GAMES PEOPLE PLAY

PUZZLE TWO - BBV TRIVIAL PURSUIT

TEST YOUR KNOWLEDGE ABOUT BLOOD BORNE VIRUSES! THE MORE YOU KNOW ABOUT THIS STUFF, THE SAFER YOUR USING CAN BE. TEST YOURSELF THEN CHECK OUT THE ANSWERS ON PAGE 45.

WHICH OF THE FOLLOWING IS NOT CONSIDERED A BLOOD BORNE VIRUS?

A) HEPATITIS A
B) HEPATITIS B
C) HIV
D) HEPATITIS C

WHICH OF THE FOLLOWING STATEMENTS IS TRUE?

A) IT'S ALRIGHT TO SHARE INJECTING EQUIPMENT WITH A FRIEND IF YOU BOTH HAVE HEP C
B) EXPOSING YOUR USED FIT TO SUNLIGHT AND AIR WILL KILL ANY VIRUS IN A USED SYRINGE.
C) MOSQUITOES CAN CARRY HIV
D) NONE OF THE ABOVE

HOW MANY HEPATITIS C VIRUSES CAN LIVE IN A DROP OF BLOOD THE SIZE OF A PIN HEAD?

A) 3,000
B) 30,000
C) 300,000
D) 30,000,000

WHICH OF THE FOLLOWING STATEMENTS IS FALSE?

A) YOU CAN TELL WHEN A PERSON HAS BEEN INFECTED WITH A BBV
B) SHARING A CIGARETTE WITH A PERSON WITH HIV PUTS YOU AT RISK
C) ONLY MEN WHO HAVE SEX WITH MEN CAN GET HIV
D) ALL OF THE ABOVE

HEPATITIS C IS PRIMARILY TRANSMITTED THROUGH WHICH OF THE FOLLOWING?

A) PUBLIC TOILETS
B) SHARING CUTLERY
C) SHARING INJECTING EQUIPMENT
D) KISSING

HOW MANY PEOPLE IN AUSTRALIA CURRENTLY ARE LIVING WITH THE HEP B VIRUS?

A) MORE THAN 200,000
B) MORE THAN 1,000,000
C) LESS THAN 200,000
D) NO ONE

PUZZLE THREE - FIND-A-WORD

FINDSOME FUN FOR YOU ON A LAZY AFTERNOON! SEE HOW MANY OF THESE WORDS YOU CAN FIND!

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

STORY
BRANDING
DISTRIBUTION
SUPPORT
COMPLAINT
CHEMIST
HUMANRIGHTS
DILATE
VACCINATION
HARM REDUCTION
BARREL
OVERDOSE

HEALTHY
JOY
PRIDE
SAFE
FAMILY
WELLBEING
ICE
POP
RESPECT
ANTIBACTERIAL
COTTON
OUTREACH

NSP
TIPS
VEIN
SPEED
BLOOD
FIBROSCAN
LOVE
TESTING
SWAB
STIGMA
COMMUNITY
NUAA

NEWS
STERILE
FILTER
WHEEL
PEER
PARTICIPATE
MEMBERSHIP
FRIENDS
VIRUS
TREATMENT
TESTING
INJECT

SNORT
DRAGON
RESEARCH
WEBSITE
METHADONE
BENZO
MIX
SPOON
SMOKE
PARTY
RELAX
DANCE

CELLULITIS
CLINIC
TAKEAWAY
PILL
FIT
CARING
BINS
PROTECTION
ADVICE
RESOURCE
INFORMATION
KNOWLEDGE

PARAPHERNALIA

NOT THE WOMEN'S WEEKLY

TRACKS

From QUIHN, Qld's drug user organisation, another great mag for people who use, or have used illicit drugs.
http://www.quihn.org/

By user group: **yes**
Free of charge: **yes**
On line version: **yes**

WHACK

From Harm Reduction Victoria, Victoria's drug user organisation, published for people who use illicit drugs.
http://hrvic.org.au/

By user group: **yes**
Free of charge: **yes**
On line version: **yes**

JUNKMAIL

AIVL's magazine comes out on an ad hoc basis and is full of great stuff for people who use drugs.
www.aivl.org.au

By user group: **yes**
Free of charge: **yes**
On line version: **yes**

HARM REDUCTION COMMUNICATION

From New York put out by the Harm Reduction Coalition, with industry content, stories from people who use drugs and harm reduction tips. Search it on http://issuu.com/

By user group: **no**
Free of charge: **yes**
On line version: **no**

ILLEGAL

A Copenhagen magazne funded and launched by Michael Lodberg Olsen, who calls himself a "social entrepreneur", the magazine is sold by people who use illicit drugs in a Big Issue style arrangement. Articles cover things like prohibition and harm reduction.

By user group: **no**
Free of charge: **no**
On line version: **no**

JACKBACK

From CAHMA, the Canberra Allicance for Harm Minimisation & Advocacy, ACT's drug user organisation.
www.cahma.org.au/

By user group: **yes**
Free of charge: **yes**
On line version: **yes**

ASUD JOURNAL

The French drug user org, Autosupport des Usagers de Drogues produces this magazine.
www.asud.org

By user group: **yes**
Free of charge: **no**
On line version: **no**

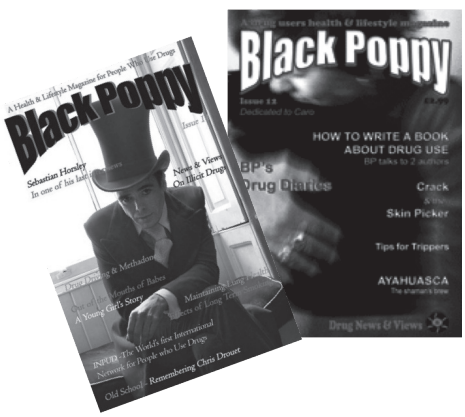
DROGENKURIER

(DRUG COURIER)
The magazine of German drug user organisation Jes Bundesverband (National Organisation)

By user group: **yes**
Free of charge: **yes**
On line version: **yes**

BLACK POPPY

From London, England, drug user activism and journalism by people who use drugs for people who use drugs drugs. Order it from Exchange Supplies L3.50 plus shipping
www.blackpoppy.wordpress.com
www.exchangesupplies.org



By user group: **yes**
Free of charge: **no** (a recent development)
On line version: **no** (older, free editions are available)

SPEEDOMETER

From San Francisco, a zine put out by the San Francisco AIDS Foundation for "gay/bi and heteroflexible guys who party with speed" or as we say "PNP – Party n Play". All and only user content, unedited.
http://new.sfaf.org/tspsf/speedometer/

By user group: **no**
Free of charge: **yes**
On line version: **yes**

CONNECTING WITH PASSION

Professor Carla Treloar is Deputy Director of the Centre for Social Research in Health and head of the Centre's hepatitis research team. Carla's research interests are in the fields of hepatitis C and injecting drug use. She is a primarily qualitative researcher and is grounded in the disciplines of health and social psychology and public health however enjoys working across methods and disciplines. Carla is a member of many advisory groups for research, government and non-government agencies. She is an active partner with NUAA whom she regularly consults.

UN: How did you get interested in the world of drugs and the people who take them?

Carla: When I started in this job in 2001 I was running a research project about hepatitis C and blood awareness. Obviously, drugs and the people who use them were central to the topic. I had come from about 10 years of research in all sorts of areas of public health – heart disease, cancer, immigrant communities – all very important topics but none of them really lit my fire. I didn't realise it at the time but I was looking for something I could feel passionate about. I did my PhD research in a hospital unit caring for people with HIV/AIDS in the early-mid 1990s. My topic was needlestick injury among health workers, but my broader education in that unit focused on issues of social justice, equity and rights. That was the stuff that I found so engaging and important. Working in hepatitis C opened those doors again. Learning about drugs, drug use and people who use drugs was (and continues to be) the aspect of my job that I enjoy the most.

UN: There is a great deal of judgment and discrimination about people who take drugs. You don't seem to be judgmental in that way. Is there a reason?

Carla: Actually my upbringing was very sheltered, white bread and mono-culture. I do have a deep sense of social justice and equity - which comes from my mum who always wanted her daughters not to miss out on opportunities that she wasn't able to take up.

I definitely don't classify myself or my nearest and dearest as non-drug users. We all use drugs. The shocking inequity that results from the random game of what's legal and what's illegal just places some of us in different positions. My experiences over the last decade have brought home the terrible injustices heaped upon those with least resources to resist.

What made up my mind about drugs was the very unromantic notion of logic - or rather, the lack of logic. Prohibition, the war on drugs, would have to be one of the most illogical, unfair and outrageously expensive global phenomena ever visited upon humanity. What an indescribably hideous waste of time, money and lives in the name of moralism. It defies and offends all logic. Current changes in drug policy and legislation in some countries give us some hope that common sense and pragmatism will eventually win out.

UN: Do you think researchers put their personal bias into their work?

Carla: Researchers certainly do bring a lens to their work. It takes discipline and openness to "hear" things from multiple perspectives. I ran a group a few years ago where people were talking about the impacts of endocarditis. One person told the story of someone who had, very unfortunately, died from endocarditis and left behind a boy who was the same age as one of my kids. I was really swept away by the story and I'm still thinking about it.

