



GAMES PEOPLE PLAY

PUZZLE ONE:

CAN YOU UNSCRAMBLE THESE WORDS THAT WE OFTEN USE WHEN TALKING ABOUT HEPATITIS C?

HRRICSSOI

NOTNTERRFE

FBSCNOIRA

TTTEERAMN

TONIMALFIMN

GNTEPYOE

FINTCENOI

NOIEVENTRP

LOOK FOR THE ANSWERS ON PAGE 45

PUZZLE TWO - FIND-A-WORD

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

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

LIVERMATE
 TEST
 ANTIBODY
 VIRUS
 HEPATITIS
 GUIDE
 ASYMPTOMATIC
 INFECTION
 SIDE EFFECTS
 POSITIVE
 LIVING
 NUTRITION

EXERCISE
 YELLOW
 BLOOD
 BORNE
 PREVENTION
 STERILE
 TRANSMISSION
 PRECAUTIONS
 STRATEGY
 LIVER
 INFLAMMATION
 JAUNDICE

CANCER
 CHRONIC
 CIRRHOSIS
 PEGYLATED
 INTERFERON
 BOCEPREVIR
 RIBAVIRIN
 TELAPREVIR
 HEPATOLOGY
 APPOINTMENT
 RESULTS
 GENOTYPE

TREATMENT
 CARE
 PLAN
 FIBROSCAN
 GROUP
 DISCUSSION
 HELP
 KNOWLEDGE
 DOCTOR
 NUTRIENTS
 TOURNIQUET
 NEEDLE

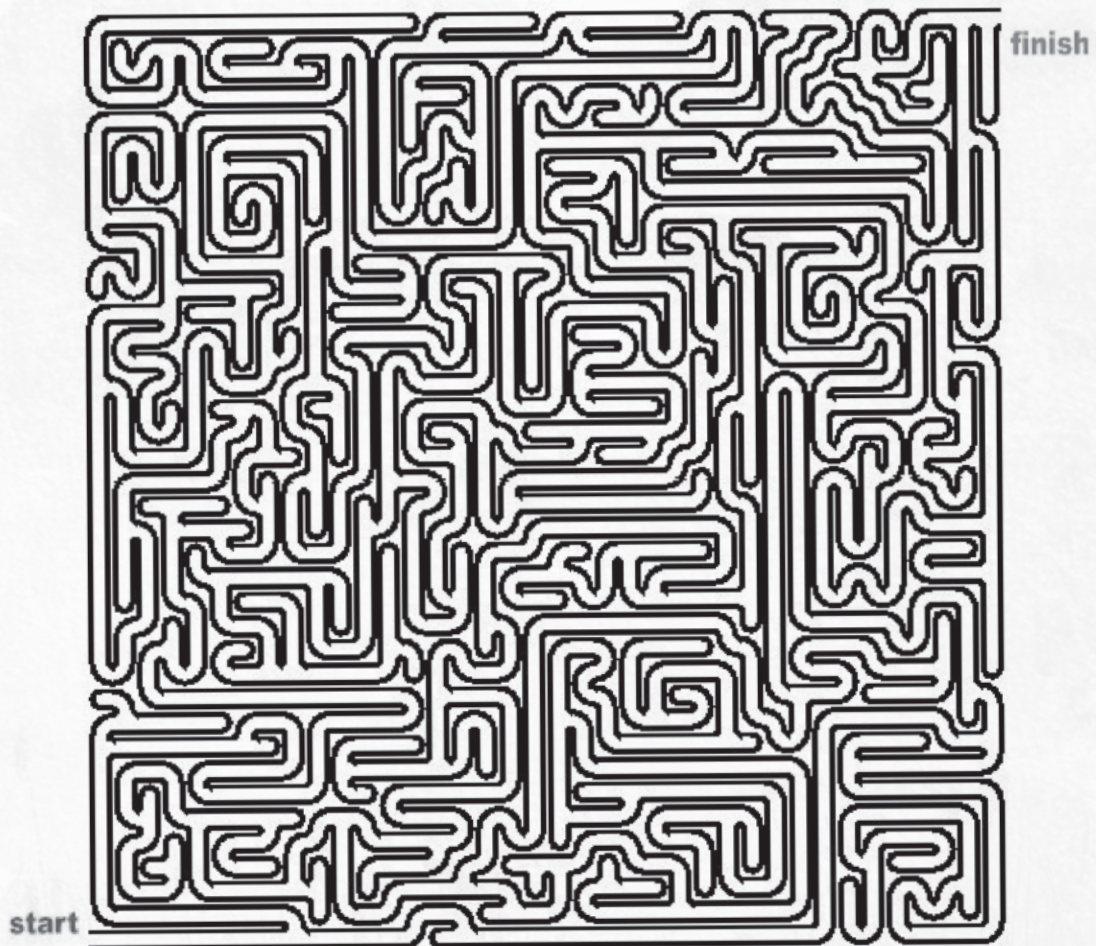
TATTOO
 SERIOUS
 PEER
 SUPPORT
 REFRIGERATOR
 HEALTHY
 NURSE
 CONTRACEPTIVES
 SUCCESS
 CLEAR
 ANTIDEPRESSANTS



GAMES PEOPLE PLAY

A WALK ON THE WILD SIDE

GO THROUGH THE MAZE JUST TO SEE WHAT'S ON THE OTHER SIDE... A LOT LIKE LIFE, HMMM? GOOD LUCK AND SEE YOU ON THE OTHER SIDE!



PUZZLE FOUR:

CAN YOU WORK OUT THE NAME OF THIS AWESOME NUAA INITIATIVE TO HELP PEOPLE WHO HAVE DRUGS AND ARE LIVING WITH HEP C TO SUPPORT EACH OTHER? EACH NUMBER REPRESENTS A LETTER IN THE NAME OF A FAMOUS PERSON WHO HAS LIVED WITH HEPATITIS C!

1 2 3 4 5 6 7 8 4 9

1



The first letter of both first name and surname of this Deep Throat star who has lived with hep C

6



First letter of the first name of this singer who lived with hep C. She famously overdosed (non-fatally) while Mick Jagger was in Australia in the 1960s.

2



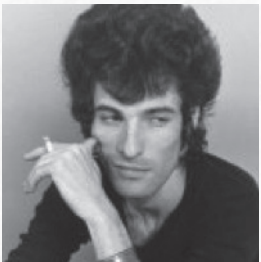
Third letter of the first name of this Italian born model and one time partner of Keith Richards of Rolling Stones fame (and mother of three of his children) who lived with hep C

7



First letter of the surname of this blonde Baywatch babe with the barbwire tattoo on her arm and living with hep C

3



Third letter (but it's spelt with a capital letter) of this punk rocker from the US who had a band named after a little creature harvested for their luxurious fur plus his surname. Died of liver cancer caused by hep C

8



First letter of the surname of this frontman of band Aerosmith, who underwent treatment for his hepatitis C

4



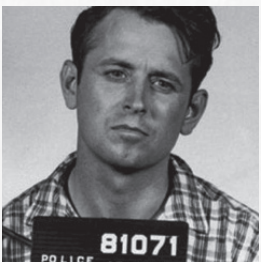
First initial of chosen name of this motorcycle dare devil who got a liver transplant because of his hep C

9



Last letter of the surname that can be a boy's first name, of this glamorous black US singer-songwriter whose music spanned blues, R&B, soul, jazz, gospel and rock n roll. She died only a couple of years ago but lived with chronic hep C for many years

5



First letter of the surname of Martin Luther King's assassin who had went by a three name moniker, all first names for boys, the last of which also means a sunbeam.. He died of hepatitis C in 1998 aged 70

WHAT MAKES A GOOD DOCTOR?

WHAT PATIENTS SAY...

