEBSITE

It's a totally awesome new look, easier to navigate, fun to view, with lots of new resources and information along with the best of the content from the old website. Our twitter site is also rebranded.

Well, if we're going to have new offices and branding that reflects our sophistication and contemporary relevance, of course we need a refreshed and vibrant website. Keeping our members informed, our peers educated, our rural constituents up-to-date and with the growing move to electronic information mediums (drum roll please): NUAA is proud to announce the May launch of our new website – information and education videos, a calendar of activities, daily media updates, new blogs and resources, access to our training workshops and more can be found at www.nuaa.org.au

Visit us and let us know what you think.



BECOME A MEMBER AND SUPPORT NUAAS AIMS!

FILL OUT THE FORM ON THE BACK... IT'S FREE.

Call us for info, advice and assistance: (02) 8354 7300 or 1800 644 413

Great info and links online: www.nuaa.org.au [@nuaansw](https://twitter.com/nuaansw)



NUAA'S BOARD, WORD FOR WORD

NUAA HAS AN AMAZING BOARD OF GOVERNANCE, WITH INCREDIBLE EXPERTISE. UN GAVE THE BOARD MEMBERS A HEAP OF STATEMENT LEADS AND ASKED THEM TO PICK TWO OR THREE TO FINISH. THIS IS HOW THEY ANSWERED!

I get really angry about... people making judgements and decisions off the cuff without seeking all the evidence. They're often just blindly repeating what the media or their parents have told them.

I think the world would be a better place if... we had a genuine belief in the fact that drug use is a health and human rights issue, and that all laws, policies and practices were based on this.

LEON FERNANDES, PRESIDENT

I joined the NUAA Board because... it's a community controlled organisation, it's owned by peers and I wanted to offer something meaningful.

If I could persuade any one person to give an interview for User's News it would be... Justice Michael Kirby.

**ROBYN MAURICE,
VICE PRESIDENT**

I share with NUAA... a desire to see genuine empowerment for people outside the "system", and laws that are more humane, progressive, and reflective of good public health practices.

**INDRAVEER CHATTERJEE,
SECRETARY**

I joined the NUAA Board because... basic human rights are an everyday gift we have to fight for every day basically

GRANT M, MEMBER

I think NUAA is important because... it has been a consistent voice of PWUD (people who use drugs) for close on 25 years. NUAA's capacity to implement and sustain many life saving initiatives to educate and empower people who use drugs has contributed to one of the lowest HIV rates among people who inject drugs in the world. I believe without the continuing work of NUAA and its forerunner ADIC in the early days of the epidemic, we would have a very different outcome.

If NUAA had a theme song, I think it should be... I will survive! because ... quite clearly because that's exactly what we have done but we have more than just survived, we have continued to grow and thrive despite any negative backlash over the years. The challenges involved in gaining continuing funding for an organisation that makes no apologies for representing and facilitating the voices of people who use drugs is a survival story in itself.

JULIE BATES, MEMBER

**MARGARET MCINROY,
MEMBER**

The most amazing thing about NUAA.... is the camaraderie of its members.

I think the NUAA Board is important... in order to display accountability to Federal, State, Local Governments and organisations of the responsibility of any and all monies/ funding that may be given.

I joined the NUAA Board... to learn more about the organisation and also at the request of my late son to become involved.

I think the current Board of NUAA... is a cross section of the community in Sydney and all work together in harmony.

If this Board is sitting here a year from now celebrating what a great year it's been, it will be because... of the great staff at NUAA.

I joined the NUAA Board because... I believe in what NUAA does.

I think stigma and discrimination occur because... of fear of the unknown and because people only see the front of people, they don't see the whole person and why people are like they are.

**CHANTELLE MARTIN,
MEMBER**

ACTING GLOBALLY

Michael Kirby has had a long career in law, spanning nearly six decades. Not only was he Australia's longest serving judge, he has been influential in international arenas. Coming out as gay in 1999 by listing his long term partner in Who's Who that year, he has a particular interest in HIV/AIDS. As well as an amazing legal career and academic recognition, Michael has served on many national and international bodies. These include as UN Special Representative Human Rights in Cambodia and membership of bodies including the WHO's Global Commission on AIDS; High Commissioner for Human Rights' Judicial Reference Group; UNAIDS Reference Group

on HIV and Human Rights; the UNDP Global Commission of HIV and the Law; a World Bank Arbitration Panel. In 2013 he became a Commissioner of the UNAIDS Commission on Sustainable Health and appointed to head up the Commission of Inquiry on Alleged Human Rights Violations in the Democratic People's Republic of Korea, which is currently consuming much of his time. A self-confessed "A-type" personality, whose leisure is work, Michael was kind enough to spare us some time to answer a few questions. For more on this incredible man check out his website here: <http://www.michaelkirby.com.au>

UN: In Australia you are seen as an icon for human rights advocacy. It's not just your job, it's your lifestyle, the way you move through life. Can you tell me about when and how you became aware of this thing called "human rights"?

Michael: I first became aware of human rights when I was a student aged 10 at the Summer Hill opportunity school in 1949. My teacher, Mr Redmond, gave all the students in the class a copy of the Universal Declaration of Human Rights. It was also placed in a poster on the wall. All the clever young children were taught about the declaration, how it had been conceived as a means to prevent repetition of the fearsome war just concluded. And how we had to respect it in our own lives. It would not be a bad thing if this practice were reintroduced, at least in public schools where there is a nonreligious grounding in ethical principles of citizenship. Later I was to find that many of these principles in the UDHR were reflected in the laws of England (also the laws of Australia). This was not an accident as many of the drafters came from a background in the Anglo American legal tradition.

UN: You do a lot of international work now. I have noticed that the troubles other countries face can bring out the very best and the very worst in Australians. As a nation, there are times we provide financial aid and technical expertise, go to war or place embargos. Other times we just increase border protection. Do you think we are a good international citizen?