Some time later when someone else talked about the impact of hospitalisation with endocarditis on the "earn". Now I heard that as "urn" and was thinking about a coffee urn and trying to make sense of how that fitted in with being in hospital. It was the wonderful NUAA worker who opened my eyes and "translated" for me when I revealed my ignorance. Doh! That's a very minor and benign story, but goes to show that researchers don't always understand the reality of life for people who use illicit drugs and that working in close and trusting partnership with people with lived experience is very important. And trust is important both ways – I felt like I could reveal my lack of understanding to the NUAA worker and not be laughed at (well, not too much – and we both ended up in stitches over that one. A coffee urn! How naïve can you be?).

UN: Tell us about some cool research happening out there in research land.

Carla: Two researchers who are just fantastic are Carl Hart from the USA and David Nutt from the UK. Both are neuroscientists and study the effects of drugs on the brain. But both can speak from that micro level to multi- national drug policy. Both advocate for a rational approach to drugs and to talk with the adults in the room. Carl Hart talks about the hysteria and misinformation that has fed drug policy. David Nutt was sacked from his job as advisor to the UK government because he dared to talk about the evidence that alcohol causes more

CARLA TRELOAR RESEARCHER

harm than cannabis. David Nutt also talks about research censorship - the positives of illicit drugs that have been denied to society such as the role that ecstasy may have in helping soldiers with post traumatic stress disorder (PTSD). This research can't be done solely because ecstasy is illegal. Madness! Both researchers really know how to cut through and reach the public and politicians.

(You can see Carl Hart in various YouTube videos and he has a book out "High Price". David Nutt was in Australia last year and you can see his conference presentation at http://m.youtube.com/watch?v=FGTAsgqE9lw. He also has a book "Drugs without the hot air".)

UN: Tell us about a paper you have done we should know about.

Carla: "How to build trustworthy hepatitis C services in an opioid treatment clinic" summarises my latest work from the ETHOS project (Enhancing Treatment For Hepatitis In Opiate Substitution Settings). This work shows that the opioid substitution treatment (OST) clinic is a site of rationed trust. Clients' perceptions of OST as "ruling people's lives" and clients' fears of repercussions threatened to undermine the establishment of hep c services in the OST clinic. Clients described fears of " institutionalised lies" and breaches of confidentiality. This research shows that although putting hep c services in OST clinics makes sense, the OST is a deeply mistrusted system and the success of such a program cannot be assumed. To be successful, work needs to be done to build trust.

MY EXPERIENCES OVER THE LAST DECADE HAVE BROUGHT HOME THE TERRIBLE INJUSTICES HEAPED UPON THOSE WITH LEAST RESOURCES TO RESIST

This paper was published in the International Journal of Drug Policy and was the fourth paper written from qualitative data collected in the ETHOS project. The next paper from this project will focus on the peer support programs that were run by NUAA in a number of the ETHOS sites.

(Read Carla's paper here: http://www.sciencedirect.com/science/article/pii/S0955395914000140#)

UN: People who use drugs are asked to be in all sorts of research projects, and we are often asked to disclose very personal info and go over sensitive times in our lives, for $30 or $50. Why should we take part in research, given it can sometimes be traumatic? What should we keep in mind in terms of boundaries in order to keep ourselves "safe" when we do that research?

Carla: It is important to know that researchers have to submit their plans to ethics committee for approval. Some constant general principles apply - that people must provide informed consent, that people are entitled to withdraw from research at any time without penalty, and that people are entitled not to answer any question without penalty - that means people are still entitled to the participant payment (the $30, or whatever). If anyone is upset by the research, the researcher should also be prepared to deal with that - like debrief with the person, refer them to a service, and basically act like a decent human being.

It is important that anyone invited to take part in research understands their rights. It is the researcher's responsibility to explain all of this and their responsibility to think through the possible things that could happen and prepare for those. If you are not sure about what the researcher says, ask questions. It is the researcher's job and a very important, fundamental principle of our work that all participants understand what is being asked of them. We often work with services and ask them to help us invite people into research. This acts as a kind of buffer between researchers and the community and somewhere we can refer a participant back to if they do want to talk about anything that comes up as a result of their participation in the research.

Having said all that, research is very important. I have to say that, of course! Research helps us make the case for change. Research can show how policies impact the lives of people. Research can draw attention to things in ways that individual voices cannot.

But always, always the decision to participate - or not - must be the individual's. If something doesn't feel right for you, say you want to withdraw from the study and end it there. Or ask to do it again another day. Or make a complaint to the ethics committee if you believe that the research was inappropriate.

UN: Is there a piece of evidence that is clearly outstanding that you would like to do, if you had the cash to make up anything you want?

Carla: I'm really excited at the moment by a new series of papers on stigma and health. There is a growing body of research showing the relationships between stigma and health. I just read a paper this morning with the title "stigma as a fundamental cause of population health inequities". Stigma causes poorer health outcomes. It doesn't come much clearer than that. And the good thing about this series of paper is that it is addressing all sorts of sectors of society – not just drug users – but it gives us ammunition for saying "see, its important here too!". A legitimacy, that's its not just those weird social scientists banging on about this small niche subject of stigma associated with drug use of hep C – stigma is important in heart disease and obesity!

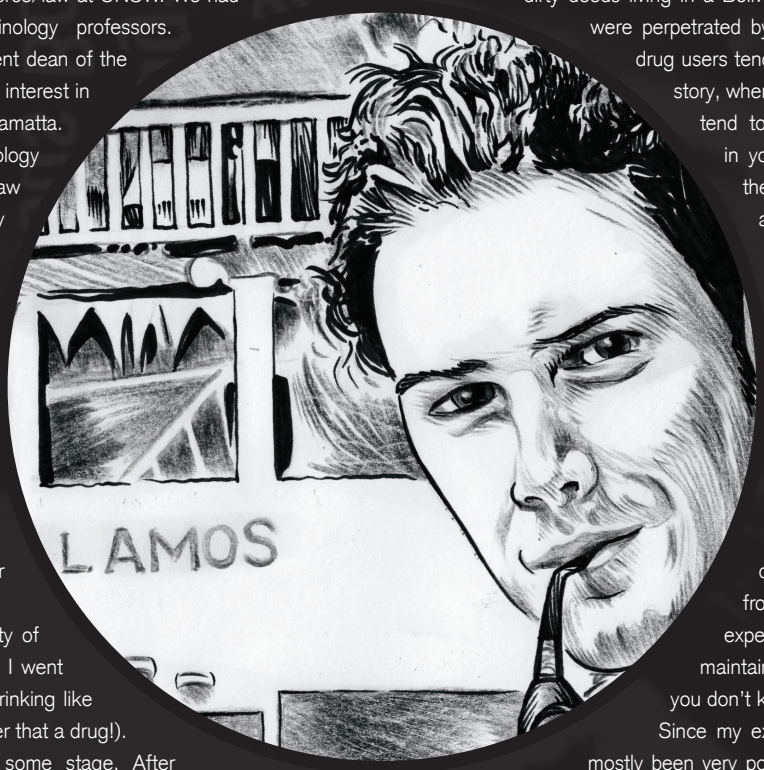
I can see a great big research program that attempts a whole range of interventions with people from non-stigmatised and stigmatised groups, that tries to make change with the individual, between people and at the structural level. That would be so satisfying – doing research and changing our social world at the same time.

INSIDE INSIGHT

Australian writer Rusty Young is the author of *Marching Powder*, the story of Thomas McFadden, an English cocaine smuggler who got caught and ended up in a Bolivian jail. Rusty spent some months with Thomas living in the jail in order to get this amazing and compelling story. UN recommends it as a five star read. Rusty spent several years working in Colombia. We talked to him where he is currently living in the Philippines.

UN: Was drug use and drug economics something you had always had an interest in, or were you simply following a journalistic instinct for a good story in going to meet Thomas?

Rusty: I studied commerce/law at UNSW. We had fairly liberal-minded criminology professors. David Dixon, now the current dean of the law faculty, had a particular interest in heroin users around Cabramatta. So having studied criminology and penology in my law degree, I was already fascinated by the illegal drugs market.



UN: Apart from your academic interest, had you had much personal experience with the world of drugs and people who take them before you lived *Marching Powder*? If so, was that a positive or negative experience?

