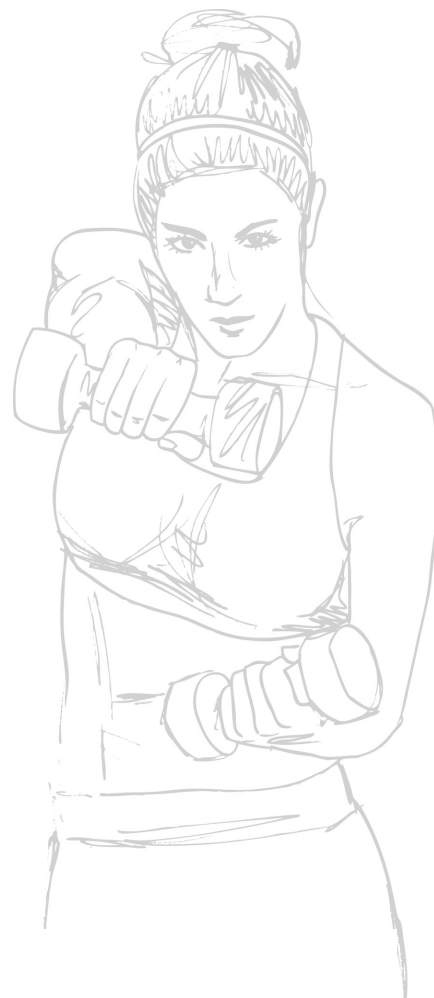
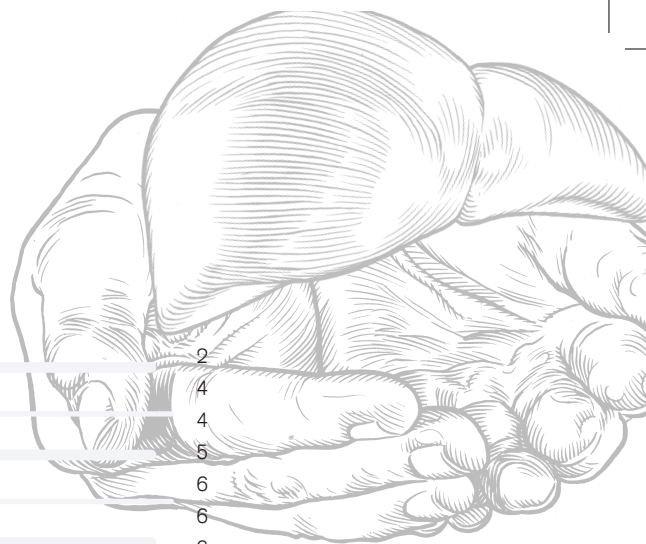


Winter 2014

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



EDITORIAL

# DOING THE SAFETY DANCE

No-one chooses to be unwell, or scared, or broke. We are usually as safe as we can be in the situation that presents us. Sometimes we do silly things and only lady luck and laws of probability save us. But somewhere along the line, after spontaneously clearing the virus when I gave birth to my daughter, I made a decision to get focused on staying hep C free.

That meant giving serious head room to working out how to keep supplied with sterile fits and equipment, how to make sure I didn't contaminate my mix up process with anyone else's blood and how to dispose of my equipment safely.

This issue includes some great refresher info about hep C and the experiences of people who use drugs and who are living with hep C. As well we have an awesome piece from a group of people who inject drugs but have avoided hep C, talking about why they think that might be. We say goodbye to ETHOS and introduce LIVERMATES. We have plenty of room for some other issues as well: six things about PIEDs/steroids; a rehab for Mums; and the ban on methadone in the Crimean peninsula. I really hope you enjoy this edition.

A big thank-you shout-out to all who did our survey! We were blown away by the response, the best we've ever had to a User's News survey. We hope that means that you are feeling the love ... because the NUAA heart beats just for you!

We've included a summary of the responses in this edition. We found out some important things from your answers, things that will help keep us going, better able to meet your needs. I found it very moving to read the words of gratitude that came written at the end of so many of the survey responses. I was excited by those who talked about feeling understood and a part of a community through reading UN.

When I first came to work for NUAA, I was very excited to have the opportunity to edit a leading drug user magazine, and to build on its amazing reputation to make it even better. It is a thrill providing people who use drugs with a voice and publishing peer based information to promote Healthy Living. Making it the best product possible is my passion.

For me, UN is part of a bright future for people who use



drugs, an intrinsic part of telling the story that we are amazing people who should feel great about everything we do - including using drugs. Not lost souls, not vampires or zombies, not stereotypes. We are people who are powerful and focused, refusing to take on stigma and discrimination, writing our own stories, making ourselves in our own image.

It was also fantastic to find through the UN survey how trustworthy people consider UN's information to be and are taking onboard the content of UN and using the information to try and use drugs as safely as possible.

I believe this is because the information and stories come from our synergistic partnerships between the peers who work at NUAA; experts in medicine, research and public health; other drug user organisations and community organisations; and our members and readers. It is the input from you that makes UN powerful and useful.

I love how many people who use drugs are involved in making UN. I would really like to increase the number of people who are sharing their stories, poems, views, articles, drawings and photographs in UN. I'm convinced that each one of us has a novel of untold anecdotes and a gallery of creativity waiting to burst out.

I want to know the way you see the world and the way it sees you back. And so do other readers.

This is one way we can support each other. A way to make

sure we move forward together, taking it in turns to show the way. A way we can stand together when the world is dissing us with systemic stigma and discrimination. We show we understand when others don't and can't.

Another important way we can add to and draw from our community's strength is through the NUAA website. If you have been avoiding getting on the net, or getting an email address and twitter account, now is the time to change all that. Because our new website will see you spending a lot more time on the net. And if it comes to that, if you've been putting off sending in your membership form, get onto that as well. Or combine all the above and do it on line. For the first time ever we have a live form on our website that you can fill in and email in one smooth movement.

The updated NUAA website went live at 5:00 PM on 27 June. And it's so much more than great information, resources and links.

Why is the new site so cool?

Because it means you will finally have a meeting place for people who use illicit drugs in NSW.

We have included forums for us to talk with each other, to ask questions, to seek and give advice, to share experiences. There is a general open forum with threads like Stigma and Discrimination, healthy living and Safer Using. So you now have more ways to tell us when

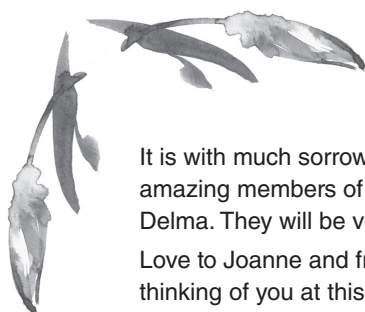
you have been discriminated against or had a great experience. What you are or aren't doing about healthy living. The great or crappy relationship you have with your doctor. The difficulties or successes you are having balancing your drug use with the rest of your life. The way your hep C treatment is or isn't going. How great or how hard your family are. How you want to change the world. The good, the bad, the ugly.

Some of the forums are password protected. The Members forum can be read and contributed to by members of NUAA only. The LIVERMATES forum is only for people living with hep C and their carers. The PeerLink forum is for those involved in our state-wide peer education program.

We will even have special electronic versions of UN on the website with video and recorded interviews, starting with an amazing edition covering the International AIDS conference that will be happening in Melbourne in July, and which I'll be attending. So look forward to that!

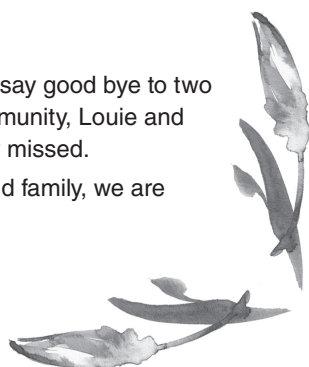
I really Look forward to you being more involved in NUAA than ever before. Because our relationships are what sustain us. Because there is magic in what people can do together. And because what you do matters. Let's dance.

*Love Leah.*



It is with much sorrow that we say good bye to two amazing members of our community, Louie and Delma. They will be very sadly missed.

Love to Joanne and friends and family, we are thinking of you at this time.



## LETTERS

# DEAR UN...

## GAOL GAMBLE

Dear Leah,

I never used drugs until my supervising parole officer said that if I failed to attend a "Getting Smart" course followed by "Smart Recovery" meetings I would have my parole revoked. Some may say that is a lousy excuse but it's the truth. In the meetings, I would listen to all the drug use stories. Instead of being horrified I was so curious, just how these young guys were so hell bent on putting a needle in their arms. I asked one of them if I could watch him put it away and then I just had to give it a go. For me it was that simple.

I had avoided drugs all my life and then pushing 40 got my first habit, and to heroin. I am definitely a late starter, a bloke that should have had more sense. I suppose it can happen to the best of us.

I once detoxed and looked like "kicking it". I got a job in retail and began to get my act together. Then one day I surprised the office manager trying to have a shot. She was trying to find a vein and I helped her and soon we were both on the nod. I'm obviously going to need some help.

I have done more gaol since starting to use. It's harder to turn things around and take charge of my life from a prison cell. In gaol I have used "community" fits that were cleaned with disinfectant depending on what type was loaded into the "Fincol" dispenser if that was accessible. Quite often the barrel was just rinsed out half a dozen times with tap water. The reality is we are all playing "Russian Roulette". Recent media reports that HIV is increasing concerns me greatly. This is an ongoing nightmare. I am housed within a gaol. I am right amongst it.

I was hopeful that the methadone problem might be the answer to my dilemma in the absence of any other worthwhile solution. I recently received a kick in the guts with the very bad news that I may have to wait six to nine months to get on the methadone program. That's wrong, I feel. I thought we were still living in the harm minimisation era. In six months I could be HIV positive or I could be dead.

Unsafe needles are sadly not a deterrent. Not for me. Not for the majority in this prison. The needle I have been using is 18 months old. How many times has it been used? How many times has it been sterilised? I couldn't say. How can you sterilise if you are locked outside in a prison yard. We have to make do with what we have.

WE make choices, most of which are bad. WE have issues and concerns yet help and intervention don't seem to be accessible. How is change possible in gaol? There are too many risk factors in a six month wait to join the methadone program.

My nightmare is that I can't break away. So while I wait another six months hoping for methadone, I just hope I don't get a positive test.

So much for harm minimisation.

Jack.

Dear Jack,

**An interesting tale. The state of pharmacotherapy in gaol is currently a disgrace. Fortunately, people who use drugs are not the only ones who think so, so let's hope that many of the prescribers who think this should change succeed in their push to improve things. As well, the battle to get a Needle and Syringe Program in each gaol continues with powerful backers. In the meantime, all I can say is that your life and your health really matters to us here at NUAA and we urge you to be as safe as you possibly can manage with the means in your grasp. Thanks for writing to us with this important letter.**

Love Leah.

---

## SOUND OFF LIKE YOU'VE GOT A PAIR

Dear Leah,

I've been a hardcore heroin user most of my life and now I accept it as my life and lifestyle. I've been previously on methadone which didn't suit me. I'm now legally prescribed Fentanyl (morphine patches) outside. But in prison they won't give it to me. In jail I've spent most of my cash buying illegals. The justice health system in here is a total joke as even those of us who come in on legal prescriptions are forced into the mainstream sick, which forces us to hustle to stay well. Upon arrival we are cut off all S8s, even with letters from specialists sent in. I've now suffered from chronic pain, headaches, muscle twitches and lack of sleep and concentration this time, as I've had several breaks and fractures from old injuries and accidents. I've been offered nothing more than Panadol for my withdrawals and pain - while people who don't have a history of drug use are given codeine. Since I've been incarcerated this time I've tried bupe, taken a liking to codeine and this week will be released loving ice, coke and speed.

A drug dependency should be treated like any other illness. Most of the women will be released with worse dependencies than they came in with.

Long term users have habits. What that means is that we search and source drugs habitually. Please see the damage done by a zero tolerance to drug users in prison. By refusing to give us our medication and refusing to put people on methadone or bupe, except if you're pregnant, we are being released worse off than when we arrived.

I have found Justice Health nurses to be unprofessional and rude; they do nothing for us. They have absolutely no idea of the stress and anxiety of long term drug use. They just want to know our pulse is beating, blood pressure is reasonable and temperature is ok. They deem us fit and throw us in the mainstream.



I know most of the women in here from outside. We are all here for drug related crimes. Honestly, women learn more about concealment and how to mastermind crime in here. Then we're thrown out like animals into the mean streets.

When will our government adopt some of the sane European laws on drugs and drug use? When will the stigma change?

When Jeff Huegill the swimmer was caught not long ago at the races with a small amount of cocaine, he lost his sponsors and a lot of respect from his peers because of his social use. I can't help but feel anguish and sorry for the government of Australia for not having the balls to rectify such an old policy by Richard Nixon in 1971, before I was even born.