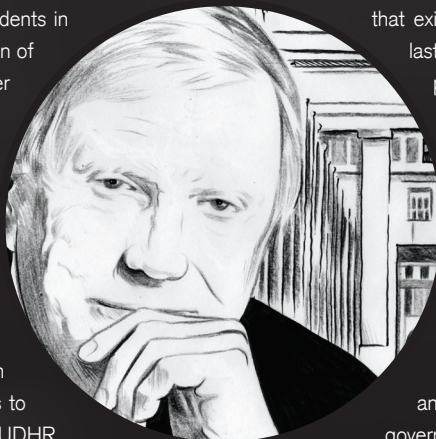
Michael: I think Australia is generally a good international citizen. It contributes a significant amount - although not enough and recently reduced - to foreign aid to developing countries. Australians tend to be pretty well regarded internationally. Occasionally we have blindspots. These include our sometimes xenophobic attitudes. These are not

uncommon amongst island people. The British, Japanese, Australian and less often New Zealanders tend to be rather suspicious of people who come from across the seas. However, we have got better in my lifetime in dealing with the issue of race which is the visible face of most people who come from overseas. Our treatment of refugee applicants is something of a throwback to the xenophobia that existed in the bad old days of White Australia. It lasted until the Holt government in 1966 started the process of winding up immigration on the basis of skin colour. That job was finished, at least so far as the law was concerned, by the Whitlam government. But it is one thing to change the law. It is another thing to change people's attitudes.

UN: Could you comment on the way communities particularly affected by BBVs (people who inject drugs, men who have sex with men etc) are publicly recognised, treated and included in decision-making by Australian government representatives?

Michael: The way Australia has treated the groups specially vulnerable to HIV has often been poor. But it is improving. And it is a whole lot better than countries like Nigeria and Uganda - in some countries in our own region in the Pacific. I refer to MSM (men who have sex with men), IDU (people who use drugs), TGP (transgender persons) and CSW (commercial sex workers). Often the basis of the hostility and prejudice is religious instruction. Sometimes it is simply the unfamiliarity of citizens with the human face of the vulnerable groups and their members. It is important, in order to achieve reform, to give identity, dignity and human face to those who are in the vulnerable groups. This is the first step to securing civil society action and eventually law reform.

UN: You've been a lawyer, a judge, a policy maker. You've had to apply the law to people who use drugs and have been asked



THE HON MICHAEL KIRBY AC CMG JUDGE AND HUMAN RIGHTS ADVOCATE

to comment on issues surrounding drug law reform. Not only that, you are a human being, with personal experiences. Tell us a bit about your professional and personal experience and where you stand on drug use and drug law reform?

Michael: I have not been closely involved, until quite recent years, in the issues of drug law reform. I was generally sympathetic, as a liberal human being - and one who had himself suffered from irrational legal discrimination - with substantial law reform in the field of drugs. I favoured the principle of harm minimisation. I gave effect to these ideas, where I lawfully could, when I was an appellate judge. In particular, in sentencing, I never added verbal abuse at the prisoners. I was bound to apply the law made by Parliament; but I did so as leniently as I lawfully could. I often thought it should be reformed and sometimes said so.

Since my judicial retirement, I have been involved in a number of activities that have reinforced my beliefs in this respect. They have widened my experience. I refer to my participation in the Community Restorative Centre for prisoners' aid in New South Wales; and ANEX, which promotes policies of harm reduction. In the international sphere, with my work in the World Health Organisation (WHO) global commission on AIDS, the UNDP global commission on HIV and the law and the UN AIDS/Lancet commission on sustainable health care, I have learned and imparted the importance of reducing stigma and criminalisation of drug use (and laws on MSM, T GP and CSW) in order to successfully combat the HIV epidemic.

I am sure that the use of drugs is often harmful to people. It has not been a feature of my life as I have never smoked and drink very little alcohol. I have only ever once been drunk, after a gay dance in 1968 before I met Johan. He would never tolerate such misbehaviour. My sister recently died a painful death of cancer as a result of smoking. It was horrible to see this and confirmed my lack of sympathy for smoking but my understanding of addiction and the difficulty sometimes of escaping it.

I believe that some people who are good citizens favour criminal sanctions against drug use in the hope that they will reduce the intake by mostly young and vulnerable people of deleterious substances. However, the experience of mankind seems to be that criminal laws simply fill up the jails with vulnerable people. There has to be a better way. The better way is normally harm minimisation strategies. That way also has the advantage of reducing the risk of exposure to HIV. So I favour that approach and have no hesitation in saying so.

UN: Many people credit you as an inspiration. Can you tell me about any particular mentors you may have had, or people you admire

for trying to make the world the better place?

Michael: I had many mentors in my life. In connection with my early involvement in the Council for Civil Liberties, I met Neville Wran, later a QC and subsequently Premier of New South Wales. We began to work together at the Bar. Later when in government, he provided me with various opportunities. I did not have connections with him as a politician but as a lawyer friend. He was very generous to me and introduced me to his close friend Lionel Murphy. I think they liked the fact that I was a product of parents with modest means and public school education, like themselves. I was smart, hard-working and energetic. They knew they could rely on me. They also knew that my social values were liberal and in favour of gradual reform. Perhaps in some ways I was more conservative about institutions than they were. But they seemed willing to turn a blind eye to that and put it down to my Anglican upbringing and Ulster ethnicity.

UN: What is the best thing you have ever done in your life?

Michael: I have been very lucky in my personal life in meeting my partner Johan van Vloten in 1969. We recently celebrated our 45th anniversary. I knew my sexuality from the age of 9 or 10. But Johan and I were both approaching our 30th birthdays when we met. We were terribly afraid that we were going to be left on the shelf and become "old maids", as was the expression in those days. Fortunately we have built a wonderful relationship - mainly because I always give in! Johan, being from the Netherlands, is totally void of hypocrisy, double speaking and religion. He is in favour of rational law reform and boldness and kindness in

relations with others. Basically, we only really differ about religion - I remain an Anglican; and eating habits - I have given up meat and poultry, which he regards as rubbish. His presence in my life has made me strong, confident and vocal about ignorance and the need to change many things. It is a great blessing to have such a partner. It is good for health, psyche and productivity.

It is shocking to me that Australia is now lagging so far behind on the issue of marriage equality. We are not sure that we would ourselves get married. After 45 years it is getting a bit late in our elopement. However, marriage, as a civil status created by the law, should be available to all citizens without discrimination irrespective of their sexual orientation. Eventually this will happen. Probably in the reasonably near future. Despite its faults, Australia's institutions are strong. They usually muddle their way to the right answer. But they often take a maddening time to do so. This is equally true of the laws on sex work and on drug use.

IT IS IMPORTANT, IN ORDER TO ACHIEVE REFORM, TO GIVE IDENTITY, DIGNITY AND HUMAN FACE TO THOSE WHO ARE IN THE VULNERABLE GROUPS. THIS IS THE FIRST STEP TO SECURING CIVIL SOCIETY ACTION AND EVENTUALLY LAW REFORM.