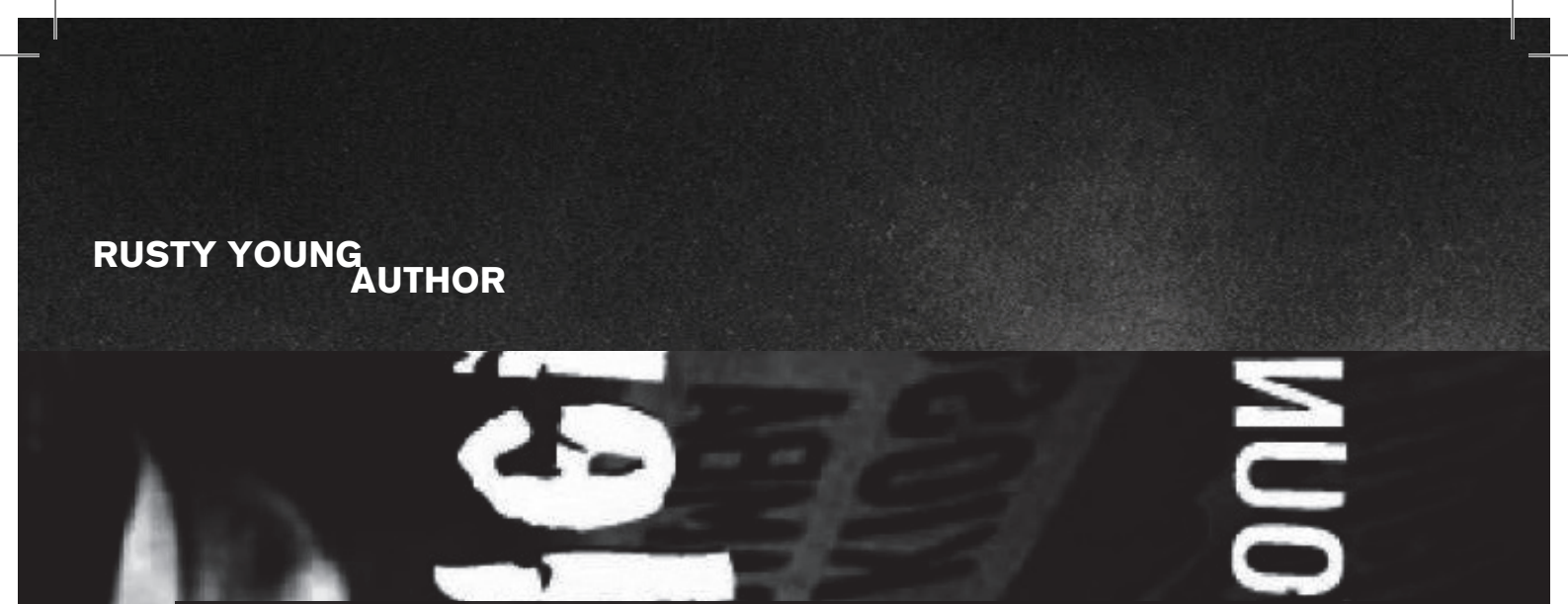
Rusty: Yes, I had plenty of years around drugs before I went to San Pedro. I grew up drinking like most teenagers (I'd consider that a drug!). We all tried smoking at some stage. After the high pressure of the HSC, I grew dreadlocks and smoked pot for a few years! Ecstasy, speed and cocaine were also a big part of the night clubs we went to in Sydney. I've never tried heroin or crack and don't intend to.

UN: You came across a lot of human rights offences and dirty deeds living in a Bolivian jail and most of them were perpetrated by the establishment. Non drug users tend to be the baddies of the story, whereas people who take drug tend to come across fairly well in your book. Yet in real life, the transverse is implied, and people who use drugs are demonised. Why do you think there is such stigma and discrimination around people who use illicit drugs?

Rusty: Like most prejudices, I think the stigma and discrimination against drug users comes mostly from limited facts and experience. It's easier to maintain hatred against something you don't know or understand.

Since my experiences of drugs have mostly been very positive, I didn't have many prejudices against users and dealers when I met them in prison. Most of the inmates were in for drug-related offences. I'd

RUSTY YOUNG AUTHOR



much rather be around drug dealers than violent offenders. However, I must admit to being shocked by the base smokers (base is very similar in its effect to crack-cocaine) - they were edgy and unpredictable, particularly when they'd run out of gear. I'm thankful that crack hasn't taken off in a big way in Australia.

UN: *Marching Powder* is a compelling book and Thomas is a very sympathetic character whom you obviously liked. Did you have any preconceptions about drug users or drug traffickers before becoming friends with Thomas? Did writing Thomas's story change your perception of people who traffic in drugs?

Rusty: I see traffickers as simply businessmen in an illegal market. It's always seemed contradictory, if not hypocritical, to me that a high percentage of society uses illegal drugs whilst decrying traffickers. People give themselves the right to break the law but then take the high moral ground against those who supply them. The illegality of drugs prevents any regulation and the lack of regulation, along with high profits, is what engenders violence, not the drugs themselves.

Before meeting Thomas McFadden, I'd only even known small-time dealers. They were all normal people – some were nice, some were just out for a buck. I don't see dealers as being evil. People have a choice whether to take drugs or not. Taking the impurities out of drugs through regulation would be a more sensible step toward minimising their deleterious health effects than increasing prison sentences for dealers.

Meeting the big-time traffickers in prison was a real eye-opener. They're truly in a different league. I became friendly with the biggest trafficker ever caught in Bolivia (he had 4.2 tonnes of cocaine in his own airplane). He was educated, polite and intelligent. Compared with the street dealers, it was like meeting the CEO of a multinational after hanging with the boys in the mailroom. He did a law degree via correspondence from inside the prison. I interviewed him for an ABC documentary. He planned on telling his full story and was later found dead – apparently electrocuted after trying to change a light bulb.

THE ILLEGALITY OF DRUGS PREVENTS ANY REGULATION AND THE LACK OF REGULATION, ALONG WITH HIGH PROFITS, IS WHAT ENGENDERS VIOLENCE, NOT THE DRUGS THEMSELVES.

Probably my biggest preconception was that high-level traffickers are violent by nature. That's what the movies show, but the really smart ones aren't – they want to keep a low profile and work smoothly with people they trust. For every piece of drug-related violence shown on the news, there are a million peaceful transactions that go unnoticed. I imagine with legalisation and regulation, most of the violence would dissipate.

UN: Where do you stand on drug law reform?

Rusty: I now believe drugs should be legalised and taxed, which would take the money out of terrorist organisations and criminal gangs. Taxes could be used to fund rehabilitation and education program. We need to look at drug addiction as a medical and social problem, not a moral one. The answer to reform must include a basic understanding of supply and demand!

DRUGS ON THE TELLY

Adam Harvey has been a journalist for 20 years. A fifth generation journalist in the Harvey media dynasty - his dad was the late great political journalist Peter Harvey - he worked at Fairfax, News Ltd, the Irish Times, the Irish Independent and Sky News before landing his job at ABC's current affairs show *the 7.30 Report*. On the coattails of actor Philip Seymour Hoffman's death from heroin overdose, Adam interviewed NUAA's Communications Coordinator (and Editor of UN) along with heroin user Yvonne in a story called *Inside the World of the Middle Aged Heroin User*, that addressed stereotypes around drug use and talked about overdose being preventable and abstinence not useful for all people who use drugs. The episode was shown on 4 February 2014 and can be seen on NUAA's website www.nuaa.org.au . Adam agreed to this interview with UN to talk about making that piece, being a journalist and drug policy.

UN: There was a lot of trust involved in talking to you for *the 7.30 Report* story. How do you go about developing that trust with your interview subjects?

Adam: Mine is an amazing job for getting access to people and hearing stories of survival. There is a great deal of trust involved. Half of the job is engaging with people. You don't have time to develop a bond with people, unless it's a contact you've developed over years. But I think people are pretty savvy with making character assessments, so if you're honest it usually works out for you.

UN: Is it hard to balance network requirements with being true to the people you are interviewing?

Adam: *The 7.30 Report* is very good. My boss trusts me and if I had a very strong position on not using a piece of information because it would damage a contact, then she would support me in that. I worked at News Ltd a long time and there was a lot of pressure to use the most newsworthy piece of information, the most exciting angle, which isn't necessarily in the interests of the person you are talking with. People are very candid, they will tell you things that they may not necessarily understand the impact of how it will operate once it's out there in the public domain.

Sometimes the trust can break down when there's a lots of hands on a story. If you think about newspapers, a journalist can do their story and submit it, and that's when their connection with the story ends. But then someone else comes up with the headline, and someone else adds the photos, often stock photos, and someone else writes the caption, then someone else does the photo for the internet. And those things can be at odds. Mostly it is not malicious. Often it's about doing things quickly. Sometimes it's someone in production having a hole to fill. I've worked in production and I know how difficult that can be. You read the story quickly to get a sense of it, then if you don't have a photo of the person featured in the story, you have to go to stock photos. That can mean turning to the easiest fit rather than the best fit.

UN: I noticed that in the piece you did, you used footage of someone mixing up drugs in a spoon.

Adam: That's an example of that. In that case, it was a six minute television story and whenever you hear the narrator's voice, my voice, or have to cut an edit, you have to fill that with something visual, something for the viewer to look at. So that's when you go looking for some stock footage. The mixing drugs. The ambulance. It's what is already is in the archive. The mixing up footage might not have been from a story about heroin, could have been something else, but unfortunately unless you have the budget to film re-creations and get a technical advisor like someone at NUAA, you are stuck with stock footage. If we were provided with good, accurate footage, we would certainly use it.

UN: Tell us how you build a story like *Inside the World of the Middle Aged Heroin User*.

Adam: Well that one was obviously a response to Philip Seymour Hoffman 's death. When you're sitting down at the start of the week around the table thinking about how you are going to fill a week's worth of programs, you think what are the issues in the news, what can we expand on for a current affairs story. I pitched that story, I said let's do something on middle aged heroin use. I know people who use heroin in their middle age, and from talking to people like Dr Alex Wodak, I know there are a whole heap of people out there that aren't reflected in the normal coverage. All you need is a peg, like Hoffman's death to be able to tackle a serious issue and have a reason for doing the story. That was our reason, I pitched the story and the first thing I did was call Alex and ask for his advice on it - is it an issue, what are the statistics, does he know anyone we can talk to, and that's how it started rolling. For a six minute story you need at least two experts and you need somebody's story, that's why I was very keen to talk to Yvonne.