Our working class Aussies are paying for the government's lack of courage, knowledge and maybe a fear of the unknown. They pay through taxes for police, customs and jails, and they pay again through crime for us to support our habits - it's so expensive because it's illegal. Can't we decide what goes into our own bodies? Then educate kids at school about all of it, benefits and risks.

I loudly urge all Australians, people and government, to really think about this. I also urge the government to grow a set. Legalise heroin and other drugs and you could get the budget in surplus and Aussies would come home from work to find their valuables still there.

Best wishes, Janey.

Dear Janey,

**You are a remarkable woman - well informed with strong leadership skills - and I totally get you. Thanks so much for making my day. I wish you the very best on your release. I firmly believe you could succeed at anything you put your mind to. Write again and let us know how you are getting on!**

Love Leah.

---

## THICKER THAN WATER

Dear Leah,

I'm 38 years old. I've been using drugs since I was 14 and have used them all. I have tried being on a methadone program that lasted 18 months, but eventually jumped off 80 mls "cold turkey" to hang out like I've never felt before for at least the next five months. I now have an Oxycontin habit.

My parents were well aware of my drug use and the life I led, but never once said "We're here for you, we'll support you through it". Maybe if they had, I might have attempted to leave that life behind.

I've just discovered my 12 year old nephew is smoking pot. That's two years younger than I was when I started. It's not doing his growing body or brain any good at all. He's already given up on school and

been in trouble with the cops, all since he's started smoking pot. I just don't want him to get to the age and have a story to tell like mine. That's if he's lucky enough to live that long! I am scared to death that my story may repeat itself! I've told him what happened to me, given him the advice and wisdom that I wish someone had given me at 14... just maybe I might have listened. I am also worried because my sister is ok with it, buying it for him. I think she thinks she can control it this way but I really doubt that is true. I think she should be taking a harder line.

I hope User's News is around for a long time to come. At least then the up and coming users will have news and information that is useful in the life of a person who uses drugs. I can't wait for the next issue, to expand my knowledge, share other user's stories etc. Keep up all the great work you all do there! I love User's News!

From Rikki.

Dear Rikki,

**Well you may not believe this, but the User's News Editorial Board spent more time talking about this letter than any other piece in this mag! It was the experience of each Board member that at one time or another they have been called on as "experts" to intervene in the family where there has been drug use by youngsters.**

The Board thought we should do an article on how to talk to younger family members who use drugs. Because after all, just because you smoke a bit of pot when you're young doesn't mean you will keep doing it, or use other drugs. But sometimes young people do go on to become "career" drug users. I was recently talking to a young person, Stevie, who injects drugs and who had older relatives who injected drugs. She was angry that they never spoke to her about the harms around drug use that may have seen her make different decisions about her using. The Board thought it might be useful to talk to Family Drug Support, as well as some readers who have had experience with this from both ends - both older and younger users. Stevie has agreed to be involved in this, so look out for it in the next edition!

Love Leah.



# News Dose

## FATAL OVERDOSE IN PRISON

A coronial inquest in Sydney has begun investigating how a person convicted for drug dealing died of a heroin overdose in prison.

Tracy Lee Brannigan, 41, was in lock down in a high risk cell at Dillwynia Women's Correctional Centre in February last year when she was found dead. She had overdosed at least three times in custody prior to her fatal overdose. Authorities had found false urine samples in Brannigan's cell and she had been placed on sanctions, including being put into a high-risk cell, which is locked down at 3:30pm and not opened again until 17 hours later.

Ms Armstrong from Women in Prison Advocacy Network (WIPAN) said there are prison protocols which demand that a drug-affected prisoner should be put in a so-called dry cell, which is constantly monitored. She has challenged why this did not happen.

NSW Corrective Services Commissioner Peter Severin said that security at Dillwynia would be upgraded, including the introduction of thermal imaging to detect anyone approaching the gaol's perimeter.

Ms Brannigan's mother said of her daughter "She was very special. She was my only child and she's left two beautiful boys, and she wanted to come home, she wanted to get off this [heroin]. She tried so hard."

**More here:** <http://www.abc.net.au/news/2014-06-09/coroner-to-investigate-how-prisoner-died-of-heroin-overdose/5510814>

## TAMWORTH FAMILY INSPIRES MEDICAL CANNABIS BILL

Member for Tamworth Kevin Anderson has announced his intention to introduce a Private Members Bill seeking the approval for the use of cannabis by terminally ill patients.

Anderson was motivated by "the heartbreaking circumstances facing 24 year old Dan Haslam who has terminal cancer and his use of cannabis for medicinal purposes."

Anderson met with NSW Premier Mike Baird to inform him of the Bill. Mr Anderson said "The Premier was sympathetic and agreed the time has come to address this issue and he supported my bid to work up a private members bill. However he joined with me in expressing grave concerns about the supply and the prescription of cannabis and the challenge in addressing those issues."

While the recent NSW Parliamentary Upper House Inquiry supported the use of cannabis for medicinal purposes, it did not address the issue of supply, putting it in the too-hard basket. Kevin

Anderson intends on coming up with a system for supply that will satisfy the Premier.

Anderson emphasises that he strongly opposes the use of recreational drugs at every level, but through the Haslam family and his own research has developed a greater understanding of how cannabis "can be used to alleviate the severe and distressing symptoms suffered by those who are dying and the need to provide comfort and relief when they need it most".

He thanked the Haslam family for raising the issue of medical cannabis with him.

**More here:** <http://www.abc.net.au/local/stories/2014/05/29/4014607.htm>

## AN ARREST MADE EVERY SIX MINUTES

The annual Australian Crime Commission (ACC) report has been released, pulling together research and reports from each State and Territory for the July 2012 to June 2013 period. The report states that in Australia an illicit drug arrest was made every six minutes and a seizure every seven minutes while authorities seized about \$2.7billion worth of drugs over the period.

Seizures and arrests of almost every class of drug were at record levels, according to the ACC's Illicit Drug Data report. This trend was also reflected in trafficking levels, with unprecedented drugs seizures and arrests on Australian borders.

In presenting the report, ACC Chief Executive Officer Chris Dawson was alarmist in his exaggeration of ice use in Australia, describing it as "a pandemic affecting every Australian...It's larger than just simply a major problem. It rips families apart."

Australian Federal Police Commissioner Tony Negus said the illicit drug network had evolved and diversified considerably over the past decade, but authorities were also adapting their policing. Despite inroads that have been made to disrupt drug trafficking, including the creation of a taskforce targeting Australia's ports, Mr Negus said he believed the illicit drugs market remained the "principal" source of income for organised crime.

"The high Australian dollar combined with ... our apparent insatiable appetite for illicit drugs will continue to make us a target for international drug traffickers and criminal syndicates," Mr Negus said.

**Read more:** <http://www.theage.com.au/victoria/drug-trade-has-reached-pandemic-proportions-experts-say-20140429-zr1bm.html#ixzz34Cuk55qm>



# News Dose

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## REPORTING OF HIV DIAGNOSES UP DUE TO INCREASED TESTING

ACON has released data from its a[TEST] services for the first quarter of 2014. The report showed that from January to March this year, 103 people were newly diagnosed with HIV in NSW – which is a 32% increase on the first quarter of 2013.

The increase is attributed to an increase in testing. An additional 8,200 HIV serology tests were performed - 120,658 in total - during this same period, with the bulk of the increase in inner city areas – up to 33% more - and across all high risk groups. There were tests performed, up from 112,441 in the first quarter 2013 (a 7% increase).

Of the 103 people, 87 (84%) were among gay and other homosexually active men.

Data from public sexual health and HIV clinics indicate 88% of people living with HIV who attended these services in the year ending 31 March 2014 were on antiretroviral treatment. ACON's CEO Nic Parkhill said "It is now critical that the Federal Government moves to fast track the approval of new HIV screening technologies, subsidises rapid HIV tests under Medicare, facilitates the introduction of self-testing and allows for HIV medicines to be dispensed from community pharmacies rather than just hospital pharmacies."

**Read the report here:** <http://www.health.nsw.gov.au/endinghiv/Documents/nsw-hiv-data-report-q1-2014.pdf>

## TESTING FOR CASH

So we have to get out of debt as a country... The Abbott government are looking at a number of reforms and reductions to "balance the books". Part of this has been a review of the Centrelink budget.

A number of options for reform were put forward for consideration. Two that might affect us are drug testing for the unemployed and the suspension of payments to people with outstanding arrest warrants.

The idea comes from the New Zealand model which strips welfare recipients of half their payments if they fail a job-required drug test or refuse to submit to one. They are given 30 days to pass a test. Those who then fail or refuse to take a job that requires testing are required to pay back their welfare payments.

Social Services Minister Kevin Andrews said "We won't rule this in or out." Although Tony Abbott has now said these are unlikely... well, we've heard that before.

**More here:** <http://www.dailytelegraph.com.au/news/drug-tests-if-youre-on-the-dole/story-fni0cx4q-1226938400218>

# WE LOVE YOU BACK!

## RESULTS FROM THE USER'S NEWS SURVEY

Last issue, we included a survey asking you about how you read UN and what you think of it. We also put up an electronic version of the survey and advertised it on the web, through our twitter account and on e-lists. We were very pleased to receive 81 completed surveys. Of those 81, 71 of you filled out the UN form and sent them in and ten of you did the on-line survey. This is the best response UN has ever had to a survey and we hope it means that UN is

resonating with readers more than ever.

Members of the User's News Editorial Board gave of their time to assist in collating the survey results. This was a great experience for them because it gave them a chance to get a feel for who our readers are and how you feel about UN.

We've put together a few details that might interest you, including some great comments you sent us.

### ABOUT YOU

- 11% of you identified as Aboriginal.
- 69% said you were male.
- 100% marked English as your preferred language for reading.
- 76.5% said you had internet access.
- 54% identified as NUAA members.
- You were aged from 19 to 65. The highest number (42% of you that told us your age) were between 35 and 44; 18% were between 24 and 34 and 16% were between 45 and 54.

### ABOUT HOW YOU READ UN

- An average of three people read each copy of UN, with ten or more reading some copies.
- When we asked you how long you had been reading UN, of those that responded, 56% had been reading it five years or less, 23% between six and ten years, 9.5% between 11 and 15 years and 11% for 16 or more years.
- Asked where you got their copy of UN, 32% were on the mailing list, 54.5% picked it up at a clinic, NSP or other service, 4% read it on the website, 6.5% got it from a friend, and 2.5% from a prison officer.

### WHAT YOU THINK OF UN

- 85% of you thought User's News was easy to read.
- 80% thought Users News has relevant information on hep C prevention, treatment and testing
- 93% thought you learnt things from Users News about hep C that you didn't learn anywhere else
- 81.5% agreed that the information on hep C and injecting is accurate and important to you.
- 81.5% thought you had changed how you injected &/or thought about hep C after reading Users News.
- 92.5 % agreed you could use the tips on safer injecting in real life.
- 68% said it made you feel connected to a community.
- 26% said Users News is the only health-related magazine you regularly read.

### YOUR COMMENTS

We left some room for you to add some comments, including telling us what you wanted changed. We were amazed that 72% of respondents left a comment in this section, with most of them in praise of UN. Some of you simply added a kind "Thank you" or some kisses: "xxxx"! Thanks guys, this really means a lot to us.

A few people talked about drug policy issues. Others gave us thoughtful ideas about content, including asking for some poetry or a competition for the cover. It made us realise we need to better get across the message that we are keen to receive all kinds of submissions, including poetry and creative writing as well as stories and articles, and drawings and photographs including cover ideas!

Here are a few of your comments that we thought should be shared.

### A LOT OF YOU PRAISED UN AND THANKED ITS CONTRIBUTORS (THAT INCLUDES YOU!).

- "Your mag is perfect!"
- "Thanks for all the awesome work you do for us!"
- "Thank you for an invaluable service."
- "Wonderfully informative, honest, and above all CARING! "
- "Major kudos to all staff & contributors."
- "Keep doing what you do cause you rock."
- "Love your work, new look is fabulous."
- "I've enjoyed every edition I've ever read."
- "Original and better than other mags from other states."
- "User's News has taken over where the work of William S. Burroughs used to touch me."





### **YOU WANTED TO KEEP UN AS A RESOURCE TO REFER BACK TO.**

- "I always keep the magazines whether I'm in jail or at home and keep them in a mag holder. People always ask to read them. Thanks for a great magazine."
- "I enjoy my Users News and I've kept every issue I could."