WE TALKED TO A GROUP OF FIVE PEOPLE WHO USE DRUGS ABOUT WHAT THEY THOUGHT A GOOD DOCTOR SHOULD BE AND DO. THIS IS WHAT THEY DECIDED:

#1. Treat us well. Treat us like people. Don't judge. Don't discriminate.

Many people who use drugs have problems finding a good doctor and being treated well. Often the treatment we receive from doctors and nurses is judgemental and discriminatory. Most people can give you at least one experience of discrimination at the hands of a doctor, whether it's being disbelieved, not given the benefit of the doubt or being treated like a child. Some GPs won't even have "our kind" in their surgeries.

All people in the group had had bad experiences and many had friends that had some very bad "horror stories" regarding treatment from doctors and nurses. They said this made them feel very vulnerable. Stories included being disbelieved, confidentiality being broken and being told they were only "drug seeking" when in serious pain.

Will said "People as consumers often define themselves on the basis of, for example, sexuality, employment, economic status or even their drug use, illicit or not. But it is essential that doctors view their patients as "people", as individuals. Drug use is just a behaviour; it shouldn't define who a person is or how they are treated."

Sandy said "I use a well known clinic for my primary health care because of its reputation to be tolerant and non judgemental. Through working with them I have learnt a lot - including finding out about the work of NUAA. It can make all the difference to be treated with respect."

#2. Understand that we have may have a tolerance to opioids and may need higher not lower doses of painkillers for serious pain.

People spoke of instances of being given low doses of supermarket drugs (like aspirin or paracetamol) for serious pain because of a history of taking drugs or because they were on methadone, including while someone in the same situation who did not use drugs being given opioids for what appeared to be a less serious pain issue.

Nearly all had a story about being refused pain killers on the basis that they were thought to be lying about the seriousness of the pain in order to get drugs to alter their mood. It seemed like "drug seeking" was the first go-to position of most medical staff, particularly in emergency. "First find out if I have an objectively observable health issue" said Will. "Don't assume I'm lying before you even do an examination or run tests."

#3. Let's agree what is medical and needs to be fixed up and what is simply a stereotype held by the doctor or nurse.

Even though medical staff may have their own views, they still should deal with the medical issues they are presented with, no matter how the problem has come into being. They should be able to put aside their views to act like a doctor or nurse... and fix the problem at hand.

Jake talked about his doctor refusing to look at an infection caused from injecting, referring him onto a drug and alcohol clinic, even though the issue was obviously medical. "It was an infection in my arm, red and hot and very hard, pus came out when you pushed on it and it hurt like hell. I was really worried about it. My doctor wouldn't even look at it, even though it was a medical problem and he is supposedly a "healer". He suggested I should go to Kirketon Road to have a doctor there look at it. Regardless of how I got it, it was an infection and he should have had a look and at least prescribed antibiotics. But he wouldn't even look at it. I didn't get anyone to look at it, in the end. I couldn't face that kind of uncaring attitude again, why put myself thought that? I put tea tree oil on it and luckily it went down. But what if I'd lost my arm?".

Anna said: "You don't have to like me to treat me, just focus on the things we agree, that is, the source of my pain or concern and fix that."

#4 Be willing to have an honest relationship

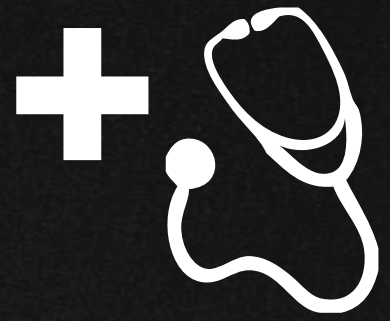
We would rather tell a doctor honestly what we are doing. We do not want to be in the position of needing to lie in order to get the care we deserve. People considered that just because they used heroin once a week while on methadone for example, they shouldn't have their takeaways cut. "Those things don't match" said Jill. "Methadone helps me cut back my using and if you cut my takeaways I will use more not less."

This cuts both ways. People talked about doctors not giving good reasons for acting the way they did. "If you give us reasons, we understand," said Anna. "We are not stupid. We get it. We understand the pressure of regulations and the need to keep children safe for example. Just tell us why, don't act high and mighty and do things that seem to us totally out of left field. You will be surprised how much treating us like intelligent, rational human beings will help you."

People also wanted to be believed by their doctor. Will said: "If I'm in pain, I mean it. If I say I'm not using, I'm not. If I tell you I'm not diverting, I'm not. Don't believe what others tell you or nurses think they see. Ask me. Believe me. If we have developed a good relationship over time and you honestly tell me we can work things out if there is a problem, I'll be honest with you."

As Jill said: "My relationship with my GP works because she is non-judgemental about drug taking. So I don't have to lie or fake it. I can tell the truth and get health care that is appropriate."

A DOCTOR TELLS US...



WE ASKED DR WILLIAM HUANG PHD FCHAM
WHAT HE THOUGHT A GOOD DOCTOR SHOULD BE
LIKE. THIS IS WHAT HE TOLD US:

I think the number one most important thing you need to have to be a good doctor to a patient that uses illicit drugs is a non-judgemental approach. Almost everyone at some time has used a substance of one sort or another to change their mood. It's not up to us to judge and never to discriminate. I think it is important to listen to what goals a patient has, not what you want for them as their doctor.

I also think you need to be engaging, you need to be able to establish a rapport with your patient. I would rather an honest relationship whereby my patient told me what was going on than to have to rely on urines or other tests to tell me. Forming an ongoing and consistent relationship means you will be there to help when they need you and you know enough about their life to help them work through things that are important to them.

An holistic approach is essential. It's not just about drug and alcohol intake. It might be about liver care and overseeing testing and treatment of a blood borne virus. It might be about anxiety and depression. It's important to keep across a patient's general health. Your doctor should have time for you, to cover all the things you need.

You need a doctor who will actually ask you about your substance use. Legal drugs like smoking and alcohol are more likely to harm or kill you anyway, so your doctor needs to ask about those things as well. Your doctor should also challenge you in the right way about your substance use. Not being overbearing when you're not ready. But you can't expect them to endorse your use either, or be complicit in it, because I don't think that can be our role.

If you are on opiate pharmacotherapy, you need to realise that there are rules and protocols. And so that we can remain as prescribers, we need to keep within the guidelines and justify any deviation in triplicate. IT'S NOT PERSONAL! For example, when you request takeaways, your prescriber has to check the request against protocols. You may be asked for travel documents, work evidence or even a statutory declaration. With methadone takeaways, child protection will be paramount and your doctor may ask you about how you are going to keep your medicines safe from children. Prescribers also get nervous about scripts without a review. We really need to see you... not to mention that if we don't

we can't get paid! If you are angry about policy issues, including number of takeaways or reviews or the cost, you need to take that up with NUAA as your policy representative or write a letter to your local MP or the Health Minister or to a newspaper or news website. We doctors are as bound by all that stuff as you are, and if you talk to us we may even disagree with some of the same things as you do. I personally think methadone should be available to more people, especially in prison, and should be cheaper. However, I also respect it as a strong drug that needs to be controlled.

On a final note, yes your GP or addiction medicine specialist is likely richer than you. He may not always be connected with the fact that you have trouble getting to appointments or picking up your medication because of limited finances. You may need to remind him. But you should realise also that addiction medicine specialists are likely poorer than most other doctors, due to the low Medicare Rebate for this kind of medicine - even less than for a GP appointment. We are also sometimes discriminated against among other doctors and have less prestige. But we do what we do because we care about the society we live in and because it's important to us that people who use drugs are treated with respect and dignity and receive quality care.