UN: You have personally done a lot of stories about drug use and drug law reform. Have you built up that interest through others stories you've done or from a personal history?

ADAM HARVEY JOURNALIST

Adam: My interest started off being a personal one through friends who were "recovering addicts". I went to my first Narcotics Anonymous (NA) meeting 20 years ago with a girl friend to support her when I was 20 or 21. Over the years I have been to about 50 NA or AA meetings with people. I know a lot of users. I suppose I empathise with what people are going through. I think in our industry there are a lot of people who have used heroin. I think casual drug use is quite common and a fair portion of those people who use casually become problem users. I moved in those circles and have some very good friends who go to NA.

UN: The media is blamed for a lot of stigma and discrimination - we talk about media-fuelled discrimination. Yet there are journalists like you who approach the issue more humanely. Why do you think some people like you are empathetic and some people discriminate and fall into talking about stereotypes?

Adam: Tabloid editors and talk back hosts are trying to read the mood out there. They think they are reflecting community values. A lot of middle Australia is very anti drugs. For example that approach works for the Telegraph's audience. The thing is, a lot of those people who are writing the headlines behind the really strong anti-drug messages are some of the biggest alcoholics you'll ever meet. There are famous tales of media personalities collapsing in corridors from alcohol.

We are all working to incredibly tight deadlines every day. I think a big part of it is that we have shrinking media departments, and we don't have topic specialists anymore. When I started at the Herald twenty years ago, there were lots of rounds that don't exist anymore. There were two or three industrial relations reporters, there were a couple of health reporters, there were a couple of education writers, two environment writers. All that is gone. You have a big Canberra bureau still, then just a bunch of people who do everything. You are no longer encouraged to develop expertise and understanding in a particular area.

It's all about time. Generating your own stories takes not only expertise and contacts, but time. If you do a story like *Inside the World of the Middle Aged Heroin User*, you don't know if you are going to get across the line with it. You don't know if you are going to get the key talent you need to make it interesting for someone to watch. That is why it is so important to have people willing to speak and tell their story. We could tell a lot more stories about drug use if we knew we would get the talent we need, but it's hard for people to come out and say they use drugs.

UN: Outing yourself in the media is very difficult. Do you think a more sympathetic media might result in more people who use drugs coming forward to be on shows like yours?

Adam: Even if you get a sympathetic journo and it comes out as a sympathetic story, your neighbour might not be sympathetic. The cost of going public is that it is public. Everyone sees it. Doing what Yvonne did, and talking without having her identity distorted is very brave. But it gives people who have never heard that type of story a chance to hear it and make up their own minds.

UN: Do you think the media has a role in changing the public's views?

Adam: I don't necessarily think a journalist's role is as a campaigner but I think you can bring your own experiences and empathy and compassion in your stories. A good journalist doesn't just deal in black and white. The best stories are when you tell people like Yvonne tell their story and stay out of it as much as you can.

I try and treat the people I talk to with dignity. I don't know if I'm on a great human rights campaign. I'd like to think of myself as a reasonably compassionate person.

UN: There is always criticism about different parts of any piece and *Inside the World of the Middle Aged Heroin User* was no different. What do you say about those criticisms?

Adam: There is sometimes debate even in the office about how to handle things. I think people see what they want, it reflects their views, they bring their own prejudices.

PEOPLE WERE SAYING "I HAVE NEVER HEARD A HEROIN USER TALK LIKE THAT, IT WAS INCREDIBLE". IT REALLY WAS AMAZING FOR PEOPLE TO SEE THAT.

I got quite a lot of feedback from the segment. Some were letters of complaint about that story, saying we were promoting drug use, promoting heroin use. Then I got other people saying Yvonne is such a troubled soul! Then other people were saying she was so strong and it was amazing. People were saying "I have never heard a heroin user talk like that, it was incredible". It really was amazing for people to see that, it is rare to have a person who uses heroin to agree to have their identity exposed. It gave an important face to drug use. But the range of responses to that story was from both ends of the spectrum. I think the answer to that was that it amplified people's own views.

UN: Do you have a personal view on drug policy?

Adam: I think the fact that I am doing stories on drug law reform means that it is dangerous for me to express my personal opinion. I think it's a very important subject. I think it's often talked about in black and white. There are the views that drugs should be strongly criminalised and prohibited or that it should be decriminalised and legal, and I think both areas are wrong. It is going to become an even more relevant topic as Gen X are getting their drugs on the internet and getting unknown products.

I think areas you feel strongly about you do stories about more often than other areas. My sister has just had a baby and all of a sudden is doing stories about child care and breast feeding. I think, things that are in your world and you are interested in you pitch about. If you're a surfer, you might do stories on surfing. I'm interested in drug use and so I pitch stories on it. It's an important topic to talk about.

CHANGING THE DRUG MARKET

Since 1998, Steve has been at the Transform Drug Policy Foundation a policy organisation that develops drug law reform options based in England and now also in Mexico. Transform's mission statement is: "An end to the war on drugs and the establishment of effective and humane systems of drug regulation." As well as writing a range of journal articles, periodicals and book chapters, Steve was lead author on many of Transform's publications, including *After the War on Drugs: Blueprint for Regulation.* As Transform's Senior Policy Officer, he is a regular contributor to the public debate on drug policy and law in print and broadcast media, and has been a speaker at various international events, conferences and enquiries. UN met with him when he was in Sydney to promote his latest publication *Cannabis regulation: from theory to practice.* Transform's many documents can be read from their website at: www.tdpf.org.uk or following transform on twitter @transformdrugs, or Steve on @stevetransform. Also check out our law reform page when our upgraded NUAA website launches in May at www.nuaa.org.au

UN: So how did you become involved with drug law reform?

Steve: I didn't grow up dreaming of being a drug law reformer, not like kids grow up dreaming of being a fireman or anything. I kind of stumbled into it. I'd been working for the UK medical research council, and then for Oxfam. I was based in Bristol as was a guy called Danny Kushlick who set up Transform 15 years ago. He got some seed funding and I was the first person he recruited. It just looked more exciting to be in a dynamic, cutting edge small NGO than to be a cog in a wheel of a large NGO like Oxfam where I was without autonomy.. But drug law reform was seen as quite edgy and dangerous then. It is much more mainstream now. (NGO stands for "non government organisation". NGOs are organisations that work for the community without making a profit, sometimes receive funding from government, and often are run by a Board of Governance. NUAA is an NGO. Ed.)

UN: It certainly is in mainstream media a lot more now.

Steve: It's been an interesting journey in the way the drug law reform debate has matured and it's having its moment now. A lot of the groundwork we did in the past is paying dividends now in terms of positioning. Suddenly what was a marginal issue is now mainstream. We are now very well positioned to be leaders in this debate, having developed our position and literature over a long period of time, but it's been a long old journey.

UN: What are the main things that have occurred that have made drug law reform seem a more acceptable concept now?

Steve: Partly it's a demographic shift. There are a lot of people with exposure to the drug culture who are now in senior decision-making positions, who have a better understanding of drug markets and the harms of current policy and the debate around drugs than previous generations did. I think the sense of otherness and fear around drugs is not so present among the upcoming policy makers and opinion formers and that affects general opinion. Generally opinion polling shows a shift away from approval for punitive responses to drugs towards a desire to look at alternative ways of dealing with things - options like regulation.

Also you have senior people who have been emboldened to speak out publicly. In the past, heads of state and senior politicians would wait until they stepped down to say "We think we need to decriminalise drugs!". Now it's sitting politicians who are saying that.

The activity of non-government organisations (NGOs) around drug law reform has become more coherent, more focused. NGOs have been able to fund-raise more effectively, so their activities have expanded and the quality of their publications has increased.

I also think drug user activists and policy nerds are working much better together and combining their efforts well. I think Transform bridges the two groups. I'm a policy nerd and we work with user groups and activists.

UN: Have you noticed any difference in the way drug user activists have contributed?

Steve: The increasing coherence of the NGO sector has definitely been critical in bringing this debate into the mainstream.

For example, cannabis user activist movements have not been very effective in the past, with organising smoke-ins in public for example. Consuming cannabis as a political activity was never going to get too far. But they have changed their strategy. Now what they're doing effectively is engaging former law enforcement, legal professionals, health professionals. So instead of having voices which are easy for the public to ignore, they've engaged voices of authority that the key target audiences in policy circles find it hard to ignore.

UN: There are certainly a lot of big hitters supporting drug law reform now.

STEVE ROLLES SELF-CONFESSED "POLICY NERD"

Steve: The progress we're experiencing has certainly been facilitated by organisations like the Global Commission on Drugs which has big names like Kofi Annan, former United Nations (UN) Secretary-General; former Presidents; former High Commissioners of Human Rights in the UN; a former head of Global Fund; and billionaires like Richard Branson. All these people are producing documents with the help of NGO policy nerds. They lay out the problems with the punitive paradigm and say what the alternatives are and why they are going to do better. Those alternatives are laid out on a continuum for debate -- harm reduction or decriminalisation or regulation.