### **YOU THOUGHT YOU LEARNT IMPORTANT THINGS FROM UN.**

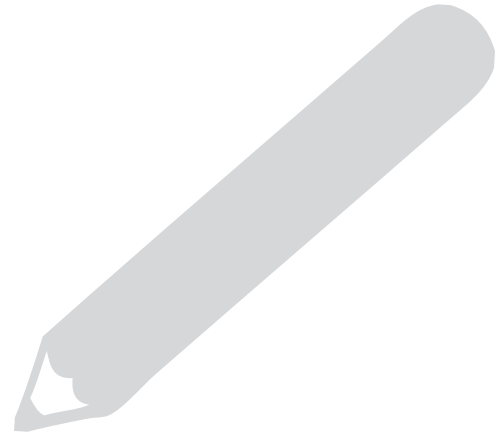
- "It keeps us well informed and up to date with the issues that concern us most."
- "I was ashamed of having got hep C and found answers here and have lead others out of the dark through your mag... thanks."
- "I think it's a great resource and it has helped me a lot over the years."
- "Has lots of things I don't know."

### **YOU BELIEVE UN CAN BE TRUSTED TO CONTAIN ACCURATE INFORMATION.**

- "Every time I have read something and then spoke to my doctor it has been correct."
- "I feel at ease to ask NUAA anything & trust your response."

### **MANY OF YOU SAID UN MADE YOU FEEL UNDERSTOOD AND PART OF A COMMUNITY.**

- "It's nice to read about things we can relate to."
- "I really like UN as it makes me feel like people like me, make up a loving, caring community and it gives us otherwise unheard voice."
- "Just good to know others out there know what I know and have probably been through."
- "I don't feel discriminated against like the real world does. (i.e. you understand)."
- "Just like to thank you guys for making me feel part of something."



## **CONGRATS TO OUR PRIZE WINNER!**

### **CONGRATULATIONS TO GARRY WHO WON THE \$150 WESTFIELD VOUCHER.**

Garry is a client of our NSP but honestly there was no funny business! Two members of the Editorial Board were responsible for putting all the names in a box and NUAA staff members watched on while another Board member drew out the winning name.

When we rang Garry he was very happy and told us he could certainly do with it right now. There are loads of sales on so we hope he gets something really nice.

# ETHOS

## NUAA PEER SUPPORT

After five exciting years, the ground breaking ETHOS research study has been completed. ETHOS stands for Enhanced Treatment of Hepatitis C in Opioid Substitution Settings. This project was set up by the Kirby Institute to measure treatment uptake, response to treatment and re-infection following successful treatment among patients with chronic HCV infection. The project was set up in pharmacotherapy clinics in order to find a cost-effective way of reaching people who had a history of injecting drug use.

Peer support workers were added to three of the nine clinics included in the study, in order to measure the value they might add in terms of increasing knowledge, testing and treatment completion. NUAA peer support workers were employed at Hunter New England Pharmacotherapy Services, Rankin Court Treatment Centre and Regent House. As well as working in the clinic waiting rooms and attending appointments, peer support workers have led monthly peer support meetings.

For those involved with this project, it has been an exciting endorsement of what we in the drug user movement already knew: If you want to increase hep C knowledge, testing and treatment of people with a

history of illicit drug use, your best option is to employ peer support workers.

As the project reaches its conclusion, we look back over this amazing work and applaud everyone involved, especially NUAA's caring peer support workers and the gutsy clients who participated.

There are many reasons why peer support has been a success. Peer support workers understand the impact of stigma and discrimination and can approach people with respect and empathy. Peer support workers also need structure and support, and working for a drug user organisation such as NUAA provides that.

The peer support workers associated with the ETHOS project took clients through an entire process. They started by talking to people while they were waiting for appointments or to be dosed, educating them about the hep C virus, right through to blood tests and then through treatment for up to a year.

Here are some of the stories of how our peer support workers interacted with people living with hep C at their pharmacotherapy clinics.

## THE TWO OF US

### HOPE AND JANE

**HOPE:** Jane and I worked together for over two years, through all her pre-testing, blood tests, case work appointments and a year on combination therapy for genotype 1A hepatitis C. I was so glad I was there for her when she was doubting whether she would finish treatment. Having a long term connection and understanding where she was coming from meant that I could offer her the right sort of support at the right time. I like to think that Jane's treatment success showcases how important it is to have peer support workers working with people who use drugs.

**JANE:** I had side effects from the treatment, like not sleeping and feeling tired all time and I just felt emotionally vulnerable. I had been feeling this way for a while when

I had a huge fight with my hep C doctor about medication prescribed by my psychiatrist for a mental health issue. He decided that he should be taking over all my treatments. This was expressly against my wishes. I really felt that I wanted nothing to do with any of them. I felt the hep C doctor and nurse had betrayed a confidence. I had nearly finished a year of treatment, but I just didn't want to continue. Luckily Hope negotiated with the service and helped me find a new doctor and nurse to finish my hep C treatment. If she hadn't been there to help me, I never would have finished it. It was such a relief to finally find a person who understands me and doesn't treat me with discrimination for being an injecting drug user. Thank god for her and NUAA!

## WILL AND JEANNIE:

**WILL:** To have the opportunity to give something back to people with a history of drug use has been extremely satisfying for me. Apart from helping people into treatment for their hepatitis C, I found many people have, like myself, isolated themselves from family and friends because of their drug use. I have been fortunate to listen to people talk about their very personal problems and they know I won't judge. Just to be able to talk about their stuff has made people feel a lot better about themselves. When you realise you are part of the drug using community and there are others like you going through the same shit, it's comforting in a big way. I got as much out of it as the people I worked with.

**JEANNIE:** I have had really great experiences with the Peer Support Worker at the clinic where I pick up my methadone. He always has a smile for me! Even though it is once a week, I look forward to seeing Will. I have found him really helpful, he treats me with respect and dignity and always has good advice. There are always up to date brochures on hep C and I know I am getting the latest information about treatments. I love that there is always a variety of fruits, fruit juices, water & muesli bars available to promote healthy eating. Also I like being able to weigh myself.

Will always encourages me to see where I am at with my hep C. We have some good discussions about health care and my hep C and how it affects me. It's good to talk about it and have someone who knows what I am going through. I appreciate having the encouragement to see the Liver Nurse and Dietician. Will can make appointments for me when I might put it off. I'm not right for treatment at the moment, but I know what is going on with my liver now and if things change I will be on top of it.

Will is always there to listen, not just about hep C but about anything at all. It's great to have someone who is always interested and will listen. I would say I've made a friend.

## NIK AND JOE:

**NIK:** Joe didn't want to be tested but I just kept talking to him - not necessarily about being tested and hep C but about all sorts of things - some to do with using drugs and harm reduction, some not. Eventually I found out he was afraid to be tested. He finally agreed and he is glad he did.

**JOE:** I am very glad we had a peer support worker at my clinic. At first I thought that Nik was just a health care worker, because I always used to see him with the nurse or taking patients to pathology for blood tests. I still remember the day when he asked me if I needed a healthy breakfast and started talking about the liver, hepatitis C, how we get hepatitis C and all about harm reduction. He introduced himself to me that day and I learnt he was from a drug user organisation, there to support people with a history of drug use who may have hepatitis c.

I was so happy to talk to someone who had been where I had been, who understood drugs and drug using. I was relieved to share the worry I had lived with for 20 years, thinking that I had HIV and hep C. I asked him all about it. He suggested I get a blood test but I always used to say "next week"!

After we talked more over the weeks, I was finally able to be frank with Nik and tell him the reason I didn't get tested was because I was 100% sure that I had HIV and hep C, because I had shared fits with someone I knew had both viruses.

Finally one day I made the decision to do it. Nik was very supportive. He booked me in with the nurse and with the pathologist for a test and reminded me of the appointment. Next day when I went to the clinic, Nik came with me to my appointment with the hepatitis C nurse and together they prepared me for the test. They also talked about hepatitis C treatment and care including new medications that were available and what support I could expect from Nik as a peer support worker if I needed to undergo treatment. They told me it would take two weeks to get the results.

I was so worried about the results. I wasn't sleeping well, I was scared of what I might find out. At first I tried to avoid the clinic, but eventually I had to find out. Nik reminded me the tests were ready and explained why I couldn't get the results over the phone. I was completely convinced the tests would show that I was living with the hep C virus.

Nik and the nurse took me in the examination room and checked my results. When they told me that I was HIV and hep C negative I just started crying. For the last 20 years I thought that I had HIV and hep C and I had been making my life hell thinking I didn't have many days left and I would die soon. The relief was incredible.

I'm really thankful to the peer support worker who supported me to get tested. It's really good to have someone who knows where you come from and treats you as an equal. No doctor, nurse or health worker had ever talked to me like he did and does. I have been on the program at this clinic for 30 years.

## HOPE AND JED

**HOPE:** Jed was immediately interested in hep C treatments and education, in NUAA as an organisation, and also in NUAA's hep C support groups which I ran. He underwent testing for hep C and his Fibroscan reading has shown that treatment isn't right for him at the moment. However, Jed has participated in everything he could and ended up joining NUAA's Peer Participation Program.

**JED:** The clinic would not have been the same without Hope's smiling face! Hope mentored me to become involved in the Peer Participation Program and I worked in the NSP at NUAA as well as in the office. This gave me the confidence to apply for a part time job - as well as a reference and experience - which I got! Being involved with NUAA has been a very positive experience for me and I thank Hope for opening the door for me!

The findings from the project are currently being analysed. We will keep you up to date as they are released. Our work with hep C, of course, did not begin and will not finish with this project. NUAA's LIVERMATES project is now underway and we will continue to support people with a history of drug use in learning more about hepatitis C prevention, testing and treatment.

**FEELING CONNECTED, FEELING STRONG:  
PEOPLE LIVING WITH HEP C SUPPORTING EACH OTHER**

# **SUPPORT GROUPS**

**HERE ARE SOME THOUGHTS FROM SOME READERS OF UN WHO HAVE BEEN A PART OF A SUPPORT GROUP FOR PEOPLE WHO USE DRUGS AND ARE LIVING WITH HEPATITIS C. THEY MEET REGULARLY TO SHARE THEIR EXPERIENCES AND KNOWLEDGE. SETTING UP A GROUP AND ATTENDING REGULARLY TAKES COMMITMENT, BUT GOING BY WHAT JULIE, SALLY, GERRY AND STEVE HAVE TO SAY, THE REWARDS ARE DEFINITELY WORTH IT.**

## **GERRY:**

People really come out of their shells in the group. You find out the most amazing things about people. Some people come here and they are always looking down, not making eye contact, low self esteem. Then you see them changing and getting more confident. One woman left an abusive relationship, because she felt encouraged by the support of the group. I guess she realised she was worth it. I think when you pick up your 'done every day somewhere, you see the same people every day, but you don't really think about them as people and you don't think about your clinic as a community. But when you do a group, you realise it is. You realise that you are a community. It makes it all feel complete somehow. You feel connected and you feel strong.

## **STEVE:**

The change can be massive. Having someone else who has walked in my shoes, who has an idea of where I am coming from. I don't feel like many people get it. When you find people who do get it, it makes all the difference. I like that you can trust them to keep stuff private, because you have rules about not sharing things outside, and not treating the other people as sources of gossip. The first time I spoke I just took a leap of faith. Sometimes there might be someone there I don't trust as much and I hold back then, but I am learning to trust. Because there are rewards. You get support. And you find a sort of inner strength in that. A power. I don't think I could have gone through treatment without that support. When you find reasons to not do it anymore, other people help you find reasons to keep on.

## **JULIE:**

I'm really proud of the way my group runs. Some drop out, then some come back, the feel of the group changes but there is usually a core of the same people. Some are loud, some are quiet, but it all works out. I've learnt a lot about working that stuff out, making a group work, that I didn't know before. How to work together so everyone gets something out of it, not just a few people. A lot has happened in the time we've been meeting. Some people have decided to study, or have got jobs, or have just got their lives in order. It's not all about hep C, though that is an important part of it. It's about change and the way that connecting with other people can help you change.

## **SALLY:**

I really felt alone before the group. I mean, I could say "hello" to lots of people at the clinic or whatever, but I wasn't really connecting with people. It's amazing how your drug use and your hep C and health are such big issues in your life, but you can go on not talking about them, and the way they make you feel or affect your life. Then you come to a group like this and you build some friendships. Some lasting bonds. You work out what you really have in common and you share that. The first time I was like "Why didn't I ever talk about this stuff like this before?" I couldn't wait for the next time.



SHARING THE LOAD

# LIVERMATES

## JOIN US AND BECOME A NUA A LIVERMATE!

Living with hep C can be a lot easier when you share the load with a LIVERMATE. You can join a LIVERMATE forum for on line support! Get on line at [www.nuaa.org](http://www.nuaa.org) to talk liver love with LIVERMATES who are living with hepatitis C. Support your LIVERMATES with tips for healthier living and share your experience.