REAL LIFE HEROES

Victoria Midwinter Pitt is a writer and director with several political and historical documentaries to her name, all dealing with important events with far reaching implications. She has won Walkley and Australian Film Institute awards and was nominated for two Emmys for *Surviving Mumbai* about the 2008 terror attacks in Mumbai. She has directed for *Four Corners*, *Enough Rope* and *Who Do You Think You Are?* She wrote and directed *Leaky Boat* about asylum seekers. She co-wrote and produced films *Frontier* about the European policy towards Australian Aborigines from 1788 to 1938 and *The Top Floor* about the boom bust cycle in the big business world of

the 1980s. In 2007 she decided to make a documentary about the way HIV/AIDS was approached in Australia, *Rampant: How a City Stopped a Plague*. Focusing on Sydney, the eye of the HIV epidemic, she interviewed the three groups affected by the plague: men who have sex with men, sex workers and people who inject drugs, along with involved politicians and doctors and presented a well-crafted and persuasive one hour documentary that has become a very influential film. It shows the dignity of people who use drugs in a way that is rarely expressed. Victoria kindly spoke to us about her life, filmmaking in general and *Rampant* in particular.

UN: How did you get involved in the media and in directing?

Victoria: I studied law but I realised that I would hate it, so while my friends were getting their first jobs in big city law firms I hung out, looking for something else. All I knew was that I wanted to do something 'interesting'. That wasn't so easy, months went past, my money ran out, I ended up telemarketing. Then on Xmas eve I got a phone call that I had got a job as a researcher for documentaries at the ABC. That started a great apprenticeship under some fantastic mentors. I worked for two of the best documentary makers in the country. I was crazy lucky and I grabbed that luck with both hands.

UN: *Rampant* is a human rights story, and a story built around stigma and discrimination. When and how did those things become important to you?

Victoria: It's just in my DNA to be interested in the underdog. I couldn't even begin to express where that comes from. I went to a very conservative school and I'm gay. At around 15 I was on the end of serious persecution at school. You wouldn't wish it on your worst enemy but it was the absolute making of me. I learned what it was to be a pariah. To have that experience is very special. I had the opportunity to watch how normally rational people can loosen their grip on their values and individuality and become a mob. It was painful, but a very valuable experience of what that discrimination is like. And I think that's informed a lot of my work. I'm interested in mobs, and I'm very interested in people who defy them.

UN: Why did you want to tell the story of *Rampant: How A City Stopped A Plague*?

Victoria: I heard Marcia Hines speaking one day. She knew a lot of people with AIDS, working in show business, and visited many people in St Vincent's Hospice, walking down the same streets where

I lived. And as she talked I was visualising it. It was like one of those books of 3D pictures, where you look and look then suddenly you see the 3D picture coming out at you. I suddenly realised all in a flash that this place that I lived in and loved and was so contented in had, only just before I moved into it, been the site of a plague. And I couldn't stop thinking about it.

I looked up David Marr who was living in Sydney at the time and he introduced me to Bill Bowtell who told me how the three tribes - "pooftas", "junkies" and "whores" - had pulled off the world's best practice in dealing with HIV/AIDS. This was a story of authentic heroism. I had inherited peace and liberty from those who had gone before me and that was an amazing thing. It was an incredible Australia story and it had never been told.

I asked some advice from Penny Chapman and she wanted to produce it. Within two days we had a meeting at the ABC and it was on.

UN: You have become friends with Julie Bates (NUAA's first CEO and current Board member) and Alex Wodak (the first Australian doctor to hand out syringes to people who inject drugs - illegally) whom you interviewed. Tell us about that.

Victoria: I can't tell you how privileged I am to be friends with those people. They are so inspiring, as well as being funny, gorgeous people that I depend upon. It's wonderful just to have dinner with people that you can look across the table and think, you are genuinely heroic, to be so blown away by the courage they have shown and what they have achieved.

It's very easy these days to get on Facebook and have a little vent and think you've contributed. But to actually put yourself on the line, to risk, that's the real thing.

UN: What has stayed with you the most about making *Rampant*?

Victoria: What happens when there's a group that's marginalised



VICTORIA MIDWINTER PITT DOCUMENTARY DIRECTOR

in our society, one of the things that is made invisible is their enduring self respect. Just because the majority of the people in our society belittle that group of people, it doesn't mean that those people completely accept that verdict of themselves. What really blew me out of my seat with *Rampant* was coming face to face with the ferocious self respect of those three utterly despised groups, people who used drugs, sex workers and homosexuals, and the quality of their self respect. That was such a powerful thing and I hope that the film carried that right into the audience's lap. In the end, it was a documentary about self-respect.

UN: What was the mood of making *Rampant*, tell me about the journey and process.

Victoria: Long form documentary making is unbelievably rewarding. You have the time to put aside your own sense of things and focus on what really happened to people. I would have unconsciously started out thinking my opinions are quite interesting. Let me tell you, my opinions are so uninteresting compared to the reality of what people actually went through. I can't tell you how mind blowing it is to hear about something from people that went through it.

Those I interviewed were good at sizing me up before they trusted me with their stories, and I let them take as much time as they needed to do that. I let them know the general scope of the story I wanted to tell and let them decide what bit they wanted to talk to. I didn't make any demands, I didn't ask them to speak for anyone other than themselves – they didn't have to speak for all sex workers, all drug users, all homosexuals - I just wanted their exact experience. It's a process of trust and trust is transforming – it changed me. I didn't think I knew how trustworthy a person I was until I made that documentary.

UN: That same stigma and discrimination against people living with HIV that came across in *Rampant* is experienced every day by people who use illicit drugs. What do you think that is about?

Victoria: I think there's a lot of fear. I don't know what it is that makes us think that if we judge something we can control it. But it's so thoroughly unhelpful. It has no place at all in any way of working through what drug use is about and how it can be managed and what it actually means.

UN: *Rampant* was incredibly influential in terms of changing the way people thought about not just people with HIV/AIDS but also the people most affected. What is it about documentary form in general and *Rampant* in particular that makes it so powerful and influential?

Victoria: It's about giving the audience the chance to change. It's giving them the chance to change their mind about something that matters. When you are talking to a conservative audience, like with *Rampant*, you are making people real to them they have never met. I think about my Mum watching with her mates, and most of those women would say they had never met a drug user, or a sex worker or a homosexual in their lives, and yet they loved Alan Winchester, they loved Julie Bates, they ask after her all the time.