UN: How effective are the economics arguments?

Steve: The recession, the economic crisis, may influence change, because both government and voters have become intolerant of hosing billions of dollars into policies that obviously don't work. Prisons and law enforcement clearly don't reduce drug use or availability. The idea of putting money into something that doesn't only not work, but actually makes things worse, actually fuels crime, creates social disorder when there is poverty, just doesn't hold. Why would you do that? The failings of the policy are increasing visible. NGOs have a big role in that, in telling their stories, in bringing them to the media more effectively. And of course the potential for tax revenue is another good economic argument, especially in the cannabis market.

I THINK HISTORICALLY THE BENEFITS OF DRUGS HAVE NOT BEEN FACTORED INTO DRUG POLICY ANALYSIS ENOUGH, IN FACT IT'S BEEN ALMOST INVISIBLE. IT'S SOMETHING USEFUL THAT DRUG USER GROUPS CAN BRING TO THE TABLE.

UN: Where do you stand from a human rights perspective?

Steve: Transform is a pragmatic organisation in terms of the policies we are arguing and the political strategy. We all believe very firmly in the rights of people to create their own destiny and if they want to use drugs they should be free to. Human rights are certainly something we focus on more broadly, but the right to use drugs isn't a core issue for us in terms of where we put our campaigning energies.

UN: Do you think drug law reform will reduce stigma and discrimination?

Steve: Dependence on any substance is stigmatised but with illegal drugs there is an extra tier. If we decriminalise I think that will reduce. People worry that drug law reform will encourage normalisation - that is, will make drugs seem like a normal part of life. Well, if removing stigma is normalisation, then yes we want to normalise it. But we think that removing stigma doesn't mean condoning or encouraging drug use. You can discourage without criminalising or punishing.

UN: A lot of the discussion is focused on risks. Do you think about benefits as well?

Steve: Drug law reform doesn't mean you can ignore risks of drugs. Risks help define the policy environment. You can use policy to reduce risks. Our basic premise is that all drug use involves risk. And it's the role of government to reduce and manage risk, that's one of the key things they do.

Clearly there are benefits too, the amount of money people spend on drugs is testimony to that, whether it's about pleasure or relaxation, escape from stress, depression or pain, or other medical and quasi-medical benefits. I think historically the benefits of drugs have not been factored into drug policy analysis enough, in fact it's been almost invisible. It's something useful that drug user groups can bring to the table. If you don't look at benefits you are only looking at half the story and the resulting policy will inevitably be skewed. Both harms and benefits need to be built in.

UN: Do you put forward those kinds of arguments?

Steve: Yes, but with our limited resources we have had to decide that our job, our focus, is to outline what regulatory models would look like. That's what we specialise in.

UN: What have you learned from alcohol and tobacco, our legal drugs?

Steve: Alcohol is difficult, it is quite complex and embedded in our culture and religions, it's a food, it's a drink, it's a symbol. Tobacco has some clearer messages. One of the main lessons we have taken on board is around advertising and marketing, and the tension between those that make, sell and profit from it, and those dealing with the health problems related to its use. We think we need to make sure that the incentives to initiate use are reduced or removed. Banning advertising is a big one – as has happened for tobacco. We need to have responsible marketing. It's about removing the power of profit seeking entrepreneurs, perhaps by introducing a government monopoly that puts responsible public health agencies more in control

UN: Do you have a personal stake in making drug law reform policy? Are you a drug user?

Steve: As a point of policy I don't talk about issues of personal use. I avoid it because it's one of those questions that no matter how I answer, some group will form some sort of opinion about why I'm involved in this work. So I generally say I am a representative from my organisation and it's not about me. I appreciate that is a lame answer for a user organisation. It's not something I'd be ashamed of either way, but I try to have the work speak for itself, in an impartial way. I don't say if I drink alcohol or smoke cigarettes either. I choose not to go there. The policies are developed by evidence and with strategic thinking, not from personal bias. That is their strength.

COMPLAINING IS ITS OWN REWARD

Indraveer Chatterjee is the Principal Solicitor at the HIV/AIDS Legal Centre (HALC) in Surry Hills. Since leaving law school, Indraveer has proudly acted for people living with HIV/AIDS and hepatitis C who have been treated unfairly. Indraveer is also the Secretary of the NUAA Board of Governance and agreed to talk to us about his job, discrimination and the law and the power of complaining.

UN: So what's a nice guy like you doing in a place like this?

Indraveer: I came to Australia as an international student. I studied law specifically because I wanted to get involved in human rights. I was interested in human rights since I was a young adult and read all the wrong books! I came to HALC as a volunteer to do my four month internship, which is part of the process of getting a law degree. I really enjoyed it, applied to work here and I'm still here after eight years .

UN: Tell us a bit about HALC. Who do you see here and what do you do for your clients?

Indraveer: Our client base is about 50 to 60% men who identify as gay. We have a high percentage of people with culturally or linguistically diverse backgrounds as we do a lot of migration work. About 25% of our client base is women. Around 35% identify as heterosexual. So that's a big mix. They come from all occupations, but we have a lot of people on the pension, simply because there's a strong correlation between people living with HIV and low socio economic status. We have a lot of skilled migrants and professionals; there is a lot of discrimination in the work sector around HIV. A common scenario is: you're working and you disclose your status or your status is disclosed for you, and your job is in threat.

UN: We have all grown up with American TV, we are familiar with the courtroom scene where a lawyer makes an impassioned plea about the need to treat people with dignity and allow them the freedom to be different. Is that what happens in Australia?

Indraveer: It's very different here because we have no Bill of Rights in this country that would allow a human rights centric approach. A Bill of Rights allows you to oppose something on the basis of it being inhumane and lacking in dignity. You can even challenge criminal law on the basis of not conforming with basic human rights. In Australia, we don't have a set of constitutional rights like that.

UN: So how does Australian law deal with discrimination?

Indraveer: Our discrimination law makes discrimination unlawful for certain populations, such as people with a disability, in certain circumstances, such as employment. But it is not actually against the law to discriminate. What we do at HALC is bring that human-centric approach to the law as far as we can in a framework that doesn't necessarily have it.

UN: So why complain?

Indraveer: There is value in simply making a complaint, in having your voice heard. There is value in asserting your rights. Win, lose or draw, complaining is good for your sense of self-worth. The complaints process goes to dignity. It's about "You can't do that to me. You are seeing me as a thing, not a person. You are basing your assessment of me on an attribute". So being able to articulate that complaint can be emotionally very powerful.

UN: People sometimes feel complaints processes are toothless tigers.

Indraveer: I think that people can get discouraged if they don't understand the process of complaining. It's really important to have appropriate support. When you know how the process works, then you can amend your expectations. Holding a conciliation conference, for example, can heal wounds if managed the right way. But it's true that no legal process can relieve in any real way the impact of what actually happened to you.

UN: In your experience, how does complaining result in change?

Indraveer: A lot of people who discriminate do so carelessly. They do it as a reflex, it is what they have always done. By entering a complaint, you are forcing a process of reflection on people, making them think about their behaviour. At the end of the day we are not going to get societal change by someone coming to us and saying "Stop doing that!" We are going to get societal change from reflection and conversation. That is a very slow process. Complaining provides that avenue. That is why it is important to keep doing it, even if it may not get you justice in terms of the decision you want.

UN: Do people who complain often end up tasting justice?

Indraveer: The legal system does not necessarily provide justice in individual outcomes but using the system ensures that we can have something approaching justice in broader terms. Using the anti-discrimination law and standing up for your rights changes things for your community over time and the law can help achieve that. A lot of people recognise that they may not get what they wanted for themselves but it may hopefully change it for the next person along.

UN: So a person who complains is contributing to real change?

Indraveer: I believe we will get changes in the law and in behaviour. Change is gradual but it happens. We have seen huge changes in the

INDRAVEER CHATTERJEE
LAWYER

workplace in women's rights and being "out" with sexual preference, and we have formal complaints processes that are fairly new. At the core of the epidemics we deal with, HIV and hep C, is stigma. Our work allows us to chip away at that stigma, bit by bit. It really helps in terms of fighting self-stigma, by allowing a person to stand up and be a person with rights and dignity, a person taking action to assert themselves. Win, lose or draw I can confidently say that the experience of being able to complain was significant to those people. I think it was a game changer for many of those people in their lives.

UN: How do you know if a case has merit, if you should complain?

Indraveer: You put in a complaint and you see what happens. We are advocates for our clients. So someone comes to us and tells us their story. So we look at their story, and we tell them if the behaviour was lawful or unlawful. Then if it's a legal case, we go through the merits of the case.

WIN, LOSE OR DRAW, COMPLAINING IS GOOD FOR YOUR SENSE OF SELF-WORTH. THE COMPLAINTS PROCESS GOES TO DIGNITY... BEING ABLE TO ARTICULATE THAT COMPLAINT CAN BE EMOTIONALLY VERY POWERFUL.

UN: What about if it doesn't meet the requirements for a legal case?