Getting tested? Ask your LIVERMATES how it was for them! Getting treated? Talking to other LIVERMATES going through the same thing can really help. People who use drugs have things in common that only we can help each other with.

Find out how to organise a LIVERMATE group for face-to-face support using our great new do-it-yourself guide. It's easy, it's fun and it's a great way to spread the support... for everyone.

You can even talk to our LIVERMATE worker at NUA A! (email [yvannes@nuaa.org.au](mailto:yvannes@nuaa.org.au) or call her on 02 8354 7300)

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### Research shows us that hepatitis C treatment is not being accessed as well as it could be by people who use inject drugs. There seems to be three main reasons for this:

- People who use drugs are not getting enough information about the facts and benefits of treatment;
- Many people living with hep C don't experience symptoms so think treatment is not important; and
- Others worry that they might experience side effects from treatment.

On the positive side, research has found that when communities of people who use drugs get together to talk about hep C treatment and support each other, they feel empowered to take life changing action to get tested and get treated.

While we at NUA A have run groups as part of the ETHOS project, we know that the best kinds of groups are the ones you put together and run yourself. To help you get started, we decided to put together a kit so we could pass on our top tips for running groups and help you get and stay focussed. We think the kit will help make running the group a breeze.

The kit contains a which takes you through everything you might need to get a group up and running: everything from getting others interested, to supporting each other's health and lifestyle goals.

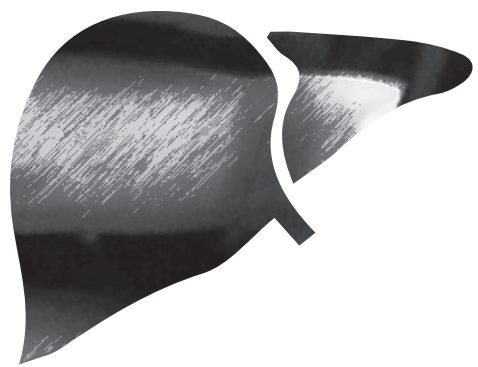


We have also set up a space in the new website for LIVERMATES to meet. You can get on line and talk to others going through the same thing as you, get advice from someone who may have finished treatment and offer a helping hand by sharing your experiences.

Being part of a linked in community is so easy in the digital age and you will find there are loads of benefits in being part of the NUA A community. You can link in with other people who are part of LIVERMATES discussion groups all around the state and support each other virtually. This can be a great help if you can't get to a discussion group, or are in a remote location, or just like the anonymity of on line discussions.

NUA A staff are available to assist you with any initial and on-going support, so contact us on 8354 7300 or if you are within NSW but outside Sydney you can call toll free on 1800 644 413 or email [nuaa@nuaa.org.au](mailto:nuaa@nuaa.org.au).

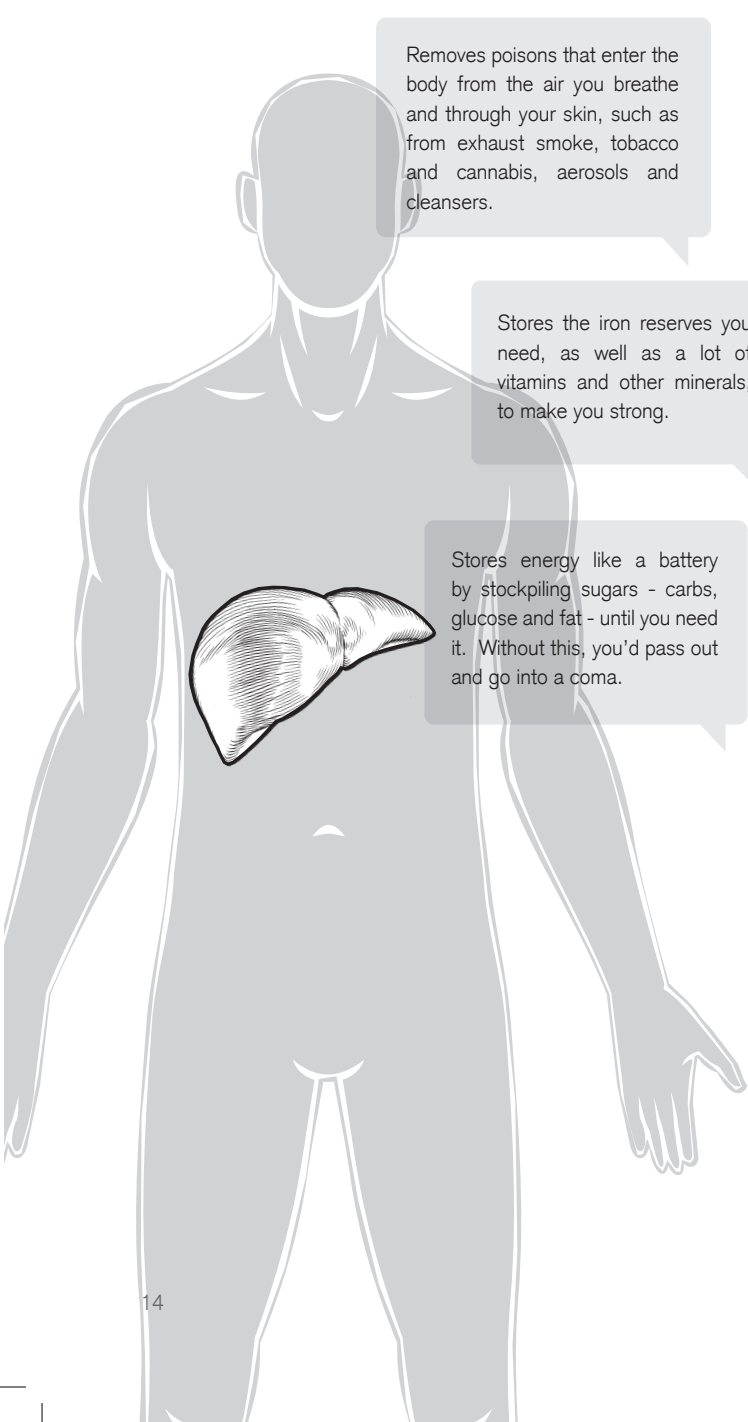
Also, if you register your group on-line at NUA A others can find you and we can support you better.. You can also join our on-line discussion group from the LIVERMATES page of our new website at [www.nuaa.org.au](http://www.nuaa.org.au) Just contact us for a password to a forum set up for LIVERMATES participants only.



# WHAT DOES THE LIVER DO AGAIN?

**EVER WONDERED WHY THE LIVER IS CALLED THE LIVER? IT'S BECAUSE IT IS NECESSARY FOR LIFE. YOU CAN'T DO WITHOUT IT. THERE IS NO SUBSTITUTE FOR THE LIVER. PROTECTING THE LIVER IS ESSENTIAL FOR YOUR SURVIVAL. THAT'S WHY YOU FEEL SO BAD WHEN IT IS OUT OF WHACK.**

**THE LIVER IS THOUGHT TO CARRY OUT UP TO 500 COMPLEX BIOCHEMICAL FUNCTIONS. SOME OF THEM INCLUDE...**



Removes poisons that enter the body from the air you breathe and through your skin, such as from exhaust smoke, tobacco and cannabis, aerosols and cleansers.

Made the blood that got your system going even before you were born!

Manufactures new proteins that your body needs to stay healthy and grow and makes a hormone which allows bone marrow and long bones to grow.

Stores the iron reserves you need, as well as a lot of vitamins and other minerals, to make you strong.

Makes bile to help you digest your food so you get the nutrition out of it.

Makes clotting factors that stops the bleeding when you accidentally prick yourself.

Stores energy like a battery by stockpiling sugars - carbs, glucose and fat - until you need it. Without this, you'd pass out and go into a coma.

Helps defend you against germs going into your body all the time. Takes cold germs, flu bugs and other germs and weakens or kills them.

Detoxifies poisonous chemicals such as alcohol, illicit drugs, all prescription drugs regardless of your medical condition including your methadone, as well as analgesics (painkillers) from aspirin to opioids.

## WHAT IS ALL THE FUSS ABOUT HEPATITIS C?

- Hepatitis means "inflammation of the liver". The liver is one of the largest organs in the body and sits behind the lower ribs on the right side of the abdomen. It plays an important role in hundreds of vital body functions. If it does not work properly it can cause serious illness or sometimes even death.
- Hepatitis can be caused by many things including alcohol, certain drugs, chemicals, pollutants and viruses such as hepatitis A, B and C.
- Hepatitis C is a blood-borne virus (BBV) — that means it lives in blood and spreads in blood. For transmission to occur the blood of an infected person needs to get into the blood stream of another person.
- Many people with HEP C may not get sick, while some people will develop serious health problems.

## YOUR QUESTIONS ANSWERED

# WHAT IS ALL THE FUSS ABOUT HEPATITIS C?

On average, one in four people who acquire hep C will clear it naturally in the first six months, while the remaining three will develop chronic hep C. Chronic means ongoing or recurring and usually refers to health issues that get progressively worse.



## WHY DO SOME PEOPLE CLEAR THE VIRUS?

We do not know why some people are lucky enough to clear the virus while others don't. Those who do clear the virus will do so within the first 6 -12 months of being infected. More research needs to be done in this area before we know the answer to this question.

Research does suggest that you may be more likely to clear the virus spontaneously if you experienced symptoms (vomiting and yellowing) when you first contracted the virus.

## CAN YOU GET HEP C THROUGH SEX?

Possibly, but unlikely. Many couples live together for years where one is living with hep C and the other is not without transmitting the virus from one to the other. Although hep C is unlikely to be sexually transmitted, transmission can occur during unprotected sexual contact if the sexual activity involves blood-to-blood contact. Hep C has rarely been detected in semen or vaginal fluids.

Rough sex, sex over a long period and some esoteric sex practices can cause irritation that may make you or your partner's penis, vagina or anus bleed and/or open to blood. If both of you bleed, then you are both in a risk situation for contracting hep C. If you have this kind of sex, use a new condom (with lube), dam or gloves for each activity and change them between partners. By protecting yourself against hep C you are also protecting yourself and partner against other BBV and STIs (sexually transmitted infections).

## IS SHARING SYRINGES THE ONLY WAY TO GET HEP C?

Though sharing syringes is the most likely way to spread hep C it isn't the only way. There are lots of ways to transmit infected blood in an injecting setting, for example when there is blood on fingers, sharing spoons, tourniquets, water and so on. Avoid sharing any injecting, equipment and wash your hands before and after injecting yourself or others. Always practice safer injecting techniques.

## OF 100 PEOPLE WITH HEP C WHO DON'T GET ANY TREATMENT

### AFTER 20 YEARS:

- 45 may never develop liver cirrhosis (scarring of the liver)
- 47 may develop progressive liver damage
- 7 may develop liver cirrhosis
- 1 may develop liver failure or liver cancer

### AFTER 40 YEARS:

- 45 may never develop liver cirrhosis (scarring of the liver)
- 30 may develop progressive liver damage
- 20 may develop liver cirrhosis
- 5 may develop liver failure or liver cancer

## OTHER ROUTES OF HEP C TRANSMISSION

Getting a tattoo under unsterile conditions can also result in hep C. Wherever there is a chance of blood getting into the blood stream of another, even tiny amounts of blood that can't be seen by the naked eye, there is a risk for hep C transmission to occur.

The standard advice is not to share toothbrushes, nail scissors and clippers, or combs and hairbrushes because these things might transmit blood. Obviously you need to use common sense: for example if you've got bleeding lips, don't use an ice pipe.

## WHY GET TESTED?

If you are in a high risk category for people who may get hep C, it is worthwhile being tested. By being tested and finding out whether you have hep C or not can help you to make informed choices about your health, lifestyle and treatment options.

## IS TESTING FREE?

All hep C testing are currently free on your Medicare card —your doctor can ensure that you are bulk billed for the tests, so it won't cost you anything.

If you are in jail, you can access testing through the Justice Health clinic. If you are on pharmacotherapy at a clinic, you may be able to access testing there. Ask them about it. Over the last few years, NUAA has worked with several clinics to increase testing and treatment opportunities for people on pharmacotherapy.

## WHAT DO THEY TEST FOR?

There are two ways to test for hep C: the antibody test and the PCR (Polymerase Chain Reaction) test.

# WHAT IS ALL THE FUSS ABOUT HEPATITIS C?

## ANTIBODY TESTS

The antibody test will tell you if you have been exposed to the virus. If you test positive it means your body's immune system has developed antibodies to fight the virus. This result does not indicate you are currently infected.

## PCR TESTS

The PCR test looks for the presence of the actual virus and can give more information on the genotype and concentration of the virus. If you are found to be antibody positive, your doctor will probably recommend that you also have a PCR test.