The essence of the impact of this kind of documentary is it gives the audience a chance to sit still and look at something differently, to hear a different take on something they thought they understood. And the important part is that they get to change their mind themselves. And they get the chance to change their minds about something that really matters. In *Rampant* it is the weight of the events themselves, but it is also the unmistakable substance of the people in the documentary, the substance and courage and integrity of people like Alan and Julie.

I think audiences are incredibly smart and if you give them a chance to engage that intelligence they will, particularly their emotional intelligence. If you give them the chance to measure for themselves someone's character, they will get it right. And in an hour someone can move a long way from where they were. They move themselves.

UN: I understand you are working on a project to do with drug law reform.

Victoria: I have a project, a documentary I want to make for the internet called *BUSTED – You have the right NOT to remain silent*. I want to focus

specifically on senior law enforcement people - cops, prosecutors and jailers – and hear from them why we need to stop prohibition and why prohibition is disastrous for the health and sanity of planet. It's a very interesting story to tell. I want to talk to people who think as a reflex that it's the right thing to do to prohibit drugs, that that is what would keep us safe and is the moral thing to do. The real cut through way to get them to listen to it is for them to listen to the cops and prosecutors and prison governors. That's a perspective you can't ignore.

UN: What are you working on now?

Victoria: I'm working on a series for the ABC that looks at the war in Afghanistan told solely by the men and women who fought it and amongst whom we fought, namely the Afghans. It's an incredibly rich project. I have been extraordinarily lucky to work on some amazing projects and I intend to keep on doing that.

WHAT REALLY BLEW ME OUT OF MY SEAT WITH RAMPANT WAS COMING FACE TO FACE WITH THE FEROCIOUS SELF RESPECT OF THOSE THREE UTTERLY DESPISED GROUPS, PEOPLE WHO USED DRUGS, SEX WORKERS AND HOMOSEXUALS, AND THE QUALITY OF THEIR SELF RESPECT.

THE MAKING OF A COMMUNITY

Articulate and amazing, Canberran Marion Watson has been an influential out-of-the-closet drug user who said things in the early 1980s to support drug users that are hard for us to say even now. Frank and powerful, she helped forge the user organisations we have today. Marion ran the first non-abstinence-based drug and alcohol service in Australia, based on the philosophy: "drug use is a fact – let's work towards preventing the harms associated with it". Marion represented Australia at the 1989 World Health Organisation (WHO)

international conference on injecting drug users and HIV, and has presented papers across four continents on injecting drug use and HIV prevention in IDU. She was a founding member of AIVL, established the National Demonstration Model NSP, and has conducted innovative and creative projects to develop communities and enhance the health and well-being of injecting drug users. Marion was awarded the Order of Australia for her services to the Drug and Alcohol sector and was inducted into the NUAA Hall of Fame in 2013.

UN: Tell us how you got involved in working for a service for people who use drugs.

Marion: I was an illicit drug user from 19 or 20 until I was 28. At that time, there was nothing except treatment organisations. Then I stopped using and went to university. When I finished, I was nagged by a nun, Sr Moriarty, to take over from her in her work with current drug users, making referrals, counselling and representing people at court. Anything I did was going to be an improvement, because there really were no services to help people who used illicit drugs.

UN: How did HIV change the game?

Marion: In 1985, we got the HIV story. Neal Blewett had gone to the United States to find out about methadone for Bob Hawke's daughter Rosslyn. At that time, 60% of New York City's "intravenous drug users", as we were called then, were HIV positive. Both Blewett and Hawke were interested in the prevention of HIV and were keen to focus on people who injected drugs. It wasn't so much about caring for people who used drugs as recognising the potential for spreading HIV to the rest of community. So they made money available for intervention programs.

UN: How did you get people who use drugs motivated?

Marion: At my service, we focused on health promotion, and safe drug use and safe sex became our message. This represented a huge change of focus from drug treatment to safety.

It was clear that we needed a different kind of organisation to the ones we already had. We had no official way to contact drug users, except for them coming to us for rehabilitation advice. All the organisations that existed at that time had a therapeutic focus. We needed to reach people so we could pass on education about HIV/AIDS. We needed them more than they needed us, and we had to

give them a reason to come and see us.

The need for peer education was clear, in order to get in contact with people who used drugs, and in order to have believability when we did contact them. We did five quick research projects, the first peer run research ever done in Australia. We trained people who injected drugs and sent them out to interview other people who injected drugs.

UN: Did this mean the rise of drug user organisations?

Marion: At that time, people who used drugs just wanted to know whether they were "normal" compared to other users. Because they were very isolated. And we discovered that we could develop a community that cared about itself if we had something to revolve around. So CAHMA (ACT's drug user organisation) came - but it was called ACTIV at first, the Australian Capital Territory IntraVenous League. We set up in a community centre.

We had to work out how to get to women as they didn't engage in treatment. We set up children's play groups, giving women the opportunity to meet other women. They needed a playgroup where it was taken for granted that everyone was a user, so that it was an unthreatening environment.

UN: How did this differ from other organisations?

Marion: Most organisations offering services to people who used drugs were threatening because the intent was to get you into treatment, to get you abstinent. On the other hand, we offered what people wanted, and moreover we kept asking what they needed. People who used drugs just weren't used to being asked about what they wanted. And this new kind of service was a mammoth success.

UN: What was happening nationally?

Marion: Most states and territories looked at what they were doing and found that services were limited to referrals to treatment programs. There was no communication between service providers and drug users. There was the assumption that people who



MARION WATSON DRUG USER ACTIVIST

used drugs were lying, cheating, stealing whores or law breakers. We just had to do something about the stereotype.

When people are using, they may do it in a group, but often they pull back from broader community and there is no connection there. That's really unfortunate, because that's where the conversation needs to take place.

We tried to encourage every state and territory to adopt peer education programs and by 1989 each state and territory had a peer education group. There was a lot of political will for peer education to extend as far as it possibly could be.

UN: What is special about the peer connection?

Marion: My theory is that there is only two intimate things in life, how you like your sex and how you like your drugs. If you know those things, you know a lot about them. We developed communities by using together, so got to know each other very well.

UN: What sort of things did your organisation do for people who used drugs?

Marion: I headed up a drug referral and information centre. Our services started with the street. We wanted to keep people safe, legally and physically. We had an NSP, a halfway house, a detox centre. I tried to provide services that were good enough for me to attend. If it wasn't good enough for me, I figured it was not good enough for anyone. That was the only measurement that made any sense for me. It is hard to get across to non-using staff that it's not about "fixing people up", and that if someone did stop using or made other changes that it was their achievement not the worker's.