PHOEBE HOUSE

FAMILIES MOVING FORWARD

Phoebe House is a gorgeous house in Arncliffe, built by the district Mayor in the days when servants were the norm. It is massive, heritage listed, high ceilings, polished wood, large rooms, stained glass. It feels peaceful and relaxed. It has been an orphanage and a home for unwed mothers. But for the past 22 years it has been a rehabilitation unit (or "rehab") for women with a history of drug use who have children funded by the NSW Ministry of Health. Some are self-referred or referred from other drug and alcohol services, but most are referred from the department of Family and Community Services (FACS) and all have some kind of FACS involvement in their lives. Women stay at Phoebe House for six months.

Phoebe House has rooms for nine women, and each woman is allowed to have one of their children with them. At the moment there are mostly new babies and one toddler. There is an accredited and excellently appointed child care centre on the premises, with two full time child care workers on staff. Children are cared for when their Mums are in groups, or seeing a counsellor. Danielle said she loves how the children are always the priority. "I feel like they're safe here, there are child proof gates everywhere, safety plugs in all the electricity points. If there is something wrong, the staff are onto it straight away and we get to a doctor or whatever we need. The kids aren't spoilt but they are central." I agreed; I could tell as soon as I walked in the place.

Women do a range of activities. The service is, after all, a rehab. Women deal with healing old hurts; they learn how to make changes in their drug use; they learn how to be the best parents they can possible be. Julie told me "I hate the counselling but I know I have to do it. I don't like talking about that stuff, but I know I need to.". Beth praised the parenting component "You learn things you didn't know and you are reminded of things you may have forgotten! The other day we looked at what sort of food to give baby as her first solids. That was really useful." Claire said "it's good to know where you and your baby stand compared to others. So you know your child is not the only one who does something, so you feel normal and not guilty about things."

The women share chores on a roster, but there is none of the feel of many rehabs. Lucy told me "When I came here I thought I was have to dob people in and have those accusing groups. There's none of that. It is totally respectful. We are treated as adults not naughty children and we are encouraged to respect and help each other and show dignity, not show each other up" Jane said "There are rules, like no TV before 7:00 pm and no junk food except on the weekends, and we do urines, but it's not unreasonable like at many rehabs. We rotate the chores so no-one gets stuck doing the awful stuff and we share the cooking. We get to choose the meal on the night we cook. It just helps get into a good routine, it's all stuff we will have to do when we

leave here anyway."

All other times, the women are regular Mums, caring for their kids, breastfeeding or preparing food, washing their onesies and playing, in general establishing good family routines. The babies and toddlers are gorgeous - the kind of kids that should be on the cover of *New Idea*, the kind that make you feel clucky just to see and smell them. The Mums are devoted. You can see the love in their faces as they hold their children, touch their silky skin, given them their food, expertly flip a blanket over bare feet. And you can see the bond of the children, following Mum round the room with their gentle eyes. It should be perfect.

Sadly, most of these Mums are scared that their children could be taken from them at any time. Most are confused because they have done all that has been asked of them and still are on shaky ground. They have hope, but they also carry the fear. That they continue to risk enormous love for their children despite the risk that they might lose them shows how amazing these women are as Mums. "I didn't know it was possible to love someone this much" one Mum said, "I don't know what I would do if I lost her. I guess I would just keep trying, because I have to have the hope of being in her life. It's the only thing that makes sense to me."

Not all Mums have their kids with them. Some have access and others may get their babies partway through the programme. "I was promised Danny after I came in here, but FACS reneged a couple of days before he was to come, no reason given" Lena told me "It's so hard seeing all the other kids here and not having my baby with me." Instead she has two supervised access visits a week at the rehab.

It is a requirement of Phoebe House that women are on some sort of pharmacotherapy, either methadone or buprenorphine. The idea is that they are stable and on maintenance doses. Many have just had babies and are in the process of getting used to a smaller post-birth dose, but in general terms, reduction is not encouraged. Phoebe House's management recognise that pharmacotherapy is very helpful for parents in controlling their illicit drug use and maintaining the sort of routine needed when they are back in the community.

The aim of the service is for women to leave the service and be a full time permanent mother to their children, proving they can bring their baby up and are committed to making their baby a priority. In the eyes of FACS this means staying abstinent from all illicit substances and alcohol, maintaining their pharmacotherapy dose and often separating from their children's father. For these women, they will do anything to keep their children, even if they consider it unfair or unreasonable. Many have lost interest in using illicit drugs. Others are determined to stay away from it in order to jump through FACS hoops and keep their children.

PHOEBE HOUSE: FAMILIES MOVING FORWARD

A long time professional in the drug and alcohol sector and a former President and Secretary of the NUAA Board of Governance, Lindsay Langlands has been managing Phoebe House for six months now. She is very well liked and respected by the women who are living there. "She really treats us with respect, like we are just another person, like we deserve kindness. I haven't always experienced that," one woman told me. Another said "My FACS worker doesn't like me and treats me like I am a problem and a child. But Lindsay treats me like someone who is likeable, who is mature and can make good choices. She is so respectful and kind and asks what I want. I feel very supported here. I feel like they want me here."

"I couldn't do it without a supportive Management Committee and a great staff" says Lindsay. "It's a team effort."

Lindsay is very clear that Phoebe House is not a de facto FACS agency, that they are there to support the women in their decisions. "It's not our place to judge here. We are mandatory reporters, so if we see anything untoward we must report it, but we are most definitely not pseudo FACS workers. FACS are a source of referral. We don't report back to them, or any other service for that matter. We are here to help these women have the lives they want and to help them meet their goals and the goals put upon them by FACS. They deserve our respect and I think they're amazing. I believe that FACS workers often expect behaviour they couldn't live up to themselves and you know what, I see these women successfully jumping through those hoops and more. I am full of admiration for the ladies who stay here and every day I am thankful I work here."

Lindsay is very concerned that what underpins much of the interference in these women's lives is based on discrimination. "They have an idea about what a person who uses drugs is, which is not based on truth or evidence, but rather on stigma and discrimination. One of the FACS workers actually said to me "once a junkie always a junkie". That they would use that word is bad enough and shows they have no respect at all for these women, that they see them as things not people. That they think that all people who use drugs are identical - and identically bad - is very concerning. It also implies that they deny someone the chance to change. Put it together and you get someone who will deny a woman her child based on his or her own prejudices."

Resident Danielle told me "I have never even met the FACS manager who makes decisions about me. She had the chance to, but decided against it. She has workers reporting to her that I talk to, but she gets it all second-hand. She has even overthrown a recommendation made by the worker who knows me and who has seen me with my kids! Once the worker decided I could be trusted to see my children on a particular occasion. Later I used that as an example to show I could be trusted. The manager first denied it had happened. I found out she

had been on leave at the time and she told me that she would never had allowed it had she been there. Yet she has never met me! She has never seen how I am with my kids and how much they love me."

Lindsay has seen the scope of FACS since she has been at Phoebe House and is concerned about new legislation proposed that may make it easier for short term foster carers to adopt. "I've even seen it advertised on pay TV - they are calling it 'foster to adoption'. Carers are being set up to expect that they will be able to adopt a child, even before the mother is given a chance to prove themselves. These mothers are reaching, then the bar is being raised further and further away. So they are told, if you go to Phoebe House we'll let you have your child while you are there, then they decide it will be after they complete the program, then they want them to go to another rehab, then have some time in the community. Women are doing all that, and delivering clean urines, to be told, "Sorry, it's been too long, your child has bonded with the foster carer and so we are letting them adopt him". At the other end, the carer has been led to believe all along that they will get to adopt the child and are encouraging the child to call them 'Mum' and that breaks any relationship the child might develop with their mother even more. Not to mention that it breaks Mum's heart during access visits. It's deceitful and it's heartbreaking."