There are three kinds of PCR tests:

- PCR viral detection test — detects the presence or absence of the hep C virus (this will tell you if you are currently infected)
- PCR viral load test — shows the concentration of the virus in your blood
- PCR genotype test — determines the type(s) of virus present (there are six genotypes with the most common types in Australia are types 1 and 3).

PCR tests are more expensive than antibody tests (for the Australian Government, as the tests are available on Medicare) which is why they are only done after hep C antibodies are detected.

## WHAT ABOUT RETESTING?

If you want to be sure that you have not been infected and therefore don't have anti-bodies, it is suggested you be retested six months later. This is because there is a window period of six months during which time your body may still be developing antibodies in response to being infected. So it's a good idea to get retested even if you haven't used in a while.

Many people think they are infected because they once tested positive for hep C antibodies. This does not necessarily mean that they still have the virus as some people will clear it. It is important to remember these people would still test positive for antibodies.

If you have taken part in risky activities, such as sharing a syringe with someone else, it is worth getting retested.

## WHAT ABOUT BIOPSIES?

A biopsy involves taking a small piece of liver tissue to examine for signs of liver damage or disease. It is now no longer a pre requisite for hep C treatment. Instead a Fibroscan® is undertaken. Biopsies may still be used for determining the rate of progressed liver disease such as liver cancer.

## WHAT ARE LIVER FUNCTION TESTS?

A liver function test (LFT) is a blood test that gives an indication of whether the liver is functioning properly. The test is also very useful to see if there is active damage in the liver. LFT's measure the amount of particular chemicals in the blood. This gives a gauge of possible damage to liver cells - damage that can be caused by many things including hep C. A LFT should not be used on its own as a diagnostic tool. It's important to remember that diagnosis of liver disease is made using a combination of tools, including patient history, physical examination, laboratory testing, and biopsy or fibroscan.

## WHAT IS A FIBROSCAN?

The Fibroscan is a new way of testing which is painless and non-invasive. The Fibroscan is a relatively new test which is a form of ultrasound that assesses the 'hardness' (or stiffness) of the liver via the technique of transient elastography. Fibroscan has been shown to have a high degree of accuracy for predicting mild fibrosis (scarring), severe fibrosis and cirrhosis (extensive scarring).

Normally your liver is quite soft. The harder it is, the more fibrous it is, the more damage that has been done. The harder your liver is, the higher the reading from the Fibroscan. The test is not available everywhere yet, but access to the test is improving.

## WHAT CAN TREATMENT ACHIEVE?

- Ultimately it aims to eliminate the virus from the body and to stop it replicating
- It aims to prevent or delay the progression of liver damage, disease and/or failure
- It aims to reduce the symptoms of chronic infection and to improve liver function and quality of life.

## CAN I GET RE-INFECTED WITH HEP C EVEN IF I ALREADY HAVE IT?

Yes, you can. Some people are under the impression that because they have the virus it doesn't matter if they share fits. It does matter!

- You can become infected with a different type of hep C: there are six different genotypes; 1, 2, 3, 4, 5 & 6.
- Being re-infected can impair your liver's chances of fighting off the virus and can lead to quicker disease progression. Your liver might have subdued your existing infection but re-introducing the virus can make this progress count for nothing.
- If hep C treatment has cleared you of the virus, you can become reinfected. Clearing the virus through treatment or naturally does not make you immune to reinfection.



# YOUR QUESTIONS ANSWERED

## DO I HAVE TO TELL ANYONE IF I HAVE HEP C?

The health department will be informed of your status if you are found to be positive, but this is done anonymously and purely for statistical purposes. You should not feel like you have to disclose to anyone unless you want to.

You only legally have to tell in the following situations:

- Military and defence forces personnel and applicants
- Applying for health and/or life insurance
- When donating blood and/or blood products
- Doctors, dentists (medical professionals) who perform exposure prone procedures

## WHAT TREATMENT IS AVAILABLE?

The type of treatment and its success is significantly influenced by the genotype of hep C being treated. The treatment plan for people living with genotype 3 has been unchanged for some years, involving combination therapy of weekly pegylated interferon injections and daily ribavirin tablets over a period of 26 weeks. The new treatment available specifically for those with genotype 1 is much more effective today than in years past. It combines weekly interferon injections with daily ribavirin tablets, plus a course of daily boceprevir or telaprevir tablets.

### THE TREATMENT PLAN WITH BOCEPREVIR INVOLVES:

Pegylated interferon and ribavirin only for the first 4 weeks THEN pegylated interferon, ribavirin and boceprevir for 24 to 44 weeks.

### THE TREATMENT PLAN WITH TELAPREVIR INVOLVES:

Pegylated interferon, ribavirin and telaprevir for the first 12 weeks THEN pegylated interferon and ribavirin is continued for an additional 12 to 36 weeks.

## SHOULD I GET TREATMENT NOW OR LATER

Deciding when to have treatment is a personal decision which can be influenced by a number of factors. You and your doctor are the only ones who can make this decision. Having your liver monitored and tested will give you information to see what the hep C is doing in your body and tell you whether you have liver disease, the progression of liver disease, the length you have been infected, etc. These things may help you work out whether treatment is for you.

Advancements are constantly being made in regards to new and improved treatments. It can be hard to know whether to wait for better treatments or go with what's available and start treatment. Knowing what the virus is doing to your liver will help you make this decision.

## WHAT CAN AFFECT MY TREATMENT?

Many things can affect the success of your treatment, such as:

- Those in the early stages of liver disease generally have higher clearance rates
- Pre-menopausal women tend to respond better to treatment than men or post-menopausal women
- A fatty liver disease, heavy alcohol consumption, obesity, hepatitis B or HIV co-infection may reduce a person's chance of achieving a cure
- Younger people may respond better than their older peers
- People completing treatment at correct prescribed dosages are more likely to achieve a clearance.

## WHAT IF MY DOCTOR TREATS ME DIFFERENTLY BECAUSE I ASK FOR A TEST?

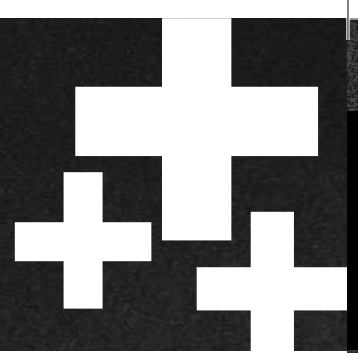
Many doctors will try to be non-judgmental but if you do have problems or feel uncomfortable talking to a particular doctor you have every right to choose another one. You could go to a different doctor from your usual GP if you feel uncomfortable disclosing that you have engaged in an activity that has a high hep C risk such as drug use. However, if your test comes back positive, your regular GP is probably the best doctor to help you determine a suitable treatment. They may surprise you with their attitude.

You also have the right to make a complaint if you feel you have been discriminated against because of your hep C status or possible status. The HIV/AIDS Legal Centre (HALC) on 02 9206 2060 are funded to help people fight this kind of discrimination.

## ARE THERE ANY HEP C SUPPORT GROUPS?

Most of the larger hep C clinics run support groups. Some groups are for people living with hep C and others just for people on treatment. AIVL's internet site C city together brings all people living with hep C including those on treatment. Talk to NUAA about some of the peer support groups available in NSW. Log onto the NUAA website to join the LIVERMATES forum; get a LIVERMATES kit to start your own group; or find out if there is a group in your area that you can join. Most people who have been part of a support group find it very helpful.

# TESTED, TREATED, CLEARED!



## BOB'S STORY:

I contracted hepatitis C in ... who knows?

An IV drug user since the early 1970s, I was aware of a disease called hepatitis non A non B, a unidentified disease which was poorly understood at that time but was prevalent amongst injecting drug users. It didn't worry me too much because let's face it, I was going to live forever and had no understanding of mortality as a young man.

Fits were available at one chemist in the rural NSW town where I grew up. The chemist would allow you one a month for 17 cents, so sharing works was endemic. It was the practice then to sharpen the needles using the striking side of a box of matches, rinse them and dive right in so it was inevitable that any blood borne disease was going to spread.

Fast forward to the early 2000s. I was travelling around the country and had settled in a regional city where I slept rough and was constantly hassled by the cops. I was getting a bit tired of it all. A friend offered me a bed in another city and I headed there.

I was suffering from severe depression and decided to seek medical treatment for that. I was lucky and struck a good GP who was prepared to care for me and I was completely honest with him about my drug use and he organised tests for HIV and hep C. I was negative to the former but positive to the latter.

After putting me through the hoops regarding my commitment to following through the required treatment, the doctor referred me to a hospital for their program for combination treatment. The specialist told me that although I would receive the treatment for free thanks to the Pharmaceutical

Benefits Scheme, the real cost was \$2,000 a month. After I persuaded him the money wouldn't be wasted, I was accepted onto the program: 12 tabs a day and a self administered injection once a week.

I had regular consultations and blood tests and without any symptoms, I was clear of the disease after six months.

At no stage did I feel any worse than I did before treatment - keeping in mind I felt pretty miserable and depressed all the time due to my underlying depression.

I was one of the fortunate.

I urge anybody who has the opportunity to undergo the treatment to do so. I have seen buddies refuse because of fears of the side effects who later suffered cruel and unnecessary deaths. I had very few side effects. You may have some but it's better than the miserable painful and degrading death that can result from liver cancer which can be the result from not getting treatment.

Seven years later, I am still clear and still use. Carefully, safely and cleanly.



# HOW I STAYED SAFE FOR YOU AND ME

These pages came out of a workshop for people who inject drugs but who have never lived with a blood borne virus (BBV), that is, have never contracted a BBV. The participants have put together an article to share the strategies they used to keep themselves and their friends and family safe.

Eight people inputted this article: Dean 22, Amber 23, Jake 25, Cindy 36, Joseph 37, Lily 45, Tania 47 and Frank 63. Each person had more than one reason why they had not contracted a BBV.

The title “How I stayed safe for you and me” was developed by the group, to reflect their understanding that their actions helped create families and communities that did not have to live with BBVs.

Here are some “Reasons I Don’t Have A Blood Borne Virus Despite Injecting Drugs!”

## LILY: I WAS LUCKY

Luck certainly paid a big part in not contracting a blood borne virus, especially in the beginning of my use. Not so much later, but yes, early on in the 1980s before we really knew much about hepatitis C. Well it was called non A non B then. It wasn't til HIV came along that sharing was even an issue. Before that, if you wanted your own kit you were considered weird, a bit anal, a control freak. There was no connection between injecting and illness. So all you had was luck. That was the only strategy.

## TANIA: I WAS LUCKY TOO

You can't discount good luck. The first few times I used I shared, before I knew what I was doing, before I paid for my own drugs, before I got fits for myself, I had to rely on others to know what to do. Before I had any power in the situation, I just had to go with what was happening. So I shared at first. Luckily it was with just a couple of people who didn't share with others and they were hep C free. But I didn't know that then.

## CINDY: I PLAYED “THE ODDS”

I have to admit I have been lucky a couple of times. It was about playing the odds, using in a small group of people or just one other and by keeping it small the chance of catching something seemed less. But it was just dumb luck.

## JAKE: I'M MONOGOMOUS

Not to say that sharing fits doesn't happen in my generation (Y) - it does and I'm guilty - but I think I've managed to avoid contracting anything by knowing the people who I use with and knowing the results of their most recent blood test and their attitude to sharing with others. I would never trade blood with someone outside my primary relationship, my partner. It would jeopardise us both.

## JOSEPH: I GET REGULAR TESTING

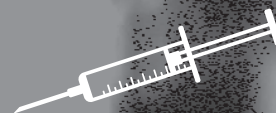
I get tested for hep C and HIV every six months at least. I don't always go to the doctor just for that, but if they're taking blood for some other reason, then I ask if they can include those tests. Then I know for sure what is going on. I know you don't have to see the blood for it to be there. So if I have used with someone and even if I haven't shared a fit, but maybe just used in the same space as someone else, then I think it is worth getting tested. Then you know.

## CINDY: I REALISED IT WAS REAL

I have had friends die from liver failure. These viruses are real. Real people get them from real situations. Unlike lots of the weird over the top stuff we are told about drugs, the stuff about catching a blood borne virus is true. This happens and it has happened to people I knew and loved.

## LILY: IT WAS MADE PERSONAL

I became particularly health conscious about blood borne viruses after a close friend of mine contracted HIV in the late 1980s. I became highly anxious about sharing needles. HIV was a death sentence at that time and I needed to be safe, I needed to survive.



# HOW I STAYED SAFE FOR YOU AND ME

## LILY: I STOOD UP FOR MYSELF

In my early using life, there was often difficulty in obtaining clean, sterile equipment and amongst some peer groups considerable ignorance in regard to the possibility of catching a BBV. Outrageous comments were thrown around like "only poofers have AIDS" or "I'm not gay, I don't have AIDS" even though I doubt they would have been tested. So you had to stand up and cop a bit of peer flack. You had to take control and do things the way you knew they should be done.