I wanted to have a service where we helped people get to where they wanted to get. Not a focus on stopping. Not a focus on methadone. But a focus on choices. For some, they just wanted to hang on to their kids. Others wanted accommodation or regular food. We advocated for people to be sent to treatment not jail. We wanted to look after people living with HIV. Most HIV infection came from jail, so we got into prisons and did education.

UN: You were awarded an Order of Australia for your services then that was taken from you.

Marion: In ten years, as a CEO and heading up and sitting on various committees, and being open that I had a history of injecting drug use, I became an "expert". I had spent a long time without using - about 18 years. So the AIDS council nominated me for an Order of Australia.

By the time the offer for it came through, I was using again. I was feeling horrible about whether I should accept it or not. After that, I was busted, went to jail, and then it was taken off me for bringing disrepute on the Order. Everyone was disappointed in me, like I had done it to them, not to me. The assumption from the judge was that

was an evil women. I sent a submission to ask that the Order not be taken from me, because I felt guilty for disappointing the person who nominated me and also I had done that work that got me the award. I wanted recognition for what we could do. You only have to look at the stats of low HIV infection rates of people who inject drugs nationally. User groups worked. I had a lot of supporters, people writing to the papers and so on, because taking the award from me was like saying the stuff wasn't done. I still felt guilty. I didn't feel guilty about using, but about getting the award while I was using.

UN: What was your experience in jail like?

Marion: Jail was horrible. I was terribly disappointed at how women behaved with each other. If there is ever a place where community development is needed, it's there. There are a lot of people who use jail as a way to control their behaviour, a place to straighten up. Then they go back on the street, straight back to uncontrollable behaviour. Then to jail again, a revolving door.

I didn't use much when I was in jail. But there was a lot of using going on. When I was in jail there was a drought of heroin on the street. There certainly was no drought in the jail system. There were a lot of overdoses.

UN: And what happened when you came out?

Marion: It was awful. I wouldn't talk to anyone when I came out. I just looked at the ground when I walked. It took at least six months to

start to recover from two years in jail. I needed to learn how to become a human again.

UN: And what are you giving head room to at the moment?

Marion: Right now I am busy getting angry at everything. I'm angry that we haven't had a public discussion about anything since the 1980s. I don't feel guilty any more as an "out" person who uses drugs. I think governments are the ones who should feel guilty. They have interfered in our private lives a lot - a lot - and need to back off. We need drugs to be legalised. Rather than interfering in our private lives, treating us like children, we could control own lives if drugs were legalised and not be embarrassed about who we are. We could learn to communicate in a straight way.

UN: Recently you were honoured with a NUAA Hall of Fame Award. How did you feel about that?

Marion: I was proud to receive it. It was an acknowledgement of my peers of my contribution and that is extremely important to me. I was pleased that NUAA looked beyond itself. Instead of patting itself on the back, NUAA Hall of Fame awards have extended across the drug user movement and beyond. I was impressed and complimented. Mostly, it was important to me because it was given to me because of who I am and what I did, not despite it and that's a lovely feeling.

WE DISCOVERED THAT WE COULD DEVELOP A COMMUNITY THAT CARED ABOUT ITSELF IF WE HAD SOMETHING TO REVOLVE AROUND.

SEX, DRUGS & ROCK N ROLL

Jeffrey Wegener is a drummer who has played with the Saints, Laughing Clowns (and other Ed Kuepper projects) and Nick Cave with a discography exceeding two dozen recordings, over four dazzling decades. As one reviewer put

it, Jeffrey “supplied the texture and soul” of Laughing Clowns. Another calls him a “stalwart master-drummer”. Jeffrey talks to UN about music and taking drugs.

UN: So sex, drugs and rock and roll. It’s what we all dream about, and you got it.

Jeffrey: It certainly wasn’t my dream. But what I did seek was the alternative... a different, more romantic life than my parents led. When I look back at my parents I have a great respect for them. But at the time we might as well have been on different planets.

There were some events musically that really made an impact on me. But being a musician was so alien to me, so over there. It was like, you had to do magic if you wanted to be a musician. I remember seeing Russell Morris at the Ipswich Hall when I was 14. Years later, I asked him if he remembered that gig and he said they did lots of gigs like that, and never got paid, it was awful. But for me, it was magical. I liked the idea of being a musician. But I didn’t play an instrument. Some of my friends did because their parents did, but my family wasn’t musical. But when I left high school, Chris Bailey said to me, we’re getting this band together called the Saints and why don’t you be the drummer. And I don’t know, I could just do it. But then I started getting lessons and that’s when everything changed for me. I was playing punk but my teacher was in swing bands and I got into swing and jazz. That later came out in the Laughing Clowns.

UN: So when did the drug use kick in?

Jeffrey: I used to drink a lot, and I was quite badly behaved. It was that punk rebellion stuff, kicking things up. I had got punched by a cop when I was ten at the speedway, just for nothing. And I had marched in moratorium marches in my school uniform. So I was never on the side of the law. So I drank rebelliously. Then on my 20th birthday I ended up in an upstairs neighbour’s flat and he was mixing up, and he asked me if I wanted some and I said yes. I don’t really remember much about it. I was quite naive really, I found out much later that somewhere I had lived in inner city Sydney had five dealers in the street, but I never knew at the time. I remember wondering why one particular guy was always so sleepy looking! I used it but rarely and never paid for it. I never got a habit til I went to England.



The Laughing Clowns were doing quite well in Australia but we knew we needed some kind of a breakthrough in order to get some attention from the mainstream. So we had made a little bit of money, enough to get us all to England, where we lived in poverty. That really brought out the tensions in the band. I met some Australians who were living there who were using heroin. I had been asking around about heroin and when they were comfortable enough with me, they told me they could help me out. There was a girl - there’s always a girl - and it was cold and miserable so we had a lot of great sex in bed with heroin. The gear was very strong, Afghani brown stuff. And very cheap. There have been things said and written about drug use destroying the Laughing Clowns and that the other members were upset about my using, but really most people didn’t care that much. But tensions were high in the Laughing Clowns regardless. Money was tight, Ed’s wife was pregnant. So we broke up for a time.

I went off and played with Nick Cave for a while, touring around Europe. I couldn’t believe how well I was treated in that band. I had become good friends with Nick and he was like, why don’t you come on tour with us. I was lacking confidence, but they were great, they were really annoyed that I was dumping on myself by saying I didn’t think I was good enough. Really that band was a model for how a band should be run, it was fantastic. The band itself was a bit mad. Nick was fighting in the audience. Tracy would be falling over playing and roadies propping him up. But the people were great. Of course down the track I left Nick’s band - to live with my son and his mother in Paris.