FACS do have a lot of power that User's News readers may not realise. They can subpoena records of phone conversations in jails. They can make decisions about if or when or how often you can see your own children and don't have to give you the reasons. They can order you to break up your relationship, to choose between your partner or your child. And they observe everything. Lindsay told me "I have seen FACS workers engage mothers in conversation during an access visit. Of course the Mums respond - not only is it general politeness, there's a power imbalance. But then the worker writes in their report "Mother not focused on child, chatting with worker." I tell the women, if they talk to you during an access visit, just say politely, 'This is my time with my child, I don't get very much of it and it is special to me. If you want to talk or ask questions, please let's do it after the session is up. I want to focus on my child right now.'"

For the women currently in Phoebe House, they appreciate the time and perspective being in the rehab gives them. While some were reluctant at first, they are all won over to the environment, the staff and the friendship and support they have found in each other. "This is my second time" said Claire "the first time I wasn't ready. I am now. I want the help instead of fighting against it." Tina told me "I have learnt so much about myself from being here. I am totally committed to staying for the full six months, no matter what. Even if they take my baby. Because if they take her, all I will have is hope. And I want her to know I fought for her."

NO MORE METHADONE IN THE CRIMEA

The Crimean Peninsula, internationally recognised as part of the Ukraine, was annexed by the Russian Federation in March 2014. Russia absorbed the peninsula after staging a military intervention.

Russian's action has caused much controversy internationally. The Ukraine are calling it an "occupation" and a "gross violation of international law". Most of the world agrees, including the European Union. Within the Crimea there is some pro-Russian support. However, many are negatively affected and devastated by the action. But to call for "secession" from Russia is now a criminal offence, punishable by a fine or a prison term of up to three years. If made on the internet or other public media, the amount increases and the term expands to five years.

People who use drugs have been particularly affected, with 14,000 cut off from critical HIV prevention services. There were 806 people abruptly cut off pharmacotherapy without reduction or analgesia for withdrawals.

Igor, a peer activist who lives in the Crimea, was given his last dose of methadone on 5 May 2014. Igor told User's News that the banning of Opioid Substitution

Treatment (OST) in the Crimea has been inhumanely administered. "It is awful. There are no pills for pain reduction here. There are no places in the narcologic hospital. There is no future, no trust, no life for the most patients."

Russia's draconian drug policies mean that OST is prohibited in Russia. It experiences one of the highest rates of new HIV infections in the world. An estimated 1.2 million people in Russia are living with HIV. Injecting drug users represent nearly 80% of all HIV cases in Russia, the result of a policy that bans NSPs and pharmacotherapy.

In the Crimea, nine years implementation of OST had just begun to see rates of HIV decrease. The number of registered HIV cases among people who inject drugs dropped from 7,127 in 2006 to 5,847 in 2013 thanks to an effective harm reduction approach. In addition, under a harm reduction approach, the Crimea's 196,000 people who

inject drugs had access to HIV prevention services such as needle and syringe programs, condoms and rapid testing and counselling for HIV and sexually transmitted infections. This has all been halted. Igor also reports that the Ukrainian State Program for hepatitis C treatment has been stopped in the Crimea.

Igor reported "Life here is very difficult at the moment. Everything is very expensive, the shelves of shops are almost empty and there is a big problem with banks and ATMs. Also some of the promised changes have not come to pass, for example the pensions have not increased, despite a promise they would grow by four. The Crimea is a tourist region and many Crimeans get their income from tourism. However, there are no tourists anywhere. I am not political, this is just what I can see for myself."

UN asked Igor how he is coping without his methadone. He replied: "Thank God I can get my pills in the Ukraine - I can get a prescription and then get the pills. But if I stayed in the Crimea I would not be able to get anything. People who has stayed here are now forced to use street drugs but there's a big problem to find them and there are a lot of Russian cops here. A lot of people who use drugs have already been arrested. Unfortunately we now have 'krokodil' here in the Crimea. Earlier, this problem has not been here. We can tell that 'krokodil' is due to the OST banning here."

Igor told UN: "The only opportunity is escape from here". He explained "There's a project by the Soros Foundation - Renaissance Ukraine and Alliance Ukraine. Through this project ANY patient of the Crimean OST program could get OST and money to live for a few months in one of two Ukrainian cities: Kiev and Dnepropetrovsk. But the problem is almost no-one wants to leave the Crimea. Only about 50 people out of the 806 Crimean patients have left the Crimea and moved in Kiev or Dnepropetrovsk."

Risking imprisonment, Igor has made a film to let the world know about the OST issue in the Crimea and posted it on Youtube. He focuses on a woman from the OST program and simply lets her tell

“IS IT A CRIME -- THE DESIRE TO LIVE WITH DIGNITY?”

her story about the impact of the banning on her life. Let's call her Sofia This is what she has to say:

“During May 2014, OST programs in the Crimea were discontinued. As a result of this, 800 people were left face-to-face with their problems. On May 12, 2014 buprenorphine was for the last time dispensed at the opiate substitution treatment site in Simferopol. Twelve days ago my life halted. For five years I have been putting together the shatters of my life, maintaining my health... Everything is over, I do not want to live.

In addition to taking OST, I am registered with the AIDS centre, receive ART and anti-TB therapy, I have liver cirrhosis, I had hepatitis A and B, I'm infected with hepatitis C. I felt more or less stable and well, but now just every part of my body aches. All my chronic diseases have exacerbated.

I do not equate us, drug users, to oncology patients, but I think even they are in a somehow better position: we have multiple terminal stage diseases. I have to go to work. I have to support my three children. I'm overcoming terrible pains every day! Many of the Crimean patients have multiple diagnoses, some of these are lethal. There is no real alternative to OST for such patients.

After OST closure in the Crimea we have been given medication only twice. They prescribed us Tramadol, 20 capsules, twice, then told that there are no more drugs available, what was left was taken to an in-patient clinic for other patients.

A Russian Minister of Health came to speak to us and promised that they would help us with treatment and medications to mitigate the discontinuation of our OST. They promised to help us with rehabilitation so we could get our lives settled. But we did not receive anything of this. There were two psychologists from Moscow and Saint Petersburg. They persuaded us to flee from here. But where to flee?

Neither me, nor the people I know received any drugs to help us detoxify. We are suffering. We are dying. We are sinking back in the same abyss.

Unfortunately, already many former OST patients in the Crimea have returned to using street drugs. This will surely affect the criminal situation in the Crimea and cause an increase in dangerous viruses on the peninsula. There are many associated diseases. I suppose half of the patients will die. It is very difficult to survive using here. Maybe some people will continue to inject, if they can afford it. It's very difficult to handle all that.

But as for me, without OST it will all be over. My life, which I strived so hard to pull together, will be gone again. I did not think life could be so cruel! It's so painful! It's spring now, everything is in blossom, but my world lost all its colours. I do not want even to breathe, let alone to work.

I think the patients on the program, those who have lots of deadly diagnoses: hepatitis, cirrhosis, and fourth stage of HIV... they need help. Maybe they should just collect and dispose of all of us, so that we would not suffer anymore and our friends and relatives would not suffer. Our parents, our children suffer with us...

There is no more OST in the Crimea. Stable patients of a state program were turned to potential criminals just in a single day. They just wanted to live an ordinary life, to have a family and a job.

Is it a crime -- the desire to live with dignity?”




6 THINGS ABOUT PERFORMANCE AND IMAGE ENHANCING DRUGS (PIEDS) OR

STEROIDS

THIS PIECE HAS BEEN PREPARED BY GARETH, A MEMBER OF NUAA'S PEER PARTICIPANT PROGRAM. IF YOU HAVE SPECIFIC QUESTIONS ABOUT PERFORMANCE AND IMAGE ENHANCING DRUGS (PIEDS), PLEASE CONTACT LEAH AT UN (DETAILS ON THE CONTENTS PAGE) AND SHE WILL PASS THEM ON.