## CINDY: I'M SCRUPULOUS ABOUT CLEAN UP

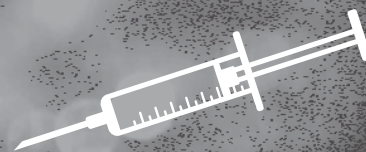
I am really pedantic. If I use I clean up after myself. Fits go back in the box. I love how those black boxes are bins as well as containers for fits. It's a great design. It's about keeping myself safe. And it's about keeping everyone else safe. That's selfish too because if we get the rate of hep C down, the risk is less for me. It's about community though as well. Not all people who use drugs don't care about others. I certainly care and I would never leave a mess for someone else, especially one that could potentially make them very sick or even kill them.

## JOSEPH: IT'S A GIVEN, JUST COMMON SENSE

For me, making sure I have clean sterile equipment is part of taking responsibility for my using. It's just what you do. Why would you do something that could make you sick when it's just common sense to protect yourself? It's not like condoms which you could say make sex not as enjoyable. Using a clean fit actually makes using more enjoyable, not less. It's using a used fit that hurts and makes finding a vein hard. Of all the things associated with using, have sterile equipment is the easiest to make happen.

## DEAN: GETTING HEP C IS A BLACK AND WHITE THING

Young people do tend to do much more risk taking compared to older people. We do think we are invincible. But we see sharing needles as an immediate risk. It only takes one occasion of sharing to get hep C or HIV. Sure we smoke, but we figure we won't get cancer from one cigarette, it takes years. But you will get hepatitis or HIV from sharing needles once. It's a really dangerous thing to do. Just not worth the risk.



## FRANK: I HAD AN EXCELLENT PEER TEACHER

My real luck lies in having a close friend who was a long term user who taught me the minutia of safe use. I started using at an advanced age (in my 50s). I was teachable and had a good teacher. She taught me about Needle and Syringe Programs, vending machines and pharmacies as places to get sterile kit. She said that the age of free needles guarantees we can have a new, sterile needle for each shot. My friend taught me that sharing is taboo. That reuse of even your own fits should be avoided because of the danger of getting mixed up with others' fits and also because of the damage to veins it can cause. She taught me to avoid cross contamination of syringe, spoon, cotton wool, water. And lots of other useful stuff! She also taught me to clean up your own mess straight away, all waste into a bag and fits into a box to be returned. The best advice comes from experienced, good hearted people who use drugs.

## LILY: I'M CAUTIOUS BY NATURE

I have always been a practitioner of harm reduction. Sure I started using because it was exciting and cool. But I think harm reduction is probably in my nature. I do things like rehearse what I'll say if police pull me up. That's just how I am. There are harms to drug use and you need to pay attention to all those harms. Catching a blood borne virus is one harm that you can easily avoid, so why wouldn't you deal with it

## CINDY: I MAKE SURE I HAVE ENOUGH

I always keep plenty of fits and other equipment in the cupboard and I check on supplies. It's free and I'm allowed to have as much as I want from an NSP. And what might happen if I don't have enough isn't worth contemplating. Imagine it's midnight, I feel sick and I've got drugs in my hand and no fits. It's like one of those dizzy nightmares. It's just heaps easier to be organised. I get enough so I only have to think about it once a month or something.

## **LILY: I MADE A DECISION**

When I first used, you didn't talk about blood borne viruses and needles were hard to get. You could get them at some chemists, but it wasn't guaranteed you would get any. You really had to psyche yourself up to ask and steel yourself against the way you were treated. You didn't waste fits. Some people even got their hands on glass syringes. That was considered very cool, simply because you could reuse it over and over. There was no such thing as a "single use" fit. There didn't seem to be a reason NOT to share. But there came a time that we knew about viruses and needles became easier to get. We found out about AIDS, which was a death sentence then, and that was a pretty strong motivator to change the way we injected. Then because there were needle and syringe programs, or needle exchanges as we called them then, we could go somewhere where we weren't treated like scum when we asked for fits - at least in most places. So another hurdle was taken away. And now it's easier than ever. The equipment is free and you can have as much as you want. I live in the city, so there are plenty of places I can get equipment and be anonymous. For me, it's about being conscious of what I do. I consciously don't share equipment. I consciously make sure I have enough equipment, even for emergencies. I make that decision. I choose it.

## **TANIA: I WISED UP**

I used to think I had to try everything to have an opinion about it. That meant I had developed a set of behaviours that were quite harmful. I put myself in a lot of risky situations. But then someone said to me "Do you need to be raped to know that's a bad thing?" I don't know, something about that just stopped me in my tracks. I reviewed my behaviour. And I started changing it. I realised that I could experience things but be consciously healthy as well. I stopped risking my life every time I used. I started doing things the safe way.

## **DEAN: I GREW UP IN THE AGE OF HARM REDUCTION**

I think the main reason for me not contracting any blood borne disease is the education I received on drugs, health and sex as part of the compulsory curriculum at school. I finished school not long ago, so I grew up in the age of harm reduction. It is necessary that people are educated about the dangers of sharing needles before they ever start using. It is all well and good for a needle exchange to conduct such education, necessary even, but if you are being educated at a needle exchange you are already an IV user and it may already be too late. New users need to find the idea of sharing needles taboo and understand all the reasons why. That would protect us when we are our most ignorant, when we first start to inject.

## **CINDY: I'M HEALTH CONSCIOUS**

People have this idea that if you use drugs you don't care about your health. But I have always been health conscious and cared about my body and exercise and diet for example. I clean and floss my teeth. I take my vitamins. So it follows that I am going to make sure I am scrupulously clean in my drug use. I wouldn't share a condom, or a tissue, or a tampon, so why would I share a syringe? I wouldn't.

## **JOSEPH: I MAKE IT A PRIORITY**

When it's so easy to just be prepared and to maintain a supply of new, sterile fits, I think that exposing yourself to the risks of hep B or hep C or HIV can be the result of laziness or the fear of missing out. If I am tempted to give into those things, I just remind myself that life is long and I have to make a priority of not getting sick. Life as a drug user is difficult enough without adding a chronic illness. I don't worry about dying, but there are worse things than dying, like being sick for the rest of your life.

## **LILY: I GOT PREPARED**

I once missed out on a shot because I refused to share. While I raced out to round up a new syringe, the gear got divvied up and I missed out. After that, I always made sure I had my own kit on me, in my handbag, in a little purse. I kept my kit separate, just for my use, but carried a couple of spare fits so no-one could pressure me into sharing mine.

## **AMBER: I LEARNT IT AT SCHOOL**

I really think it is crucial that all people learn about the danger of unprotected sex and sharing needles, as it is something that effects all the population and not just IV drug users. It's all there and we need to know about it. They don't know which school kids are going to go on to use drugs and which ones aren't. So you teach it to everyone. Everyone needs to know. It needs to be a generally accepted taboo that people should share injecting equipment. This education is necessary to stop people from ever sharing needles and to really instill the dangers of it. I think it should be done from a young age to reduce the rates of HIV and hep C transmission in the population as a whole not just in the using population.

## **TANIA: TESTING KEEPS ME MINDFUL**

I put off getting tested for a long time, because even though I haven't shared for a long time, I worried that I might be hep C positive from somewhere in my dim dark past. I really thought I might have been living with hep C and not know it. But I was negative. And now I make sure I get tested every year, just to make sure, even if I haven't put myself in a risky situation since the last test. It just keeps me aware.



# HOW I STAYED SAFE FOR YOU AND ME

## DEAN: I GET RID OF MY USED FITS

I am really careful about clean up. I put everything together and get the syringes back to an NSP regularly. I break the tips off the needles and put them back down the barrel so I'm not even tempted to reuse my own syringes. And if anyone asks me for a fit, it means if I don't have a new, sterile one, I don't have any at all. I can't give them one of my old used ones. I think it's important to help other people not to get a blood borne virus. That way we are getting rid of those viruses from our whole community. Zero infections is the only acceptable level of blood borne viruses in order to keep us all safe.

[Note from Ed: Breaking off your tips can be dangerous for needlestick injury to yourself or others. If you accidentally drop one of those tiny suckers in the carpet, you might not find it til a child or pet steps on it. If you must do it, try and reduce the harms by enclosing the fit in a clear plastic bag as you break it, so the tip can't get lost or fly up and injure you.]

## AMBER: I FOUND VENDING MACHINES

Before I even ever used a needle I knew what a needle vending machine was. There was one around the corner where I lived. Everyone knew about it. I never used that machine, because I didn't want people to know I used and I didn't want them to see me, but it made me aware that those vending machines existed. And so I looked out for them and used them. They are a great way of getting fits if you don't want people to know you inject drugs. They are really convenient and some are even free. Most work all hours of the day, though some get stuck and that's really frustrating. I think they should all be free.

## FRANK: I LEARNT HARM REDUCTION FROM THE GET-GO

Coming to using later in life, the time of HIV and hepatitis C was already upon us. Education programs were already in place and where I was living provided me with easy and safe places to obtain syringes. Science and society have made those leaps. Like getting immunised. Washing your hands before you prepare food. Making sure you get vitamins and minerals in your diet. Wearing sunscreen. We know these things as a society and we just do them because they keep us healthy. It's the same with using sterile fits and other bits and pieces if you inject.



## JAKE: I HAVE "ALWAYS" KNOWN SHARING NEEDLES WAS TABOO

As far back as the first grade, it was made clear that used syringes were bad news. Teachers at my primary school displayed a used fit found on school grounds at an assembly, accompanied by stern warnings. Though too young to really comprehend IV drug use, it was my first exposure to the issue of blood borne viruses. Education on this topic and on sexually transmitted infections is thankfully fairly comprehensive, so by the time someone of my generation will get to the age of using, fear has been instilled and caution is assumed to follow. With the wide access to sterile syringes in most areas, sharing syringes in most circumstances is taboo. I'm 24 now and I can't remember a time when I didn't accept that taboo, even when I didn't understand why.

## TANIA: I TAKE INJECTING AND ITS HARMS SERIOUSLY

I grew up in an upper middle class environment and went to private school. In my circles, snorting coke was cool, dropping eckies (ecstasy) was cool, smoking dope was cool. But using needles was something else, a whole different ball game. It was not so much the drug, as the injecting that made things different. There were harms around piercing the skin, going into the body, that were considered very serious. I think because of that I have always treated using syringes as a serious business. I made sure I knew how to use them properly. I have always respected the process. As I respected the viruses you could catch. Although 15 years my senior and more experienced than me, my partner when I started injecting was much more blasé than I was. As a result, he contracted hep C and thought nothing of it. He told me it was nothing to worry about, that there were no symptoms and it was really nothing. I felt that to be wrong - like you feel racism to be wrong when you hear it - and I knew it was wrong from all the education I had received. So he never converted me to that relaxed way of thinking about blood borne viruses. I am glad I have treated it as a serious, important thing. Because I have never caught a blood borne virus.

## JOSEPH: I TALK ABOUT IT WITH MY FRIENDS

From the perspective of people who don't use intravenously, sharing fits is dangerous. Comically dangerous, like an instant death sentence. But it wasn't until I came to using that I learned how cautious you needed to be with regards to spoons and tourniquets. Semi regular tests put my mind at ease after some risky behaviour, but these days I make a point of being prepared with a new, sterile kit and cleaning up after my indulgence. These are things you learn from your peers in using, from people who have learned it from other peers. It's not the sort of thing you talk about with other people because you don't want them to know you are using. But you do need to compare notes among those people who are safe to talk with because they also use. Then you agree a standard of behaviour.

## CINDY: I REALISED IT WASN'T JUST ABOUT ME

If I get a blood borne virus, it affects more than just me. If I get stoned, that's just about me, unless I did something unsafe in public while I was stoned, like drove a car. But if I get hep B or hep C or HIV, that affects the people I love most. My family and friends who would have to look after me. Who would worry they might catch it and have to learn all about it. And if I get really sick and even die, that will fall on my nearest and dearest as well. Plus if you get pregnant, there's a slim chance you could pass it on to your children. That's a lot of impact. If it was hard, it might be different. But in this day and age, it's pretty easy. Loads of reasons to be safe and they make it easy to do it.

## DEAN: I RESEARCHED THE INTERNET

Before I started injecting - in fact, even before I started using drugs at all - I went onto drugs forums to find out what to take and how to take it. I was really curious about drugs and I heard on the forums that injecting gave a much better experience and better value for money from your drugs. So I researched it. I'm a science student, so it's my thing to research things and do them properly. I am interested in the chemistry. Web forums, where the contributions are from people who take drugs, taught me a lot about safer using, the harms and overcoming the harms. I found out all sorts of things, including how to use wheel filters, about where to get fits and about NUAA. So I learnt in detail about hep C and hep C prevention. I knew about it in general, but that peer information gave me the specifics.