Indraveer: At the very least we could write a letter. For example, we could write to a doctor who showed discriminatory behaviour and say "We don't think you did that very well. Perhaps you did it unthinkingly, but you should think about it, because at the end of the day you have a duty of care to your patients, you should have a trust relationship with your patients and if you want to be a good doctor, you should think about how you are going about things." We have had people write back and stay "Thank you, You've made me reflect on my practices and I would like to change them." Or they might apologise on behalf of one of their employees and say "Someone at our practice didn't deal with it well, we have counselled the person, they understand why it was wrong and we would like to offer our apology". And it might end up with sensitivity training introduced for that workplace.

UN: What about financial compensation?

Indraveer: Most people aren't out to get wads of cash, they just want recognition that they received poor treatment and to get an apology for that. But recognition means something meaningful, something substantial. A proforma letter that's three lines long is not a meaningful apology. Often a meaningful apology means compensation -- money. There are times we tell our clients "You say you don't want money, but we think based on the actions of this person that it's not going to be meaningful unless there is a dollar value on it, because there needs to be some kind of punishment." At the end of the day we operate in a legal jurisdiction that controls all our life. That jurisdiction understands pain and suffering in money terms. That is predominately what courts do. The criminal court puts people in jail and the civil court gives people money. That's just the environment we operate in. It's important to recognise that.

UN: You mentioned employment and migration, places where discrimination frequently occurs. Do you also run criminal cases?

Indraveer: Our mandate is HIV related work, and we do criminal matters where they intersect with HIV. An example of that would be where a client is charged over their use of cannabis for medical reasons. Or another scenario might be someone recently diagnosed with HIV who has a run-in with the law in coming to terms with that diagnosis. Diagnosis can happen at tricky times - relationships can break down, your whole life can break down. People can react in ways that bring them to the attention of police.

UN: How about people living in jail?

Indraveer: Yes, definitely, we would represent people needing our help who are in prison and living with HIV/AIDS. Something we are very interested in is harm reduction in prisons. We are very interested in doing whatever we can do to assist in needle and syringe provision in prison. We are currently looking for legal channels to challenge the non-provision of NSPs. We would be very interested in running a test case. There is an argument for the provision of NSP in prison in discrimination law, on the basis of a person's disability. Drug dependence can be defined as a disability, so there is a legal hook there.

UN: Do you think we are seeing changes in the way stigma and discrimination operates in our society?

Indraveer: People are getting more sophisticated in the way they discriminate and use systems. We have had a clear societal change in that it is not acceptable to clearly manifest behaviours that are racist, sexist or discriminate in other ways. I'm certain we have had genuine change. But obviously stigma and discrimination have continued, and people have found ways to do it that aren't so blatantly obvious. The harm that is done to vulnerable population is more insidious. We need to talk about it. We must tell our stories. We must complain. So we are not alone. So we know we are not imagining things. So we can see patterns of behaviour that we can challenge. So we know we are worth it.

UN: I can tell you are very passionate about your work.

Indraveer: The work we do is remarkable. It is very satisfying to help someone articulate and actualise their complaint. For someone to come to you and to be able to say "Yes, we can help you". This makes me very happy. I love my job and everyone who works with me loves their jobs. The great thing is as a lawyer you get to do hands on stuff. You get to help people to assert their rights and see things change for them. It's about caring for people and seeing them as people. I could do this job forever.

KEEP IT ALL MOVING ALONG: MAINTAINING HEALTHY BOWELS

Everybody does it but, unknown to most, everyone does it a little differently. For some people, 'normal' bowel regularity is once a day, at the same time, every day. For others, two or three bowel motions a day, or even just three times a week is considered "normal". Occasionally this regularity is disrupted, which is known as constipation. Constipation occurs when you have trouble opening your bowels, are going less often than you usually do, or are passing hard or small stools. For most people, things go back to normal after a few days, but for those who have chronic constipation, it can be a pain in the butt.

Some common causes of chronic constipation include:

- some prescribed and recreational drugs (especially opioids like heroin, morphine and methadone)
- skipping meals on a regular basis
- eating a diet low in fibre
- not drinking enough fluids
- being inactive
- depression, stress and anxiety
- chronic use and overuse of some laxatives
- regular use of some nutritional supplements such as iron and calcium tablets

GETTING THINGS MOVING

SLOWLY ADD MORE FIBRE

Fibre is a substance found in food that adds bulk to our stool, making it easier to pass. Adding too much fibre, too quickly can make constipation worse, so take it easy and increase the amount you eat slowly by:

- eating more vegetables and fruit, with the skin on where possible. Try to have one extra piece of fresh or dried fruit a day.
- choosing grainy or wholemeal varieties of foods such as rice, bread, pasta and cereals instead of the white varieties. oats and barley are other great alternatives.
- adding legumes like baked beans, kidney beans, chickpeas or lentils as a cheap way to bulk up casseroles, soups and mince dishes.
- eat like nana and add a few prunes to your day for a fibre "hit".

DRINK, DRINK, DRINK!

Fluids don't just keep you hydrated, they act with fibre to help soften your stool and make it easier to pass. Eight glasses a day is a good rule of thumb – this can be water, juice, cordial, tea, coffee or milk. If you struggle to reach this, try reminding yourself by having a glass of water with every meal or by carrying a drinking bottle around with you.

GET MOVING

Being physically active helps to stimulate the gut to work, as well as toning bowel muscles and improving appetite. Try to do a small amount of physical activity every day, ontop of what you're already doing. It can be as simple as going for a walk or turning on your favourite tunes and dancing around!

IF YOU GOTTA GO, YOU GOTTA GO!

Always respond to the urge to defecate. Stopping yourself from going can worsen constipation. It can also be helpful to sit with your knees bent above the level of your hips (try putting your feet on a small foot stool) and not sitting on the toilet for longer than you have to (take that interesting article in User's News into the lounge to finish).

IF ALL ELSE FAILS...

You may need to see your doctor about whether laxatives can help, or if you need to get things checked out in case something else is causing your constipation.

HIGH FIBRE RECIPES

EASY PEACH CRUMBLE

Serves 4

- 400g can peach slices in natural juice
- 3 cups frozen mixed berries
- 3 tablespoons margarine
- ¾ cup rolled oats
- 2 teaspoons ground cinnamon
- ¼ cup brown sugar
- 2 tablespoons chopped unsalted nuts

1. Preheat over to 190C. Spread peaches and berries in an even layer in an ovenproof dish.
2. In a bowl, rub margarine into oats. Stir in cinnamon, brown sugar and nuts. Scatter crumble over the fruit and cook for 25 minutes until lightly golden.

BREAKFAST SUPER SMOOTHIE

Serves 1

- 1/3 cup rolled oats
- 1 tablespoon almonds or almond meal
- 1 small banana
- ¼ cup plain low fat yoghurt
- ¼ cup fresh or frozen berries
- ½ cup skim milk
- 1 teaspoon honey

1. Place oats and almonds in a blender and blend to a fine consistency.
2. Add remaining ingredients and blend until smooth.

CHICKEN AND BARLEY SOUP

Serves 4

- 1 tablespoon oil
- 1 large onion thinly sliced
- 2 tablespoons tomato paste
- ¾ cup pearl barley
- 2 litres salt-reduced vegetable stock
- 1 large sweet potato, peeled, cut into 1cm pieces
- ½ bunch silverbeet, stalks and veins removed, leaves shredded
- 1 cup shredded skinless BBQ chicken

1. Heat oil in a large saucepan over high heat. Add onion. Cook, stirring for 3 minutes or until starting to soften. Add tomato paste and cook, stirring, for 1 minute.
2. Add barley and stock. Cover the pan and bring to the boil, then reduce heat to medium-low and simmer for 40 minutes or until barley is just tender.
3. Add sweet potato. Simmer for a further 5-7 minutes or until tender. Remove pan from heat. Stir in silverbeet and chicken. Season with salt and pepper. Stand, covered, for 5 minutes or until silverbeet is just wilted.

Note: This is an excellent recipe for using up leftover roast chicken. Alternatively, you can buy BBQ chicken from the supermarket, or poach 300g chicken breast then shred the cooked meat – bring a saucepan of water to the boil, add chicken and return to the boil, then simmer covered for 15 minutes or until cooked through.