WHY STEROIDS?



Steroids can take the form of tablets, capsules, oral liquids and injectable liquids. Common slang terms for steroids include 'roids,' 'gear' and 'juice'. Steroids are synthetic substances related to the male sex hormones. They promote the growth of skeletal muscle and the development of male sexual characteristics in both males and females.

Steroids are derivatives of testosterone. Testosterone is a male hormone that has anabolic and androgenic effects. The anabolic effect includes promoting bone density, the growth of muscle, and the rapid recovery from injury. The androgenic or masculinising effect is responsible for developing and maintaining all male characteristics. These include the penis, testicles, muscle mass, deep voice and facial hair. Even though testosterone is called a male sex hormone, it occurs naturally in women as well but in much smaller amounts.


WHAT ARE STEROIDS?



There are many legitimate medical uses for steroids, such as treating osteoporosis. However amongst the general community, steroids are used for either performance enhancement or for enhancing one's body image. The use of steroids for image enhancement seems to be on the rise in Australia with a trend towards users hoping to look their best at particular events - be in New Year's Eve or Mardi Gras! This desire for a certain body image may stem a desire to improve self-esteem. Performance enhancement refers to increasing one's performance in chosen sport or activity. In most sports in Australia there are strict


guidelines against the use of substances such as steroids. These rules are enforced by Australian Sports Anti-Doping Authority (ASADA). However, there are some sports such as bodybuilding, power-lifting and strongman events where there are divisions that allow the use of performance enhancing substance such as steroids. In effect there is no testing of the competitor. The correct use of steroids along with a proper training and nutrition program allows the user to make significant gains above their genetic potential. These gains typically involve increased muscular size, strength and power.

STEROIDS, BLOOD BORNE VIRUSES (BBVS) AND RECREATIONAL DRUG USE



Steroids are typically administered via intramuscular (IM) injection. You CAN still acquire a blood borne virus via an IM injection. The user will frequently hit a blood vessel or a vein and blood will come to the surface of the skin upon withdrawing the needle. All of the usual safety messages for intravenous injecting apply for the use of steroids. The number of people in Australia that use both steroids and other drugs appears to be increasing, increasing the likelihood of those using steroids acquiring a BBV. Recreational drug use is potentially dangerous for the steroid user, with a dramatic increase in the likelihood and intensity of typical steroid side effects.

STEROID CYCLES



Steroids are run in 'cycles'. A cycle is just a list of the compounds, their dosages and the duration for which they are run. A first time user will typically run testosterone by itself with dramatic results. Increased self-esteem and feelings of wellbeing are pronounced for the first timer.

Cycles may be further divided into cutting (lowering body fat whilst preserving muscle mass) or bulking (increasing size as much as

possible which may include some fat). Once a steroid cycle is concluded the user will either come off steroids entirely or will continue on a lower dose of testosterone. During a cycle more serious users will start adding different compounds - called a stack.

A common perception is that the steroids work like 'magic'. Steroids don't work by themselves - they just set the stage for something to happen. Diet and exercise are the key factors in getting any results from steroids. Some important things to consider whilst on a steroid cycle is that there is a need to increase water intake because steroids increase core body temperature. A lack of water may result in serious fatigue and headaches. There is a requirement for more calories and in particular more protein than what is normally. More calories in general. No sugary foods. No salt - a high sodium diet means you'll retain water and get problems from that.

SIDE EFFECTS

Side effects include damage to the organs including the reproductive organs and the liver and kidneys. Heart problems can occur as a result of elevated cholesterol and blood pressure. A user is also at risk for certain cancers such as testicular and prostate. Although 'roid rage' is largely a media myth the user will often be confronted with swings in mood.

The user's natural production of testosterone will start to shut down as the cycle goes along and the body realises there is too much testosterone and will try and regulate it. At first you will have a very high sex drive but that will diminish. And upon completion of a steroid cycle the steroid user may encounter problems associated with trying to get their bodies to again produce its own testosterone. Steroids will convert across to oestrogen and prolactin via aromatisation and if left uncontrolled may cause mood problems, breast tissue (gyno), acne, fatigue and depression. The key to controlling most side effects is the use of an

aromatase inhibitor. Also injection time-keeping must be rigidly adhered to. By not taking the steroids at the exact time indicated by your 'cycle' you put yourself at higher risk of side effects like acne and moodiness. Additionally a steroid user should see a general practitioner and undertake regular blood testing.

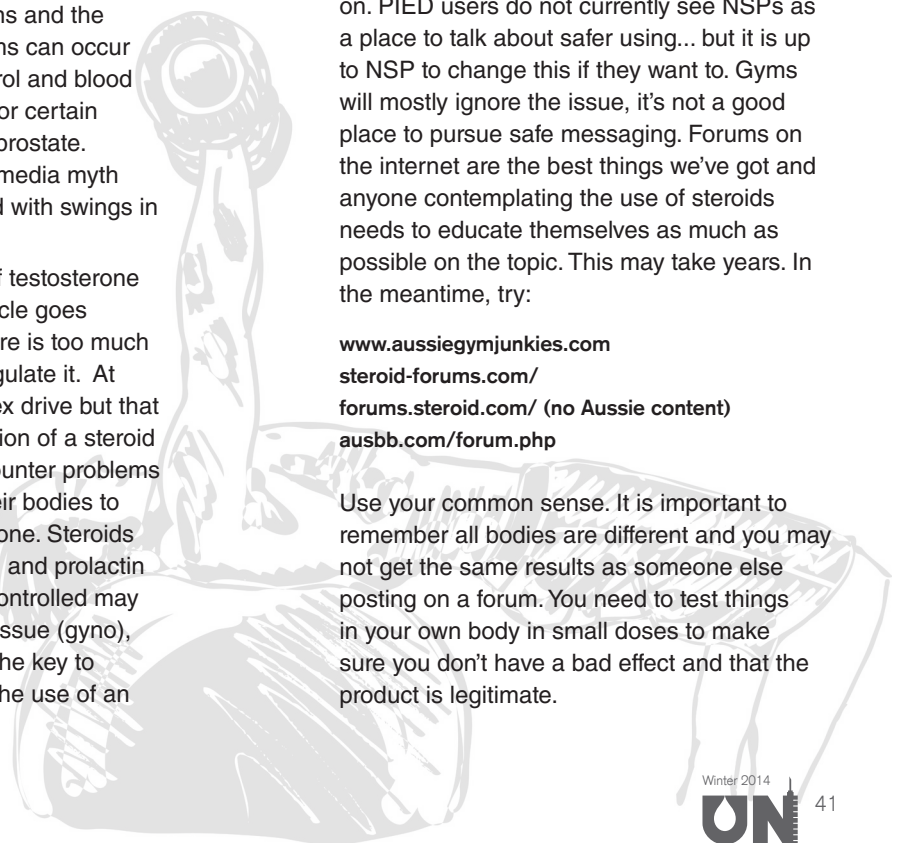
If you get an injection site that becomes red and hot and swollen, where the redness starts to spread, you need to go to a doctor and get antibiotics immediately otherwise it will have to be surgically lanced and drained, resulting in muscle being cut away.

STEROID INFORMATION AND SOURCING

Most PIED users acquire their information and sources at gyms, through friends and now via the internet on various forums. These forums are places where bodybuilding, powerlifting and related sports are discussed. They are helpful because lots of skilled people use them - you will soon see who is respected - and bad information will be instantly jumped on. PIED users do not currently see NSPs as a place to talk about safer using... but it is up to NSP to change this if they want to. Gyms will mostly ignore the issue, it's not a good place to pursue safe messaging. Forums on the internet are the best things we've got and anyone contemplating the use of steroids needs to educate themselves as much as possible on the topic. This may take years. In the meantime, try:

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

Use your common sense. It is important to remember all bodies are different and you may not get the same results as someone else posting on a forum. You need to test things in your own body in small doses to make sure you don't have a bad effect and that the product is legitimate.