## LILY: I CHANGED MY ROUTE OF ADMINISTRATION

There was sometimes peer pressure by partners and in some groups to share. I could handle sharing with a partner, but sometimes there might be a third person that I definitely did not want to share with. So I found a way to resist that I guess is the way women often resist. Not openly, not confrontationally but by finding a different way. A friend I knew was always a heroin smoker and had a constant, cheap supply of rock hard, brown, dirty, dirty gear that was difficult to mix up and looked filthy when you did. Smoking was a good option of dealing with the gear and getting around the needle sharing problem. One day, I made a conscious decision to address something really important to me. I chose to smoke rather than share a needle with my partner and two of his friends. It didn't hold me as well as if I'd used intravenously but at that point in time it was about taking control. Enough control to make myself safe.

## TANIA: I NEED TO "PASS"

I need to be able to pass as a regular person. I don't want people to know I use. Part of that is looking healthy. So being healthy is a priority of mine. Not for that reason alone, but that is one of the reasons. So I choose to avoid a blood borne virus that would make me sick, now or in the future. Or might just give it away that I use. People assume if you have hep C you are a person who uses drugs. I don't want to be in that position.

**Thanks to these fantastic eight people who inject drugs for sharing their thoughts and strategies. It seems evident that in order to avoid a BBV, we need to have a good understanding of how BBVs are transmitted; have access to plentiful, sterile equipment from a non-judgemental source; grasp the seriousness of living with a BBV for ourselves and our families; and actively make a decision to practice harm reduction every time we use drugs. It was also apparent that not one person is perfect, that anyone can slip up from time to time. Beating ourselves up about a slip is not useful. But we should try and stay focused and committed to our decision to use as safely as possible.**



# PARAPHERNALIA

A LOOK BACK TO SOME GREAT UN HARM REDUCTION POSTERS. YOU CAN DOWNLOAD THESE AND MORE FROM THE USER'S NEWS SITE ON OUR WEBSITE [NUAA.ORG.AU](http://NUAA.ORG.AU) AND PRINT AND PUT THEM UP SOMEWHERE USEFUL!

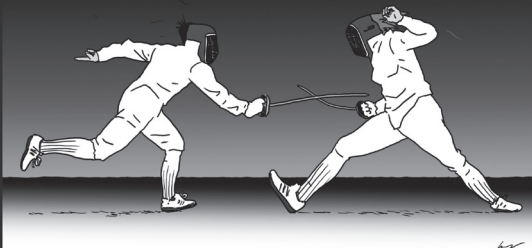
IT'S THE ABORIGINAL WAY TO SHARE.  
BUT WE NEED TO LOOK AFTER EACH OTHER TOO.  
BY GETTING FRESH TOOLS FOR YOURSELF,  
YOU'RE LOOKING AFTER EVERYBODY.



IT'S ALL ABOUT SURVIVAL



## BE A MASTER NOT A ROOKIE




### EVERYONE CAN BE AN EXPERT AT BLOOD AWARENESS

Blood awareness means:

- Knowing blood can be invisible
- Keeping your blood to yourself
- Realising how easily blood can be accidentally shared
- Being extra careful when preparing shots in groups (especially if you're using cocaine)
- Washing your hands before and after using
- Disposing equipment in a safe disposal container immediately after use

## THANK HEAVENS FOR THE BLACK BOX



### EVERYONE EVERYWHERE DESERVES A STERILE KIT

## BE A MASTER NOT A ROOKIE



### EVERYONE CAN BE AN EXPERT AT SAFE DISPOSAL

Safe disposal means:

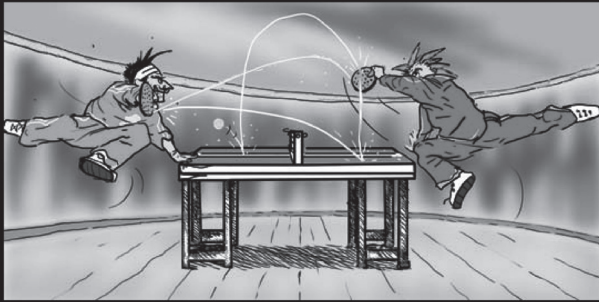
- Less likelihood of your equipment getting mixed up with others' (meaning less chance of contracting hep C)
- Avoiding needlestick injuries
- Keeping your community safe and happy!

Safe disposal basics:

- Always dispose of used fits directly into a sharps container. DON'T recap the fit first
- If you don't have a sharps container, use a puncture-resistant plastic bottle with a secure lid
- Dispose of your used equipment at your local NSP or in a sharps bin
- If you can't get to an NSP, put securely contained fits into the household garbage as this is better than dumping them (but never put them in the recycling waste)



# BE A MASTER NOT A ROOKIE



## EVERYONE CAN BE AN EXPERT AT OVERDOSE PREVENTION

The Christmas /holiday period, when there's a lot of partying, drugs and alcohol around, can be an especially risky time for overdose.

To avoid overdose this party season:

- Don't mix your drugs
- Be extra careful when using after you've been drinking
- Using pills on top of other drugs (especially opioids) is particularly dangerous. Always be mindful of what you've had before taking something else

Sometimes it's  
as simple as...



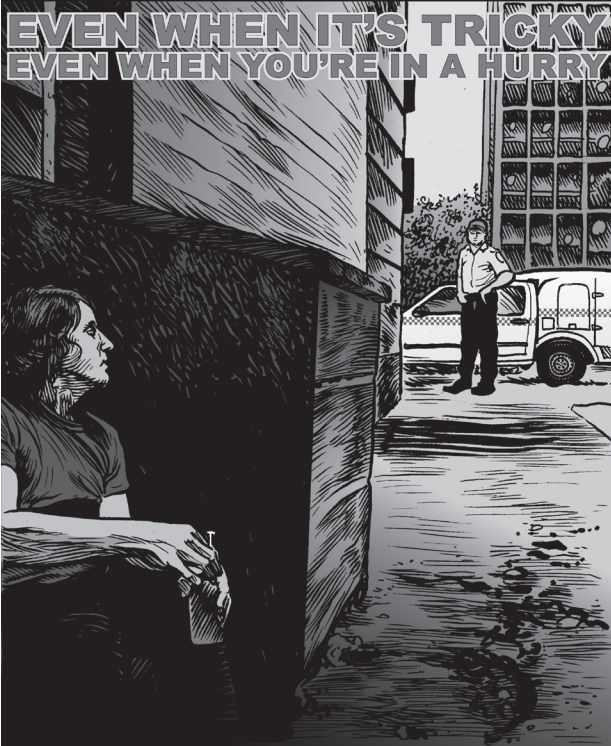
## WASHING YOUR HANDS

Your hands may look clean but bacteria and blood-borne viruses like hep C can live in the tiniest bits of blood and dirt – bits you can't even see.

Getting into the habit of washing your hands before and after injecting is one of the best things you can do to prevent getting a dirty hit.

Based on an AVL resource

## EVEN WHEN IT'S TRICKY EVEN WHEN YOU'RE IN A HURRY



**USED FITS ARE BETTER IN A BOX**  
**Let's protect our NSPs.**

Sometimes it's  
as simple as...



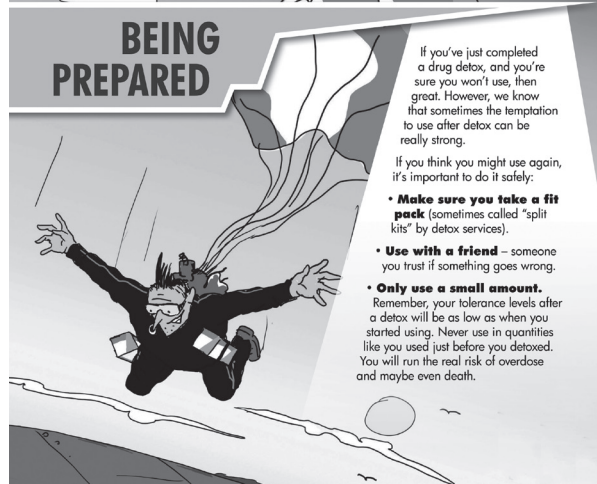
## BEING PREPARED

If you've just completed a drug detox, and you're sure you won't use, then great. However, we know that sometimes the temptation to use after detox can be really strong.

If you think you might use again, it's important to do it safely:

- **Make sure you take a fit pack** (sometimes called "split kits" by detox services).
- **Use with a friend** – someone you trust if something goes wrong.

- **Only use a small amount.** Remember, your tolerance levels after a detox will be as low as when you started using. Never use in quantities like you used just before you detoxed. You will run the real risk of overdose and maybe even death.



# WHO SAYS DRUGS AND EXERCISE DON'T MIX?

WHEN YOU ARE PUSHING YOURSELF PHYSICALLY WITH DRUGS, YOU CAN MAKE YOUR LIFE SO MUCH EASIER IF YOU GIVE YOUR BODY SOME RESERVES. HERE ARE 6 PEOPLE WHO USE DRUGS WHO ALSO LOOK AFTER THEIR BODIES. AND AT THE SAME TIME THEY CUT THE STEREOTYPE OF THE PERSON WHO USES DRUGS AS WEEDY, UNHEALTHY AND LACKING IN ENERGY AND GET UP AND GO!

## BRYAN

### WHAT DO YOU DO?

I walk or ride from Redfern to Darlinghurst and back every day, do push ups and squats, and play with my dog by kicking or throwing the ball.

### WHEN DID YOU START?

I started exercising in the late 80's while in prison. The exercise equipment was there and I had the time.

### WHAT DO YOU GET OUT OF EXERCISING?

A natural high like morphine. It elevates my mood – if I stop, I don't feel that sense of well being. It gives me confidence, an aura of confidence. It balances out unhealthy stuff and evens your mood. Keeping fit and eating well allows me to chop in sometimes without it taking too much of a toll. As you get older it's important to exercise and look after yourself. Exercise allows me the freedom to eat most foods I like because I burn the calories. If you feel well, life's easier. Looking healthy means people don't judge you for being a person who uses drugs, because you don't look like one – they can't tell.

## CARY

I play touch footy, play table tennis hard like a pro, tennis, walk everywhere I go, scooter (manual scooter), work out with weights.

I started when I was a kid and have continued to this day.

Exercise is like a drug but it makes me feel strong, not weary. It makes me look good and feel pumped up – like I'm above it all. Some of the cardiac stuff I do all the time, but I tend to train with weights only when I'm not using and then when I'm shooting ice I don't feel like it. So sometimes it's months off weight training and only weeks on. When I use, it takes away all the hard work I've done up pump up my body. My body loses all the muscle I've developed. I know if I get into training I'm not going to use ice. And if I use ice I just can't get into training. So between periods of using I make sure I exercise hard, eat well and put back on the weight I've lost so I can start looking healthy again.

## LOU

### WHAT DO YOU DO?

I do a yoga class with a teacher once a week.

### WHEN DID YOU START?

About 18 months to two years ago. I'd never done it before but I got the chance to do a free class every week so I took it up.

### WHAT DO YOU GET OUT OF IT?

It's fantastic. It helps me relax, even makes me feel a bit sleepy. It gives me a bit of time out and settles me down a bit. It takes me away, if you know what I mean. So it's good for me mentally. Physically it's also fantastic, really relaxing. It makes my body feel like it's been massaged. I'm getting older now and most of the time I feel like a rusty old car, but after yoga I feel like I've had a good oiling. I can really focus at work and get a lot done afterwards, it clears my head.

### WHEN DO YOU DO IT?

I prefer to do it with an instructor, but I'm not cashed up, so I only do it when I can do a free class which means I do it at the convenience of other people. But I do that one class religiously. I'm not complaining but I would consider doing it more often if it were on offer.

### HOW DO YOU GET THE ENERGY?

The great thing about yoga is that it's not about energy. You can do it stoned and it still works. You can do it hanging out and it really helps you feel much better.

## GINO

### WHAT DO YOU DO?

I do push ups and dips at home, watch my diet by juicing vegetables and avoiding fatty or sugary food. I also have an active dog which requires lots of exercise so I'm often walking or playing in the park with my dog.

### WHEN DID YOU START EXERCISING?

I've been training since I was 18. At 25 I became a personal trainer. I kept it up since then.

### WHEN DO YOU EXERCISE?

Before I get dosed I exercise because it gets your natural endorphins going. I'm working towards coming off pharmacotherapy and I find that though it's sometimes hard to begin, exercise really helps me cope with the withdrawal symptoms associated with reducing and coming off Suboxone.