SHEPHERD'S PIE

Serves 6

- 1 teaspoon oil
- 1 onion, finely diced
- 250g lean beef or lamb mince
- 2 cups cooked or canned lentils, drained
- 100g pumpkin, cut into cubes
- 2 carrots, cut into cubes
- ½ head broccoli, chopped
- 750g fresh or frozen spinach (if using fresh, remember use just the leaves - frozen can be easier and cheaper)
- 600g potatoes, cooked, mashed with 2 tablespoons margarine and 1/4 cup (60ml) skim milkt

1. Preheat oven to 180°C. Spray a large frying pan with oil. Fry onion over medium heat for 3-4 minutes until softened. Add mince. Brown for 3-4 minutes.
2. Add lentils, vegetables and 1/4 cup (60ml) water. Cook for 10 minutes, stirring, until vegetables are tender and most liquid has evaporated.
3. Spoon mixture into a 2-litre baking dish. Top with potato. Rake through with a fork to decorate. Bake 30 minutes or until golden

GAMES PEOPLE PLAY

PUZZLE ANSWERS

PUZZLE ONE - CROSSWORD

ACROSS

3. ARTERY
6. BOB
8. EVIDENCE
10. RED
11. RAMPANT
13. CAN
15. RAVE
18. SKUNK
20. PROHIBIT
23. STERILE
25. CONSTIPATION
28. PRICE
31. FINCOL
34. CRYSTAL
35. USER
36. STI
37. ARM
41. ADIS
45. HARM
46. SPOON
47. KURTCOBAIN
49. LIVER
50. TINA
51. DRAGON
52. ON
54. DETOX
57. OD
58. AMBULANCE
61. MARIONWATSON
63. DOG
65. DOGS
66. CABRAMATTA
70. VIRUS
71. BUTTERFLIES
74. ID
78. LEAP
80. OXYGEN
81. SWAB
83. HEPATITIS
85. BIN
86. YES
87. ATS
88. NODDY
89. SCAG

DOWN

1. NALOXONE
2. HIRUDOID
4. GLOVE
5. FILTER
7. VELVETUNDERGROUND
9. CONDOM
12. NIMBIN
13. COCAINE
14. NSP
16. FIT
17. BUST
19. KEATS
21. HEP
22. ME
24. TRACKMARK
26. NUAA
27. AIDS
28. PERFORMANCE
29. IN
30. WC
32. JAIL
33. LUBE
36. SCAR
38. YEN
39. TEA
40. GO
42. SPEED
43. WONDERLAND
44. UN
46. SHARING
48. BELT
49. LOGO
53. NIGHT
55. TAP
56. IM
58. ANNIEMADDEN
59. BRUISE
60. LITTLEFISH
62. WA
64. TAKEAWAY
65. DISPOSE
67. APEX
68. DRIP
69. WEB
72. TREAT
73. FOIL
75. NEILYOUNG
76. BIODONE
77. DILATE
79. ED
82. BLOOD
84. ART

PUZZLE TWO - BBV TRIVIAL PURSUIT

1. HEPATITIS A IS NOT CONSIDERED A BLOOD BORNE VIRUS.
2. 30,000,000 HEPATITIS C VIRUSES CAN LIVE IN A DROP OF BLOOD THE SIZE OF A PIN HEAD.
3. HEPATITIS C IS PRIMARILY TRANSMITTED THROUGH SHARING INJECTING EQUIPMENT.
4. NONE OF THE FIRST SET OF STATEMENTS ARE TRUE. IT'S NOT ALRIGHT TO SHARE INJECTING EQUIPMENT. EVER. ONLY CLEANING WITH BLEACH OR FINCOL IS EFFECTIVE WHEN DEALING WITH VIRUSES AND ONLY AS A LAST RESORT. IT'S ALWAYS BETTER TO USE A NEW, STERILE FIT. NO, MOSQUITOS CAN'T CARRY HIV.
5. NONE OF THE SECOND SET OF STATEMENTS ARE FALSE. YOU CAN'T TELL WHEN A PERSON HAS A BLOOD BORNE VIRUS. SHARING A CIGARETTE WON'T PUT YOU AT RISK OF HIV OR HEP C. IT'S NOT ONLY GAY MEN WHO CAN GET HIV. THERE HAVE BEEN MANY PEOPLE WHO INJECT DRUGS WHO HAVE CONTRACTED HIV.
6. THERE ARE CURRENTLY MORE THAN 200,000 PEOPLE IN AUSTRALIA LIVING WITH HEP C VIRUS.

GAMES PEOPLE PLAY

PUZZLE ANSWERS

PUZZLE THREE - WORDFIND

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A _ E _ N C C E H _ _ _ _ _ _ _ _ H S _ _ N _ _ _ _ _ _ _ _
A N _ L O A C A _ C _ E _ _ _ _ U B D B _ O _ _ _ _ _ _ _ _
U _ T T I R C _ R _ R _ T _ _ M _ I N R D I L A T E K O M S
N S T I U R _ S F I T A _ A A _ _ N E A _ T A M G I T S _ _
_ O N O B _ E _ O _ N _ E N P P _ S I N _ A E D I R P _ _ _
N R S O _ A _ T _ R E G R S I I _ _ R D _ M E T H A D O N E
_ E E _ R _ C _ S T B I _ H E _ C _ F I _ R _ _ _ _ _ _ _ _
R D D T _ T _ T I _ G I S _ _ R _ I _ N _ O _ _ _ _ _ _ _ _
_ O I _ L _ _ S E H _ R F _ _ _ _ T G _ F _ _ _ _ _ _ _ _
_ O S P _ I B _ T R E _ _ _ _ _ _ _ R _ N _ _ _ _ _ _ _ _
_ L T _ O E F S _ B I _ _ _ _ _ _ _ _ A I _ _ _ _ _ S _ _
_ B R _ W P _ _ M _ _ A G N I E B L L E W P Y _ _ _ T _ Y _
_ _ I _ _ _ _ E P _ _ _ L _ _ _ _ _ O _ _ _ T _ _ O _ _ A _
_ _ B _ _ _ M _ _ I B E V O L S _ V _ _ _ I _ R _ _ _ W _
_ _ U _ _ _ _ _ _ _ L A _ _ W _ E _ _ _ L _ N Y _ _ _ A _
_ _ T _ _ _ _ _ _ _ _ L R E _ R Y _ _ E _ _ U _ _ _ _ E _
_ _ I H C A E R T U O _ N R D R N T E _ _ _ M C _ _ _ _ K _
D _ O _ _ _ _ _ _ _ _ _ _ O E O _ H R _ _ _ M _ H _ _ _ A _
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K _ P E _ S O E O S U P P O R T I E _ _ _ _ _ _ _ H A R M _
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_ N O I T A N I C C A V _ _ _ _ _ _ _ _ _ _ _ T P E E R _ _
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Services That Might Assist You

Service	Description	Hours	Phone Nº
ACON: AIDS Council of NSW	Health promotion. Based in the gay, lesbian, bisexual and transgender communities with a focus on HIV/AIDS.	Mon – Fri 10am – 6pm	1800 063 060 Sydney callers: 9206 2000
ADIS: Alcohol & Drug Information Service	General drug and alcohol advice, referrals & info. NSP locations and services etc.	24 hours	1800 422 599 Sydney callers: 9361 8000
CreditLine	Financial advice and referral.		1800 808 488
NSW Hepatitis Helpline [www.hep.org.au]	Info, support and referral to anyone affected. Call-backs and messages offered outside hours. Email questions answered.	Mon – Fri 9am – 5pm	1800 803 990
HIV/AIDS Infoline		Mon – Fri 8am – 6.30pm	1800 451 600 Sydney callers: 9332 9700
Homeless Persons Info Centre	Phone info and referral service for homeless or at-risk people.	Mon – Fri 9am – 5pm	(02) 9265 9081 or (02) 9265 9087
Karitane Careline [www.karitane.com.au]	Parents info and counselling.	Mon – Fri	1300 227 464 Sydney callers: 9794 2300
Lifeline	Counseling & info on social support options.	24 hours	13 11 14
Beyond Blue	Support and advice for depression		
OTL: Opiate Treatment Line	Info, advice and referrals for people with concerns about methadone treatment. List of prescribers.	Mon – Fri 9.30am – 5pm	1800 642 428
Multicultural HIV/AIDS & Hepatitis C Service	Support and advocacy for people of non English speaking background living with HIV/AIDS, using bilingual/bicultural co-workers.		1800 108 098 Sydney callers: 9515 5030
NSW Prisons HepC Helpline	Free call from inmate phone for info and support.	Mon – Fri 9am – 5pm	Enter MIN number and PIN, press 2 for Common List Calls, then press 3 to connect.
St. Vincent De Paul Society	Accommodation, financial assistance, family support, food & clothing.	Mon – Fri 9am – 5pm	Head Office: 9560 8666
Salvo Care Line	Welfare and counselling.	24 hours	1300 363 622 Sydney callers: 9331 6000
SWOP: Sex Workers Outreach Project	Health, legal, employment, safety, counseling and education for people working in the sex industry.		1800 622 902 Sydney callers: 9206 2166
NA: Narcotics Anonymous	Peer support for those seeking a drug-free lifestyle.	24 hours statewide	(02) 9519 6200
CMA: Crystal Meth Anonymous [www.crystalmeth.org.au]	Regular meetings around Sydney. Call for times and locations.		0439 714 143
SMART Recovery: Self-Management & Recovery Therapy	Self-help group working with cognitive behavioural therapy.		(02) 9361 8020
Family Drug Support Hotline	Support for families of people who use drugs illicitly	24 hours	1300 368 186
Domestic Violence Line	Support group for people affected by another's drug use.	24 hours	1800 656 463
Women's Information & Referral Service	Phone info and referral service for homeless or at-risk people.		1800 817 227
Anti-Discrimination Board of NSW	Administers the anti-discrimination laws of NSW and promotes equal opportunity	Mon – Fri 9am – 5pm	1800 670 812 Sydney callers: 9268 5555
Health Care Complaints Commission	Discrimination, privacy and breaches of confidentiality in the health sector.		1800 043 159
NSW Ombudsman	Investigates complaints against the decisions and actions of local government and NSW police.		1800 451 524 Sydney callers: 9286 1000
CRC: Court Support Scheme	Available to assist people through the court process.		(02) 9288 8700
Disability Discrimination Legal Centre	Provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.		(02) 9310 7722
HIV/AIDS Legal Centre	Provides free legal advice to people living with or affected by HIV/AIDS.		(02) 9206 2060
Legal Aid Youth Hotline	For under 18s. Criminal matters only. Open 9am – midnight on weekdays, 24 hours on weekends		1800 10 18 10
Legal Aid Commission	May be able to provide free legal advice and representation. The Legal Aid Central office can also put you in contact with local branches.		(02) 9219 5000
The Shopfront Youth Legal Centre	Legal service for homeless and disadvantaged people under 25.		(02) 9322 4808
ASK!: Advice Service Knowledge	A free fortnightly legal service for Youth, run by the Ted Noffs Foundation (Randwick & South Sydney) in Partnership with TNF & Mallesons and Stephen Jaques Lawyers.		(02) 8383 6629

CHECK OUT AIVL's ONLINE NSP DIRECTORY AND LEGAL GUIDE: www.nspandlegal.aivl.org.au

For a list of needle & syringe programs across Australia, including contacts, address (with a link to a Google map!), hours of operation and types of equipment supplied, hit up the above link.