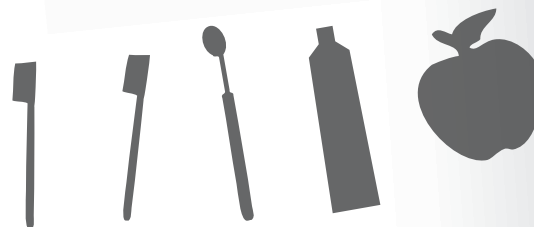
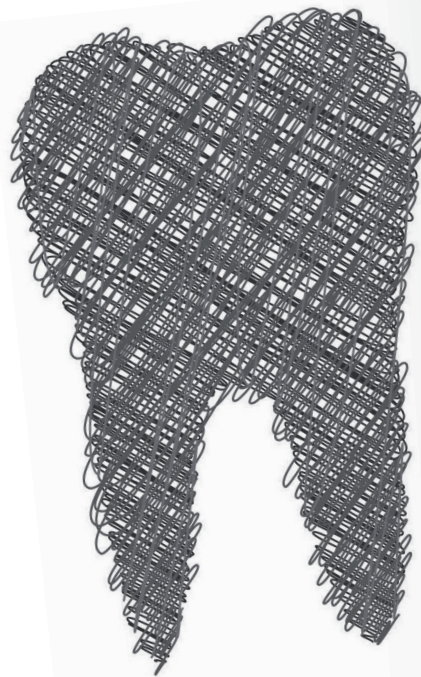
THE DAZZLING DENTAL DIET

BY MIRIAM CHIN, DIETITIAN AND GRACE VU,
STUDENT DIETITIAN, THE ALBION CENTRE

Your teeth are an important part of your body, which needs continual TLC (i.e. tender, loving care). We need healthy teeth and gums to eat nutritious foods, but we also need to eat nutritious foods to keep our teeth and gums healthy.

AWESOME TIPS FOR BEHIND YOUR LIPS!

- It's easier to get and keep a dazzling smile if you include foods from all of the five food groups - cereals and grains; fruit; vegetables; lean meat, poultry, fish and eggs, and dairy.
- Teeth love calcium. You can make sure you get enough calcium to keep your bones and teeth strong by having two or three serves of dairy each day, such as a cup of milk, a tub of yoghurt or a slice of cheese.
- Water is powerful stuff! You can even rebuild your teeth with it. Well, if it's tap water you can. If you drink plenty of tap water, especially after eating, you get all that added fluoride, courtesy of a public health decision from before many of us were born. That fluoride helps rebuild your teeth. Drinking water is also great if you're an opioid user. It's really not true that methadone destroys your bones and teeth, but it is true that methadone, along with all opioids, dries your mouth out. Drinking plenty of water throughout the day really helps.
- You can actually clean your teeth while you eat. That is, if your crunching up fresh, raw fruit and vegetables with your meals. These firm foods with plenty of fibre can help remove particles from the surface of your teeth that may cause plaque build-up. An apple for dessert after lunch makes an awesome 'edible toothbrush'.
- Sure as biscuits some adult sometime in your childhood warned you that sugar was bad for your teeth. They probably also told you drugs would turn you into a vampire. Just because they were wrong about drugs doesn't make them wrong about everything. It really does help to limit food and drinks with large amounts of sugar. The bacteria that cause tooth decay grow faster when you eat sweet, sticky foods or sugary drinks. Upping your brushing action helps when you just wanna treat yourself.
- Acidic drinks like fruit juice, fizzy drinks and alcohol



can erode your teeth, changing their colour and making them more sensitive.

- The more you snack and graze, the more you expose your teeth to damaging sugars and acids. Limiting how often you eat can keep your teeth safer.
- Smoking promotes gum disease as well as making it harder to detect. We also know it causes bad breath, dry mouth, stained teeth and stained tongue. If you smoke, it is important to up the ante on the other stuff - in particular keeping your water intake up and chewing sugar-free gum to keep your mouth more moist and fresher feeling and smelling. Whitening toothpastes really work to improve the quality of your smile - even if they don't necessarily improve the quality of your teeth.

“THIS IS ALL WELL AND GOOD, BUT IT’S TOO LATE FOR ME.”

It’s never too late to work on your oral health. Eating the right foods and maintaining good dental hygiene will help prevent further damage. If eating is difficult for you because of existing mouth and teeth problems there are ways to help with this too.

MY MOUTH IS REALLY DRY...

It’s important to stay hydrated, especially if you use drugs or are on a pharmacotherapy program. Water is your best bet! Coffee, tea and alcohol can further dry out your mouth, and sugary drinks promote tooth decay. Sucking on ice or chewing sugar free gum will stimulate saliva flow. You can also keep your mouth moist by adding fresh foods with moisture, such as fruit and vegetables, or adding extra gravy to your meals - which, by the way, is also a great tip to make eating easier if your teeth aren’t great.

OUCH! MY MOUTH IS SORE...

You’ll only make it worse by eating dry, hard and coarse-textured foods, or chowing down on very spicy, sour, or salty foods which can make eating painful. It only makes sense to choose foods that are soft, moist and easy-to-chew.

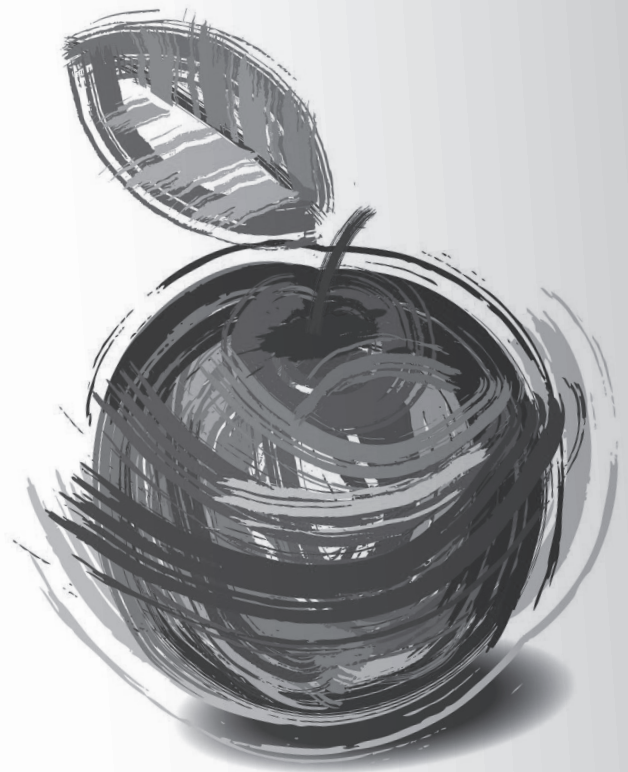
NO TEETH, NO WORRIES

If you have missing teeth, you may find eating certain foods a challenge but you can still enjoy your favourite foods by preparing the food in different ways – and not just by blending everything! For example, cook meat for longer in stews, curries and casseroles until they just fall apart under your fork. Enjoy mashed vegetables such as potatoes, carrots, peas or pumpkin. Choose ripe fruit or stew fruit to soften them. Opt for risotto and soft pasta or noodles for dinner. And who can forget the endless range of soups for winter?