When I came back to Australia after a few years I couldn’t believe how many people were doing heroin. It was the mid 1980s and it seemed like everyone was using.

UN: Tell us about how you kept safe during those times, in terms of harm reduction and HIV.

Jeffrey: I remember hearing about AIDS and I was like - what the hell is that? I really didn’t understand anything about it and I wasn’t alone. We were sharing fits, especially on tour. It was about getting fits to start with, only one chemist I knew of that sold fits. One fit had

JEFFREY WEGNER MUSICIAN

to last a long time. But it was also about transporting fits. I mean you can't take fits across borders into other countries in Europe. You can take one, but you can't hide a box. Not that I had ever seen a box. Fits were really hard to get. There were no 1ml fits to start with, they were all 2 1/2 mls, huge things. I can remember touring and the whole band would use the one fit. And not just once.

It wasn't really til the late 1980s that I can remember even thinking about sharing as a thing that you'd try to not do. Around then we started marking our fits as ours, so they didn't get mixed up, and so if we had to reuse we would reuse our own fit. It's amazing but none of my friends got HIV. But a lot overdosed.

UN: How did you deal with the overdoses?

Jeffrey: I was really lucky I knew a lot of doctors who used, and they gave me Narcan. I used it on several occasions, always successfully. I brought back lots and lots of people with that Narcan. But I couldn't always do it. I woke up beside a friend of mine and she was dead. We had both gone to sleep but I woke up and she didn't. I feel that I should have protected her. I just went mad, I was screaming, trying to resuss her, calling an ambulance. It was crazy. I couldn't bring her back.

UN: When did you hear about NUAA?

Jeffrey: I had heard about QUIVVA in Brisbane [Old's drug user organisation, sister to NUAA], but I always thought that the police were watching them, so I went there once in ten years of living in Brisbane. But then I knew people who were involved with NUAA. I was actually angry that they knew about NUAA for a long time before they told me about it. Because I am politically motivated, and also because I think an organisation like NUAA is really important. I think there are things that the governments do about drugs that are just plain wrong, that do more damage than good, have a negative effect on people's lives. There are things being done that shouldn't be done and things not done that should be. Criminalisation is a really useless way of dealing with people who use drugs. Where it started for me was thinking about how to deal with something that is as horrid as my friend overdosing in my bed. Should that just make you think, bam, drugs are bad? When you've seen bad stuff happen. You can't ignore that. You can't ignore that we've all seen bad shit. Friends die. But if you got out the calculator and did a few sums and tot up people's marginalisation and people's lack of access to health care, people being too scared to talk to doctors, then to tell the truth, I think there

YOU CAN'T SAY DRUGS ARE FABULOUS FULL STOP. YOU CAN'T SAY THEY'RE DREADFUL. THEY'RE ALMOST INNATE. EVEN WHEN PEOPLE DIE, BECAUSE THAT IS SO COMPLETELY PREVENTABLE.

is a pretty good argument for thinking that what is going on at the moment ain't working.

UN: So have you ended up rich and famous from music?

Jeffrey: I've made very little. No royalty cheques from records, even though I've made a few recordings. The last one I did I got a small upfront amount. Going on tour is different, that is wonderful. Five star hotels, great restaurants, per diems, everything laid on. But in general I haven't made money from music. But it has been fun. When I leave here I'm meeting some musician friends to make some music together, and I'm really excited about that, it's a fantastic sound we're making.

UN: Do you think that your life would have been much different if you hadn't used drugs?

Jeffrey: I have often thought of this stuff. The temptation is to say yes, because that makes an easy solution to blame everything on that, but that's bullshit. I don't think you can answer that. I think you just have to accept that that is your life and be as honest as you can about what is right and what is wrong. I think there are some cases where I shouldn't have used drugs and others where it wouldn't have made any difference, where the decisions I made weren't based on anything to do with drug taking.

One thing I can honestly say: I have never fucked up a gig from drugs or alcohol.

You can't say drugs are fabulous full stop. You can't say they're dreadful. They're almost innate. Even when people die, because that is so completely preventable. Self-medication is an important thing to think about. I think sometimes it can be really bad, but I also think it has a place. I think it can be really helpful. I think pathologising people is an awful thing, saying that people use drugs because they have some sort of illness. And the sense of shame they try to make us feel as drug users is really unhelpful. Call a person a pig and they begin to act like a pig. I would like to understand more about the power issues around drug use, how it connects and

why it happens. I almost look for a conspiracy theory. Drug users are branded as crooks, but I think the biggest crooks are the ones who do really well at capitalism. I am interested in all that stuff. Capitalism is based on winners and losers, and there is obvious advantage within that system for one group of people to make another group of people feel like losers. But I refuse to buy into it. I'm certainly no loser. I'm having a really interesting life.

PROUD

Bonny Briggs is an Aboriginal woman from Moree who has worked in drug and alcohol for over 20 years, including needle and syringe programs. An active member of the Aboriginal

community, she current works as the Health Minimization Officer for the Aboriginal Health and Medical Research Council (AHMRC)

UN: Why do you work in harm minimisation?

Bonny: A bit over twenty years ago I began working for what was then the Newtown Needle Exchange. I had a history of using illicit drugs, and I knew a lot of other people who used as well. I was very aware of HIV and knew some of the first people who injected and were infected with HIV, as well as a number of gay men who injected who developed HIV.

There was a need then and there's a need now. It has never decreased, it has only ever increased. I believed then as I still do that working with people who use drugs is an important job. I work in this field because it is real, it's hard core, and it's fundamental to what is happening to people.

UN: You work for the AHMRC, can you tell us about that?

Bonny: AHMRC is the peak representative body and voice of Aboriginal communities on health in NSW. We represent 49 Aboriginal Community Controlled Health Services (ACCHS). We have two public health arms and I work for one of them. We have a responsibility for considering ethics approval in terms of research and consultations. We provide governance support and advise on quality control and best practice. My clients are the ACCHS. But I come to this job after a long period supporting people in the community and I have a deep understanding of the needs of people who access the ACCHS.

UN: Aboriginal people who use drugs experience a double dose of discrimination and stigma from the general population. What do you think that is about?

Bonny: I think that people become very unconscious to behaviour and patterns. Stereotypes are so easy to buy into, it's an easy way to think - or not think. It occurs around drug use and around culture. This country has a history of racism that is at the core of the way Aboriginal people are thought about and treated. There is an uneasy feeling that goes through the relationship between Aboriginal and non-Aboriginal Australia.