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

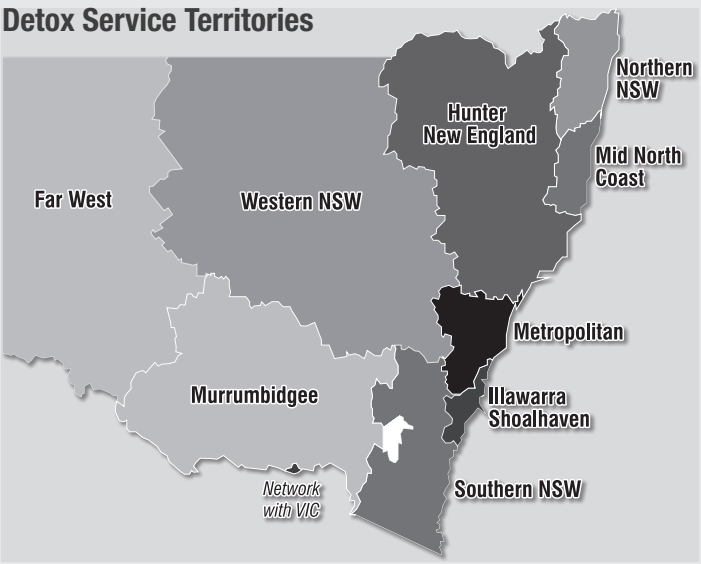
Medical Services

Service	Description	Phone Nº
Aboriginal Medical Service, Redfern		(02) 9319 5823
Albion Street Centre, Surry Hills	Free testing for HIV/hep C and other. Medical care, nutritional info and psychological support for people living with HIV and hep C.	1800 451 600 or (02) 9332 9600
Haymarket Foundation Clinic, Darlinghurst	Walk-in homeless clinic at 165B Palmer St Darlinghurst. No Medicare card required.	(02) 9331 1969
Mission Australia, Surry Hills	Dentist, optometrist, chiropractor, mental health. Medicare card and income statement required.	(02) 9356 0600
KRC: Kirketon Road Centre, Kings Cross	For 'at risk' youth, sex workers, transgender and injecting drug users. Medical, counseling and social welfare service. Methadone and NSP from K1. No Medicare required.	(02) 9360 2766
MSIC: Medically Supervised Injecting Centre, Kings Cross	A safe supervised place to inject. 66 Darlinghurst Road, Kings Cross opposite train station.	(02) 9360 1191
South Court, Penrith	Medical service, sexual health and nurses. Vaccinations, blood screens, safe injecting and general vein care. No Medicare required.	1800 354 589
Youthblock, Camperdown	12-24 years. Medical and dental available. No Medicare required.	(02) 9114 4100

Local Health District Intake Lines

Service	Phone Nº
Northern NSW Local Health District Drug and Alcohol areawide intake (Tweed Heads/Lismore)	02 6620 7600
Hunter New England Local Health District Drug and Alcohol intake line	(02) 4923 2060
Western Sydney Local Health District Drug and Alcohol intake line	(02) 9840 3353
South Eastern Sydney Local Health District (Randwick/Sutherland)	(02) 9113 2944
Northern Sydney Local Health District Drug Health Services (Hornsby/Ryde/Manly)	1300 889 788
Illawarra Shoalhaven Local Health District	1300 652 226
Central Coast Local Health District Drug and Alcohol intake line (Gosford, Wyong)	(02) 4394 4880
Mid North Coast Local Health District Drug intake line (Coffs Harbour/Kempsey/Port Macquarie)	1300 662 263
Nepean Blue Mountains Drug and Alcohol Service Drug and Alcohol intake line	(02) 4734 1333
Sydney Local Health District Drug and Alcohol intake line (Concord/Balmain/Canterbury/Camperdown)	(02) 9515 6311
South Western Sydney Local Health District Drug and Alcohol intake line (Liverpool)	(02) 9616 8586
Far West Local Health District Drug and Alcohol Helpline (Broken Hill/Ivanhoe/Tibooburra/Wentworth)	1300 662 263
Murrumbidgee Local Health District Drug and Alcohol line (Albury/Griffith/Wagga Wagga/Deniliquin)	1800 800 944
Southern NSW Local Health District Drug and Alcohol Line (Yass/Queanbeyan/Bega/Goulburn)	1800 809 423
Western NSW Local Health District Drug and Alcohol Helpline (Orange/Dubbo/Bathurst)	1300 887 000

New South Wales Regional Detox Service Territories



Greater Sydney and Metropolitan Detox Service Territories

Where to Score Fits ?

SHOOT CLEAN!

NSP Location	Daytime Nº	Alternative Nº
Albury	(02) 6058 1800	
Armidale/Inverell	0427 851 011	
Auburn Community Health	(02) 8759 4000	
Bankstown	(02) 9780 2777	
Ballina	(02) 6686 8977	0467 809 250
Bathurst	(02) 6330 5850	
Bega	(02) 6492 9620	(02) 6492 9125
Blacktown	(02) 9831 4037	1800 255 244
Bowral	ADM at back of Hospital on Ascot Road	
Byron Bay	(02) 6639 6635	0428 406 829
Camden	(02) 4634 3000	
Campbelltown (MMU)	(02) 4634 3000	
Canterbury (REPIDU)	(02) 9718 2636	
Caringbah	(02) 9522 1046	0411 404 907
Coffs Harbour		0408 661 723
Cooma	(02) 6455 3201	
Dubbo	(02) 6885 8999	
Goulburn S.East	(02) 4827 3913	(02) 4827 3111
Grafton	0417 062 265	0429 919 889
Gosford Hospital	(02) 4320 2753	
Hornsby Hospital	(02) 9477 9530	
Ingleburn	(02) 8788 4200	
Katoomba/Blue Mountains	(02) 4782 2133	
Kempsey	(02) 6562 6022	0418 204 970
Kings Cross (KRC)	(02) 9360 2766	(02) 9357 1299
Kings Cross (Clinic 180)	(02) 9357 1299	
Lismore	(02) 6622 2222	0417 062 265
Lismore – Shades	(02) 6620 2980	
Liverpool	(02) 9616 4807	
Manly	(02) 9977 2666	0412 266 226
Merrylands	(02) 9682 9801	
Moree	0427 851 011	
Moruya	(02) 4474 1561	
Mt Druitt	(02) 9881 1334	
Murwillimbah/Tweed Valley	(02) 6670 9400	
Marrickville Harm Minimisation Program	(02) 9562 0434	
Canterbury Harm Minimisation Program	(02) 9562 0434	

NSP Location	Daytime Nº	Alternative Nº
Narellan	(02) 4640 3500	
Narooma	(02) 4476 2344	
Newcastle/Hunter	(02) 4016 4519	
New England North	(02) 6686 8977	
Regional Area (referral service)	0427 851 011	
Nimbin	0429 362 176	
Nowra	(02) 4421 3111	
Orange	(02) 6392 8600	
Parramatta	(02) 9687 5326	
Penrith/St Marys	(02) 4734 3996	
Port Kembla	(02) 4275 1529	0411 408 726
Port Macquarie	0417 062 265	0437 886 910
Queanbeyan	(02) 6298 9233	
Redfern Harm Minimisation Unit	(02) 9395 0400	0408 661 723
Rosemeadow	(02) 4633 4100	
St George	(02) 9113 2943	0412 479 201
St Leonards (Royal North Shore)	(02) 9462 9040	
Surry Hills (Albion St Centre)	(02) 9332 9600	
Surry Hills (ACON)	(02) 9206 2052	
Surry Hills (NUAA)	(02) 8354 7300	
Sydney (Sydney Hospital Sex Health Centre, CBD)	(02) 9382 7440	
Tahmoor (Wollondilly)	(02) 4683 6000	
Tamworth	0427 851 011	
Taree	(02) 6592 9315	
Tumut	(02) 6947 0904	
Tweed Heads	(07) 5506 7556	0417 062 265
Wagga	(02) 6938 6411	
Windsor	(02) 4560 5714	
Woy Woy Hospital	(02) 4344 8472	
Wyong Hospital	(02) 4394 8472	
Wyong Community Centre	(02) 4356 9370	
Yass	(02) 6226 3833	
Young	(02) 6382 8888	
Redfern Harm Minimisation Program:	(02) 9395 0400	

NUAA
NSW USERS AND AIDS ASSOCIATION

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