KEEP YOUR PEARLY WHITES IN TIP-TOP SHAPE

It’s always time to get your oral hygiene on no matter what age you are. This is what works if you want to keep your million-dollar smile worth a million dollars:

- Brushing your teeth twice a day, especially before bed
- Cleaning between your teeth with floss or an interdental brush once a day
- Using a fluoridated toothpaste for all natural teeth
- Drinking water between meals or use a mouth wash
- Chewing sugar-free gum after meals
- Rinsing your mouth with water after vomiting, then brush your teeth 30 minutes afterwards.
- Having a dental check up every six months (and writing to your MP and the newspapers or news sites about getting dental health a Medicare priority again!)



DAZZLING DENTAL RECIPES

CHECK OUT THESE RECIPES! NOT ONLY ARE THEY DESIGNED TO IMPROVE YOUR DENTAL HEALTH, THEY ARE EASY TO EAT, EVEN IF YOUR TEETH ARE LESS THAN PERFECT.

HEARTY CHICKEN LENTIL SOUP

Serves 4

- 3 tablespoons olive oil
- 2 chicken thighs, diced (bite-sized)
- 2 red onions, peeled and chopped
- 2 carrots, chopped
- 3 celery sticks, chopped
- 2 clove of garlic, peeled and sliced
- 200g dried lentils, mixture of green and red
- 1 litre water or low-sodium vegetable stock
- 410g tinned cannellini beans, rinsed and drained
- Salt and pepper, to taste

1. Heat olive oil a saucepan on medium heat. Add chicken and fry until browned on all sides.
2. Add onion, carrot, celery and garlic to the saucepan, cover and cook for 15 minutes or until vegetables are soft. Add lentils and water or vegetable stock, bring to the boil and simmer until lentils are soft.
3. Add cannellini beans. If the soup is too thick, add some more water. Bring back to the boil and simmer for another 10 minutes. Season with salt and pepper before serving.



AVOCADO PEAR SMOOTHIE

Serves 2

Avocados aren't just for toast and salads, they are a wonderful addition to smoothies giving them a lovely, silky texture.

- ½ cup low-fat natural yoghurt
- ½ firm, ripe avocado, peeled and pitted
- 1 ripe pear, cored and chopped
- 1 teaspoon honey

1. Place all ingredients in a blender and blend until smooth and creamy.
2. Divide between two glasses and serve immediately

VIETNAMESE PRAWN & RICE NOODLE SALAD

Serves 4

- 200g rice vermicelli noodles
- 1 large carrot, cut into thin matchsticks
- 1 telegraph cucumber, cut into thin matchsticks
- 1 long red chilli, seeds removed, cut into thin matchsticks (optional)
- 300g peeled cooked prawns
- 1 cup (75g) bean sprouts
- ¼ cup each of mint, coriander and Thai basil leaves (Thai basil is found in Asian shops and greengrocers, but you can substitute regular basil)

Salad dressing

- 2 tablespoons brown sugar
- 2 tablespoons fish sauce
- ⅓ cup (80ml) lime juice
- 1 long red chilli, seeds removed, finely chopped
- 1 garlic clove, finely chopped

Method

1. In a small bowl, combine all salad dressing ingredients and stir until sugar is dissolved.
2. Prepare rice noodles according to packet instructions, drain well and then place in a large bowl.
3. Add carrot, cucumber, chilli, prawns and bean sprouts and herbs to the noodles. Toss the dressing through the salad immediately before serving.





PUZZLE ANSWERS

PUZZLE ONE:

Answer:

HRRICSSOI

Cirrhosis

FBSCNOIRA

Fibroscan

TONIMALFIMN

inflammation

FINTCENOI

Infection

NOTNTERRFE

Interferon

GNTEPYOE

Genotype

TTTEERAMN

Treatment

NOIEVENTRP

prevention

PUZZLE FOUR:

Answer:

LIVERMATES

1 - Linda Lovelace

2- Anita Pallenberg

3 - Willy DeVille

4 - Evel Knievel

5 - James Earl Ray

6 - Marianne Faithfull

7 - Pamela Anderson

8 - Steve Tyler

9 - Etta James

CROSSWORD:

ACROSS

1- ON

3- RED

4- NUAA

5- BRUISE

7- NALOXONE

13- PROHIBIT

14- CAN

16- ATERY

17-ED

18- BUST

23- ADIS

25- CONDOM

27-LOGO

28-SCAR

29-AMBULANCE

32-NIGHT

35- SHARING

36- TRACKMARK

37- LITTLEFISH

41- ANNIE MADDEN

43- PRICE

46- DIRUROID

48- CABRAMATTA

49- YEN

50- KURT COBAIN

53- CONSTIPATION

57 - DOGS

59- STERILE

60- ME

63- WA

65- FINCOL

67- TINA

70- YES

71- ID

73- DRIP

74- OXYGEN

78- DILATE

79- DETOX

80- HEP

82- SPEED

83- COCAINE

84- ARM

85- APEX

87- KEATS

DOWN

1- OD

2- LUBE

3- RAVE

5- BIODONE

6- RAMPANT

8- EVIDENCE

9- LIVER

10- WC

11- VIRUS

12- CRYSTAL

15- ART

18- BELT

19- HARM

20- WONDERLAND

21- FOIL

22- USER

24- IM

26- NIMBIN

30- MARION WATSON

31- FILTER

34- BUTTERFLIES

36- TEA

38- HEPATITIS

39- NEIL YOUNG

40- SKUNK

42- DRAGON

44- FIT

45- STI

47- BOB

51- TAKEAWAY

54- TREAT

55- PERFORMANCE

56- LEAP

57- DOGS

58- GO

59- SCAG

61- IN

62- NODDY

64- ATS

66- TAP

68- BLOOD

69- BIN

72- AIDS

75- GLOVE

76- WEB

77- SPOON

81- DISPOSE

82- SWAB

86- NSP

Services That Might Assist You

Service	Description	Hours	Phone N°
ACON: AIDS Council of NSW	Health promotion. Based in the gay, lesbian, bisexual and transgender communities with a focus on HIV/AIDS.	Mon – Fri 10am – 6pm	1800 063 060 Sydney callers: 9206 2000
ADIS: Alcohol & Drug Information Service	General drug and alcohol advice, referrals & info. NSP locations and services etc.	24 hours	1800 422 599 Sydney callers: 9361 8000
CreditLine	Financial advice and referral.		1800 808 488
NSW Hepatitis Helpline [www.hep.org.au]	Info, support and referral to anyone affected. Call-backs and messages offered outside hours. Email questions answered.	Mon – Fri 9am – 5pm	1800 803 990
HIV/AIDS Infoline		Mon – Fri 8am – 6.30pm	1800 451 600 Sydney callers: 9332 9700
Homeless Persons Info Centre	Phone info and referral service for homeless or at-risk people.	Mon – Fri 9am – 5pm	(02) 9265 9081 or (02) 9265 9087
Karitane Careline [www.karitane.com.au]	Parents info and counselling.	Mon – Fri	1300 227 464 Sydney callers: 9794 2300
Lifeline	Counseling & info on social support options.	24 hours	13 11 14
Beyond Blue	Support and advice for depression		
OTL: Opiate Treatment Line	Info, advice and referrals for people with concerns about methadone treatment. List of prescribers.	Mon – Fri 9.30am – 5pm	1800 642 428
Multicultural HIV/AIDS & Hepatitis C Service	Support and advocacy for people of non English speaking background living with HIV/AIDS, using bilingual/bicultural co-workers.		1800 108 098 Sydney callers: 9515 5030
NSW Prisons HepC Helpline	Free call from inmate phone for info and support.	Mon – Fri 9am – 5pm	Enter MIN number and PIN, press 2 for Common List Calls, then press 3 to connect.
St. Vincent De Paul Society	Accommodation, financial assistance, family support, food & clothing.	Mon – Fri 9am – 5pm	Head Office: 9560 8666
Salvo Care Line	Welfare and counselling.	24 hours	1300 363 622 Sydney callers: 9331 6000
SWOP: Sex Workers Outreach Project	Health, legal, employment, safety, counseling and education for people working in the sex industry.		1800 622 902 Sydney callers: 9206 2166
NA: Narcotics Anonymous	Peer support for those seeking a drug-free lifestyle.	24 hours statewide	(02) 9519 6200
CMA: Crystal Meth Anonymous [www.crystalmeth.org.au]	Regular meetings around Sydney. Call for times and locations.		0439 714 143
SMART Recovery: Self-Management & Recovery Therapy	Self-help group working with cognitive behavioural therapy.		(02) 9361 8020
Family Drug Support Hotline	Support for families of people who use drugs illicitly	24 hours	1300 368 186
Domestic Violence Line	Support group for people affected by another's drug use.	24 hours	1800 656 463
Women's Information & Referral Service	Phone info and referral service for homeless or at-risk people.		1800 817 227
Anti-Discrimination Board of NSW	Administers the anti-discrimination laws of NSW and promotes equal opportunity	Mon – Fri 9am – 5pm	1800 670 812 Sydney callers: 9268 5555
Health Care Complaints Commission	Discrimination, privacy and breaches of confidentiality in the health sector.		1800 043 159
NSW Ombudsman	Investigates complaints against the decisions and actions of local government and NSW police.		1800 451 524 Sydney callers: 9286 1000
CRC: Court Support Scheme	Available to assist people through the court process.		(02) 9288 8700
Disability Discrimination Legal Centre	Provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.		(02) 9310 7722
HIV/AIDS Legal Centre	Provides free legal advice to people living with or affected by HIV/AIDS.		(02) 9206 2060
Legal Aid Youth Hotline	For under 18s. Criminal matters only. Open 9am – midnight on weekdays, 24 hours on weekends		1800 10 18 10
Legal Aid Commission	May be able to provide free legal advice and representation. The Legal Aid Central office can also put you in contact with local branches.		(02) 9219 5000
The Shopfront Youth Legal Centre	Legal service for homeless and disadvantaged people under 25.		(02) 9322 4808
ASK!: Advice Service Knowledge	A free fortnightly legal service for Youth, run by the Ted Noffs Foundation (Randwick & South Sydney) in Partnership with TNF & Mallesons and Stephen Jaques Lawyers.		(02) 8383 6629

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

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

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

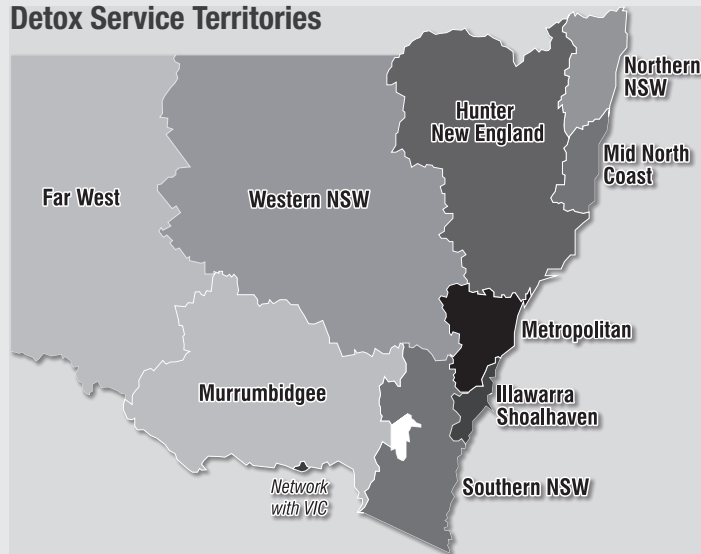
Medical Services

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

Local Health District Intake Lines

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

New South Wales Regional Detox Service Territories



Greater Sydney and Metropolitan Detox Service Territories

Where to Score Fits



SHOOT CLEAN!

NSP Location	Daytime N°	Alternative N°
Albury	(02) 6058 1800	
Armidale/Inverell	0427 851 011	
Auburn Community Health	(02) 8759 4000	
Bankstown	(02) 9780 2777	
Ballina	(02) 6686 8977	0467 809 250
Bathurst	(02) 6330 5850	
Bega	(02) 6492 9620	(02) 6492 9125
Blacktown	(02) 9831 4037	1800 255 244
Bowral	ADM at back of Hospital on Ascot Road	
Byron Bay	(02) 6639 6635	0428 406 829
Camden	(02) 4634 3000	
Campbelltown (MMU)	(02) 4634 3000	
Canterbury (REPIDU)	(02) 9718 2636	
Caringbah	(02) 9522 1046	0411 404 907
Coffs Harbour		0408 661 723
Cooma	(02) 6455 3201	
Dubbo	(02) 6885 8999	
Goulburn S.East	(02) 4827 3913	(02) 4827 3111
Grafton	0417 062 265	0429 919 889
Gosford Hospital	(02) 4320 2753	
Hornsby Hospital	(02) 9477 9530	
Ingleburn	(02) 8788 4200	
Katoomba/Blue Mountains	(02) 4782 2133	
Kempsey	(02) 6562 6022	0418 204 970
Kings Cross (KRC)	(02) 9360 2766	(02) 9357 1299
Kings Cross (Clinic 180)	(02) 9357 1299	
Lismore	(02) 6622 2222	0417 062 265
Lismore - Shades	(02) 6620 2980	
Liverpool	(02) 9616 4807	
Manly	(02) 9977 2666	0412 266 226
Merrylands	(02) 9682 9801	
Moree	0427 851 011	
Moruya	(02) 4474 1561	
Mt Druitt	(02) 9881 1334	
Murwillimbah/Tweed Valley	(02) 6670 9400	
Marrickville Harm Minimisation Program	(02) 9562 0434	
Canterbury Harm Minimisation Program	(02) 9562 0434	

NSP Location	Daytime N°	Alternative N°
Narellan	(02) 4640 3500	
Narooma	(02) 4476 2344	
Newcastle/Hunter	(02) 4016 4519	0438 928 719
New England North	(02) 6686 8977	0428 406 829
Regional Area (referral service)	0427 851 011	
Nimbin	0429 362 176	
Nowra	(02) 4421 3111	
Orange	(02) 6392 8600	
Parramatta	(02) 9687 5326	
Penrith/St Marys	(02) 4734 3996	
Port Kembla	(02) 4275 1529	0411 408 726
Port Macquarie	0417 062 265	0437 886 910
Queanbeyan	(02) 6298 9233	
Redfern Harm Minimisation Unit	(02) 9395 0400	0408 661 723
Rosemeadow	(02) 4633 4100	
St George	(02) 9113 2943	0412 479 201
St Leonards (Royal North Shore)	(02) 9462 9040	
Surry Hills (Albion St Centre)	(02) 9332 9600	
Surry Hills (ACON)	(02) 9206 2052	
Surry Hills (NUAA)	(02) 8354 7300	
Sydney (Sydney Hospital Sex Health Centre, CBD)	(02) 9382 7440	
Tahmoor (Wollondilly)	(02) 4683 6000	
Tamworth	0427 851 011	
Taree	(02) 6592 9315	
Tumut	(02) 6947 0904	
Tweed Heads	(07) 5506 7556	0417 062 265
Wagga	(02) 6938 6411	
Windsor	(02) 4560 5714	
Woy Woy Hospital	(02) 4344 8472	
Wyong Hospital	(02) 4394 8472	
Wyong Community Centre	(02) 4356 9370	
Yass	(02) 6226 3833	
Young	(02) 6382 8888	
Redfern Harm Minimisation Program:	(02) 9395 0400	

NDAA
NSW USERS & AIDS ASSOCIATION INC

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