I was brought up in Moree, and it made me a very angry person because of racism and prejudice - the way that town existed on its racism. It was a very black and white world, an apartheid world. I thought that was normal.

People can sympathise but it is very hard to understand the emotional angst of discrimination - the pain, the trauma that a human being experiences due to alienation - if you haven't experienced that.

UN: Do you think some discrimination is behind the reason that some Aboriginal people fail to access appropriate health care and other services including needle and syringe programs, because they are reluctant to identify as users?



BONNY BRIGGS ABORIGINAL HEALTH WORKER

Bonny: I firmly believe that self-worth plays a big part in how people access services, and that is backed up by evidence and the experiences of many. Discrimination is certainly a reason that people don't access services. You need to believe you are worthy to access care, that you have the right to have someone advocate for you. There are other reasons, including that there is a level of chaos that goes with being on the street as a person who uses drugs. But there is definitely learned behaviour that stems from discrimination. When people reach out and are treated as people of low worth, they learn not to reach out again, they stop asking.

UN: What are you passionate about?

Bonny: I'm passionate about being able to be ok, about the need to accept yourself for who you are. I'm passionate about the knowledge that nothing has to stay the same, that there are ways and means to change out there, that if you just hang in there, things will eventually change. I am passionate about remembering to believe that. I am passionate about letting Aboriginal people know that they don't have to be infected with a blood borne virus, that it doesn't have to happen, especially more than once. I am passionate about access, about making sure people know there are services available, that there is support. I am passionate about finding out people's needs, of getting them to let us know what they want, to make sure they know they are worthy of being cared for. And I am passionate about making sure everyone knows that you don't have to put discrimination.

UN: What do you think the biggest issues are for Aboriginal people who use illicit drugs?

Bonny: Blood borne viruses. Overdose, especially from

pharmaceuticals like Fentanyl®. Changes in drug use, like ice use. I think it is taking too long for services to get on board with the changing landscape. They need to get more innovative in the ways they approach supporting people. We need to really focus on lessening the harm. With those I work with who are on the street, there are not many who are not harming themselves. I see a lot of pain. I see the hopelessness that some people disclose.

But when I lay down at night by myself, when I'm alone with my head, I know I have worked as hard as I can to work through the issues and get people connected with services.

UN: What makes you proud?

Bonny: I am a proud Aboriginal woman from Moree. I am proud to know what I know.

I am proud to have a sense of life, to have a connection with all the different people out there. I am proud of being able to make sense of it for myself. I am proud to be ok and not be destructive, really proud to be out of that destructive behaviour, that crazy behaviour. I am proud to be working at AHMRC, looking at improving services and having bearing on possible outcomes based on service delivery. I am proud of the quality of the relationships that I have.

UN: If you could say one thing to the Prime Minister or Premier on a topic of drug policy what would it be?

Bonny: I would say "You need to stop talking as if you know everything. You don't. Shut up and listen. You can't advise unless you have lived it. You need to listen to people who have experienced things. Locking up people who use drugs isn't the best thing. You need to allow people to operate within their communities." And I would emphasise "Not all people are the same and they never will be."

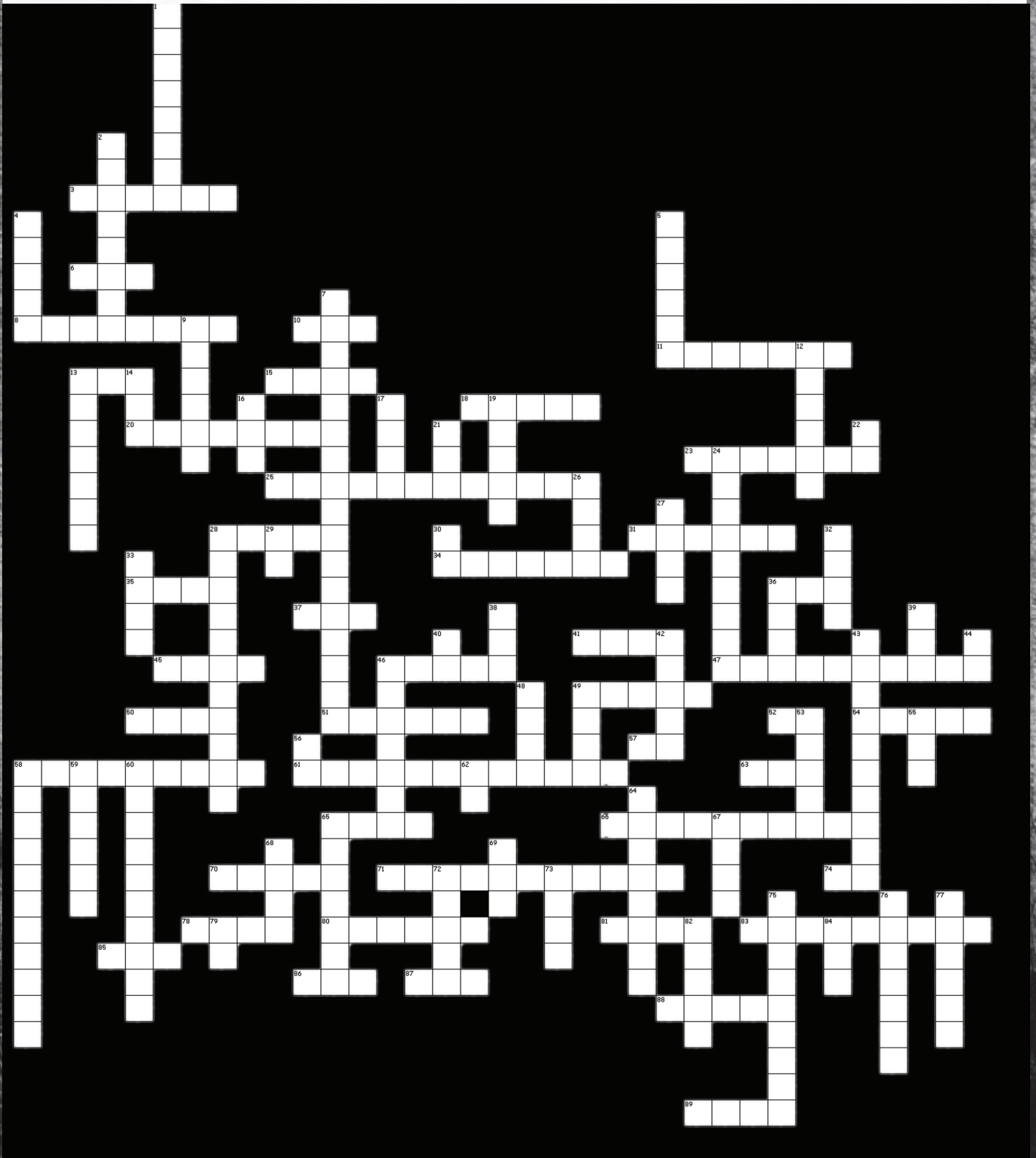
I'M PASSIONATE ABOUT THE KNOWLEDGE THAT NOTHING HAS TO STAY THE SAME, THAT THERE ARE WAYS AND MEANS TO CHANGE OUT THERE, THAT IF YOU JUST HANG IN THERE, THINGS WILL EVENTUALLY CHANGE. I AM PASSIONATE ABOUT REMEMBERING TO BELIEVE THAT.