### WHAT DO YOU GET OUT OF EXERCISING?

It improves the way you think and feel, the way you look, even the way you interact with others. Nothing will ever beat the natural high you get from exercising.



## CATHY

### WHAT DO YOU DO ?

I walk everywhere. I use the stairs wherever possible. Love being physically active . Even around the house. At least once or twice a week I go to Prince Alfred Park Pool at Central and usually do 12 lengths with a combination of freestyle , breast stroke and kick board.

### WHEN DID YOU START EXERCISING?

As a kid I used to run with my dad and my siblings before school and sometimes included a swim in our 50 metre dam. I was ok at most sports at school and my brain and body hasn't forgotten the great feeling of opening up my lungs and getting the heart pumping . It's like a drug.

### WHEN DO YOU EXERCISE ?

Walking lots daily and swimming at least twice a week . I also plan to attend some of the free sessions offered in the inner city.. advertised in the City of Sydneys booklet - yoga and maybe even zoomba .

### WHAT DO YOU GET OUT OF EXERCISING?

A sense of achievement and accomplishment despite my drug, alcohol and smoking past and present . The natural endorphins produced from exercise can't be under-estimated . One can incorporate even a small amount of regular exercise and activity into our lives regardless of our lifestyles. It is satisfying and challenging and addictive .

### HOW DO YOU GET THE ENERGY?

The more active you are the easier it is to exercise .It does require focus and commitment but it takes such a small amount of time. Just ignore other people and spoil yourself. The high you get and the health benefits that come can mean anything you indulge in later you will enjoy and get your money's worth all the more.



## GINA

### WHAT DO YOU DO?

I go to a gym to do a weights circuit three times a week. Just three sets of 12 on each machine that works a different part of the body.

### WHEN DID YOU START?

I've been doing it for four years.

### WHAT DO YOU GET OUT OF IT?

I started because I was getting older and I was doing a job where I was sitting down all day every day. Apart from walking my dog, I got no exercise, and he's getting older now so that's less vigorous than it used to be. I've always liked my body and I wanted to keep it that way. But mostly I just wanted to feel healthy. I've never got that endorphin rush feeling from exercise. Never. Ever. I think it's a myth. It's always a push to get there and I do feel better afterwards, but only because I've finished what I set out to do. I do like some of the effects, my arms and shoulders especially, but I worry my legs are getting too big and my stomach too defined. Maybe it's because I do as heavy a weight as I can manage and I should drop it back.

I do like the energy it gives me. Sometimes I am walking along the road and I just feel like skipping.

### WHEN DO YOU DO IT?

I can structure my own work day, so I take advantage of lulls.

### HOW DO YOU GET THE ENERGY?

I use heroin three times a day and I've been doing that a long time. I don't think I could work out if I used any less, it would be just too hard. I think I can only keep up an exercise regime like this because my gear is predictable and regular. If you were in and out of withdrawal all the time like you get on only one shot a day it would be way too difficult.

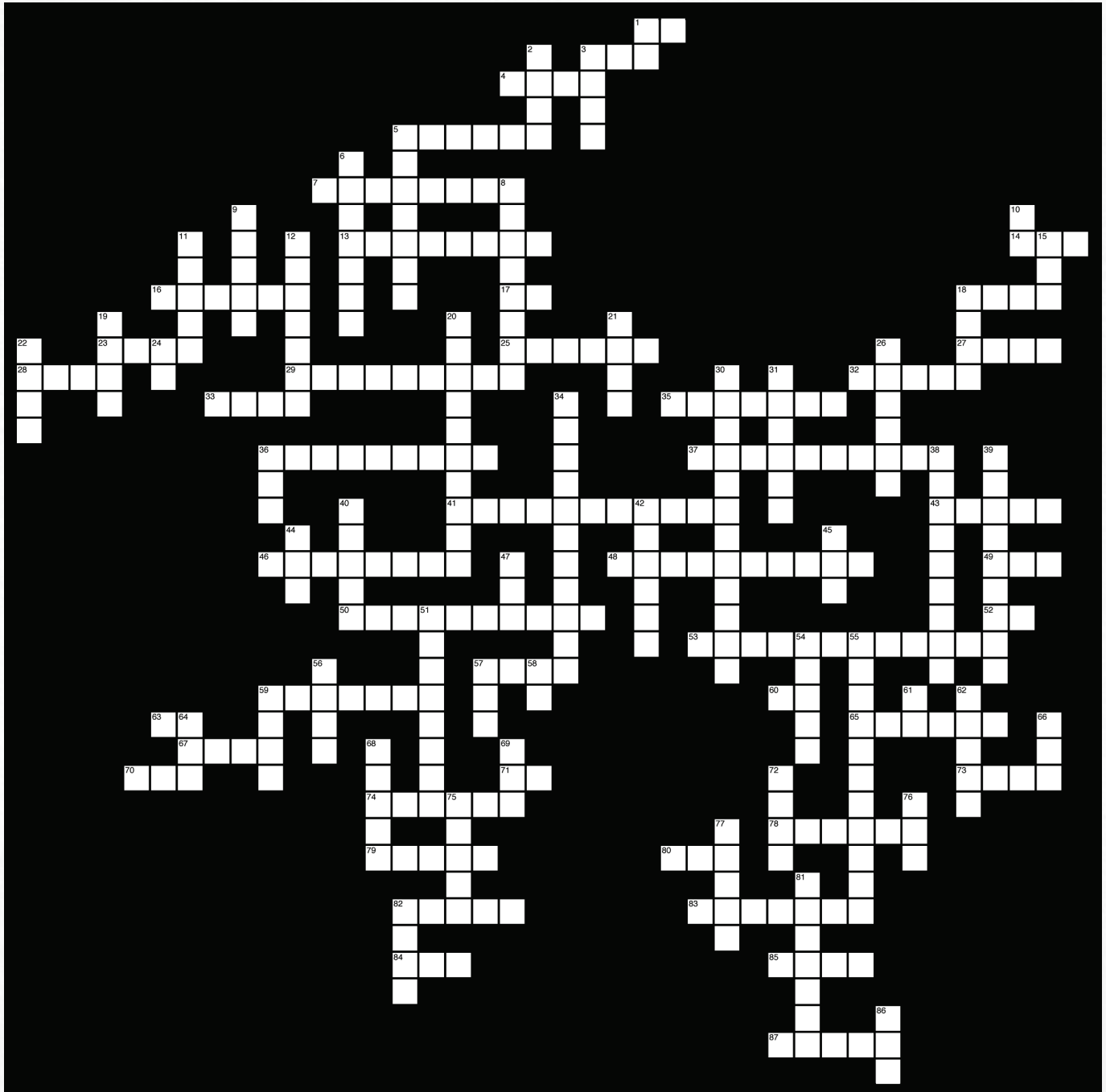




# GAMES PEOPLE PLAY

## CROSSWORD

ANSWERS ON PAGE 45



### REALLY, REALLY SORRY FOLKS

We are so sorry about the mix up with the crossword last time. The clues, crossword and answers all got mixed up in layout. We bring you the right version this time! Same clues, but here is the actual puzzle they fit. Hope you love it this time. To make up for our error, I will send out three prize kits of cool stuff - pens, tea towels, mugs and other goodies - to the first three people who text "You're forgiven" to me at 0406 422 267 at 10:00 AM on Monday 20 July 2014. I'll ring the winners back to let them know. I think we can safely say no SMSes after 10:30 AM please!

## ACROSS

- 1 If it's not on, it's not --
- 3 Colour of anger and wheel filters good for pills
- 4 NSW drug user organisation (initials)
- 5 Injecting can cause this purplish breaking of blood vessels
- 7 Do a course and get a prescription of this- overdose is preventable
- 13 What they did to drugs by changing the laws
- 14 You buy them to quench your thirst, then shape them for an emergency mix up on the run
- 16 What you DON'T want to hit if you're injecting
- 17 The part of the hospital you go if you break your leg to be accused of "drug seeking" (initials)
- 18 Female mammaries or a visit from the cops
- 23 A phone service that gives you information about drug services
- 25 Frenchie, rubber, party hat
- 27 Like the golden M for burgers or the blue bird for tweets.
- 28 Needle marks can leave one and so can a bad love affair
- 29 In case of overdose, they'll come if you call 000
- 32 Long Day's Journey into \_\_\_\_\_, Eugene O'Neill play set in 1912 about women's use of morphine
- 33 The big house
- 35 A lovely thing to do, but dangerous to do with injecting equipment
- 36 Sign of a regular injecting user (2 words)
- 37 The movie that showed us what those fish shaped soy sauce containers are really for (2 words)
- 41 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)
- 43 They say regardless of all the busts, this is going down while purity is going up
- 46 Bruise cream trade name, sometimes available at the NUAA NSP
- 48 NUAA does outreach centred on this Sydney suburb
- 49 What you'd pay for your drugs with if you were in Japan
- 50 A musician who used drugs, he played in a heavenly band when he was alive (2 words)
- 52 Initials for this magazine or the body that most countries of the world belong to
- 53 Opiates can cause this, cure with this week's nutrition spread
- 57 They say WOOF and sit down in inappropriate places
- 59 What your equipment needs to be
- 60 Our favourite User's News reader (I bet you thought this crossword was about you)
- 63 Only state to still do naltrexone implants
- 65 Substance used for cleaning fits in jails
- 67 If ice was your girlfriend she's be called this
- 70 What you want your dealer to say when you ask for tick
- 71 Freud said this part of the psyche drives instinct and is associated with drug use and sex
- 73 Connect you to one so they can put drugs in your system in hospital
- 74 Something you need desperately when you overdose
- 78 What opiates do to your pupils
- 79 Flu like symptoms doesn't really describe it
- 80 Nickname for a particular blood borne virus
- 82 Not just a movie, or a fast way of life, but a drug too
- 83 Rusty Young's book Marching Powder is about South America and this drug
- 84 Where most people inject, at least in the beginning
- 85 The climax, the crest, the peak... where you want your rush to take you
- 87 English romantic poet, supposedly wrote his best poems under influence of opium, writer of Ode to a Nightingale.

## DOWN

- 1 Abbreviation for when you've had too many drugs
- 2 Team it with a condom so it slides and doesn't tear
- 3 Music, lights, Es... a fabulous party
- 5 Methadone without sugar and alcohol
- 6 Documentary about the AIDS epidemic in Sydney in the 1980s
- 8 Not just for the court room, we collect it to prove NSPs work and prohibition doesn't
- 9 The organ that hepatitis affects
- 10 Name architects give the most common injecting room (initials)
- 11 HIV is one, Hepatitis is another
- 12 A form of meth made famous by Swarovski
- 15 Drugs for HIV treatment as well as creative endeavours
- 18 Often used as a tourniquet before we realised their reuse could pass on the hep C virus
- 19 Whether it's reduced or minimised, it needs to be managed
- 20 Full of drug imagery, Alice finds a caterpillar smoking a hookah
- 21 Chase on this or wrap it round your chook for the oven
- 22 The U in NUAA... you might be one
- 24 In your muscle (initials)
- 26 Where the Hemp Embassy is
- 30 2013 NUAA Hall of Fame award recipient and interview subject
- 31 They come in wheel shapes
- 34 Winged infusion kits
- 36 A drug drunk by the general population, can make a poppy version!
- 38 The BBV that affects your liver
- 39 The needle and the damage done... Who wrote that shitty song?
- 40 Type of cannabis that smells better than the animal
- 42 Mythical creature lends its name to smoking heroin
- 44 A word for a needle and describes being athletic
- 45 You can get them from sex without a condom (initials)
- 47 First name of Aussie PM with a daughter who used drugs so he got behind NSPs
- 51 Methadone you take home
- 54 What methadone is supposed to do for your heroin use and what heroin can be when you want to reward yourself
- 55 First word in PIEDs, taken by people who want to be fit
- 56 Law Enforcement Against Prohibition, organisation of cops, better known for their initials, another word for jump
- 57 They hang around train stations. Don't let them sit beside you!
- 58 ATS use will make you do this and so will a green light
- 59 Another name for heroin, popular in the 1980s
- 61 Where you want the needle to be in relation to your vein
- 62 How you feel after a good dose of opioid, according to Enid Blyton
- 64 Abbreviation for stimulants
- 66 You do it to get rid of bubbles
- 68 The first B in BBV is where you find them
- 69 It's yellow, you get it from an NSP, and it's a musthave
- 72 Abbreviation for Acquired Immunodeficiency Syndrome
- 75 Not just for boxers, but fisters too
- 76 You go here if you're a spider or just want to buy drugs
- 77 Something to mix up in and a way to cuddle your lover in bed
- 81 We need to do thoughtfully - in fact, pick up a bin from your NSPI
- 82 You do it to your site and your surfaces before you inject
- 86 For sterile equipment, NUAA's is peer based and self serve (initials)