GAMES PEOPLE PLAY

PUZZLE ONE - CROSSWORD

SOME MORE GREAT CROSSWORD FUN. ANSWERS ON PAGE 45.



ACROSS

3. What your equipment needs to be
7. Freud said this part of the psyche drives instinct and is associated with drug use and sex
9. You can get them from sex without a condom (initials)
12. They connect you to one so they can put drugs in your system in hospital
13. If it's not on, it's not --
14. A drug drunk by the general population, and you can even make a poppy version!
15. Whether it's reduced or minimised, this is what needs to be managed
17. What you want your dealer to say when you ask for tick
18. Not just a movie, or a fast way of life, but a drug too
22. Our favourite User's News reader (I bet you thought this crossword was about you)
23. Winged infusion kits
25. You buy them to quench your thirst, then shape them for an emergency mix up on the run
26. The organ that hepatitis affects
29. The BBV that affects your liver
32. 2013 NUAA Hall of Fame award recipient and interview subject
34. Where you want the needle to be in relation to your vein
35. English romantic poet, supposedly wrote his best poems under influence of opium, writer of Ode to a Nightingale.
37. Type of cannabis that smells better than the animal
39. They say WOOF and sit down in inappropriate places
40. What you'd pay for your drugs with if you were in Japan
41. Drugs for HIV treatment as well as creative endeavours
43. Something you need desperately when you overdose
45. The climax, the crest, the peak... where you want your rush to take you
47. Mythical creature lends its name to smoking heroin
49. Name architects give the most common injecting room (initials)
50. If ice was your girlfriend she's be called this
52. The U in NUAA... you might be one
54. NSW drug user organisation (initials)
55. NUAA does outreach centred on this Sydney suburb
58. Rusty Young's book Marching Powder is about South America and this drug
60. Like the golden M for burgers or the blue bird for tweets... NUAA has a new one
61. HIV is one, Hepatitis is another
64. The big house
66. Another name for heroin, popular in the 1980s
68. It's yellow, you get it from an NSP, and it's a must have.
70. They come in wheel shapes
72. Abbreviation for Acquired Immunodeficiency Syndrome
73. Something to mix up in and a way to cuddle your lover in bed
74. What they did to drugs by changing the laws
75. Injecting can cause this purplish breaking of blood vessels and using a cream can help
77. For sterile equipment, NUAA's is peer based and self serve (initials)
78. Frenchie, rubber, party hat
79. What opiates do to your pupils
81. Methadone without sugar and alcohol
83. First word in PIEDs, taken by people who want to be fit and look good
84. What you DON'T want to hit if you're injecting
85. You go here if you're a spider or just want to buy drugs
86. Substance used for cleaning fits in jails
87. Music, lights, Es... a fabulous party
88. Band that sings the song that makes us wanna rush on our run and feel like Jesus' son
89. Not just for boxers, but fistfers too

DOWN

1. Female mammaries or a visit from the cops
2. Nickname for a particular blood borne virus
4. Law Enforcement Against Prohibition, organisation of cops, better known for their initials, another word for jump
5. The movie that showed us what those fish shaped soy sauce containers are really for (2 words)
6. The first B in BBV is where you find them
8. A form of meth made famous by Swarovski
10. What methadone is supposed to do for your heroin use and what heroin can be when you want to reward yourself
11. Only state to still do naltrexone implants
16. Documentary about managing the AIDS epidemic in Sydney in the 1980s
19. The part of the hospital you go if you break your leg to be accused of "drug seeking" (initials)
20. The needle and the damage done... Who wrote that shitty song?
21. Colour of anger and wheel filters good for pills
24. Flu like symptoms doesn't really describe it
27. Abbreviation for stimulants
28. You do it to get rid of bubbles
30. They say regardless of all the busts, this is going down while purity is going up.
31. Needlemarks can leave one and so can a bad love affair
33. A phone service that gives you information about drug services
36. You do it to your site and your surfaces before you inject
38. Initials for this magazine or the body that most countries of the world belong to
39. They hang around train stations. Don't let them sit beside you!
42. Methadone you take home
43. Abbreviation for when you've had too many drugs
44. Long Day's Journey into _____, Eugene O'Neill play set in 1912 about women's use of morphine
45. Where most people inject, at least in the beginning
46. Often used as a tourniquet before we realised their reuse could pass on the hep C virus
48. Where the Hemp Embassy is
49. Full of drug imagery, Alice finds a caterpillar smoking a hookah there
50. Sign of a regular injecting user (2 words)
51. A musician who used drugs, he played in a heavenly band when he was alive (2 words)
53. Do a course and get a prescription of this, because overdose is preventable
56. Opiates can cause this, cure with this week's nutrition spread
57. ATS use will make you do this and so will a green light
59. How you feel after a good dose of opioid, according to Enid Blyton
62. A word for a needle and describes being athletic
63. Bruise cream trade name, sometimes available at the NUAA NSP
65. Team it with a condom so it slides and doesn't tear
67. What we need to do thoughtfully - in fact, pick up a bin from your NSP!
69. A lovely thing to do with sweetsies, but dangerous to do with injecting equipment
71. First name of Aussie PM with a daughter who used drugs so he got behind NSPs
72. In case of overdose, they'll come if you call 000
76. Not just for the court room, we collect it to prove NSPs work and prohibition doesn't
80. Chase on this or wrap it round your chook for the oven
82. In your muscle (initials)
84. First recipient of a NUAA Hall of Fame award, first name a redhead kid's musical, the last she shares with Good Charlotte singer. (2 WORDS)