

Xmas wishes from
User's News
UN 79
Standard 2000
XXX

NUA
NEW USERS AND AIDS ASSOCIATION

**Everything you could hope for at Xmas:
KINDNESS, GENTLENESS, SELF-LOVE, GOOD HEALTH.
Have a safe one.**



With love to UN readers at Xmas

To help you have a great, safe Xmas this year, NUAA would like to gift you one of these great "Be kind to yourself" banner pens. Use it to write your xmas cards or a letter to Users News! If you would like one posted out to you, please get your name and address to us by either calling us on 83547300, SMS-ing your details to 0406422267, or emailing them to leahm@nuaa.org.au. Remember to get plenty of sterile injecting equipment and be kind to yourself this festive season



Summer 2014

UN⁷⁹

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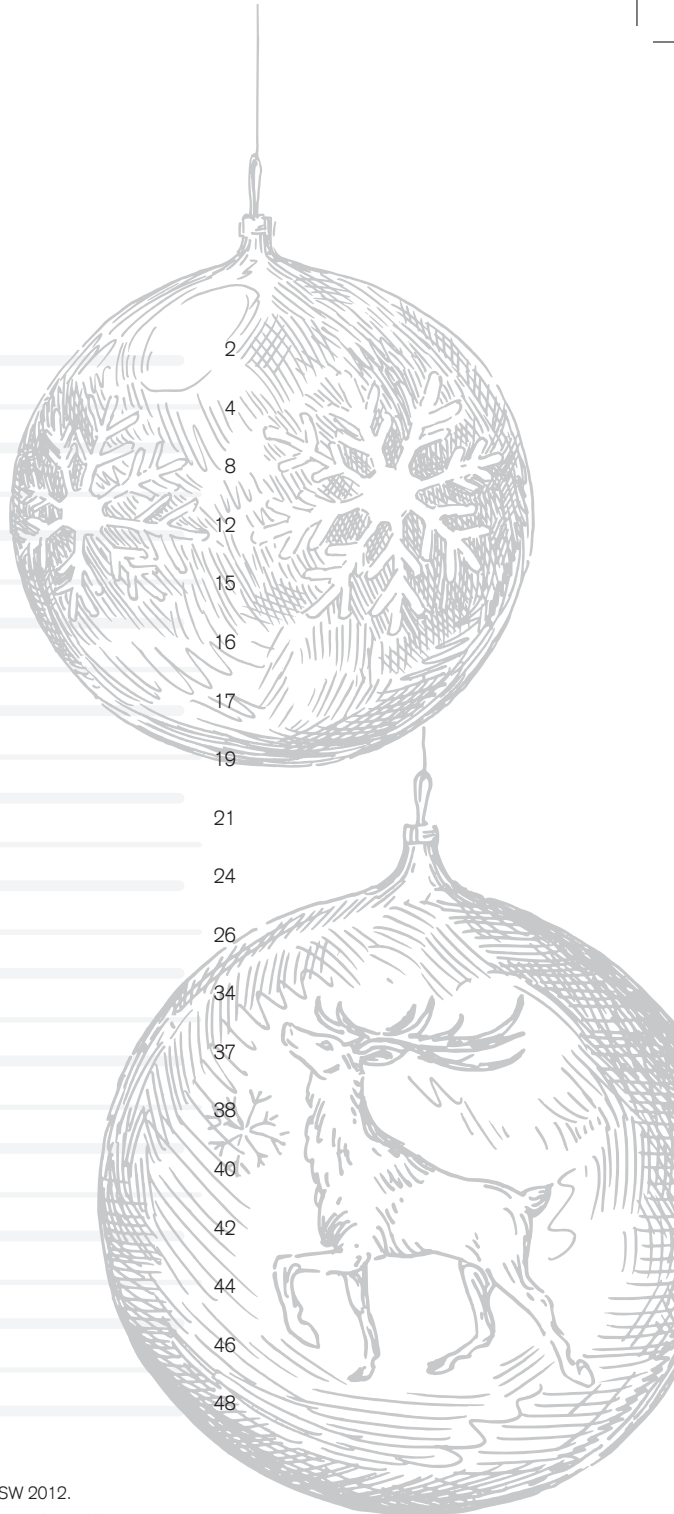
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NUAA would like to show respect and acknowledge the Gadigal people of the Eora nation as the traditional owners of the land on which User's News is published. We respectfully acknowledge all Aboriginal nations within NSW where this magazine is distributed.



IT'S NO LONGER SECRET (DOCTORS') BUSINESS



I AM ON A LIFE-LONG FIGHT AGAINST POWERLESSNESS, AGAINST THOSE WHO WOULD OVERWHELM ME. SOUNDS DRAMATIC?

If you have ever experienced life on the margins, you know that there are many who have power over us in various ways, from those who provide our housing and services like electricity to those providing our health care, from the legal and “justice” system to various government agencies... even families! At different times, I have needed to establish my right to survive and be all I can be against them all. It can be exhausting.

This fight for personal power has directed much of my life. It has not been because I am a do-gooder that I have done the kind of work I have in human rights focused organisations or on projects to support people in one way or another. I do this stuff because if I didn't, the weight of helplessness would overwhelm me. I have no skills in the things that the world obviously values: making or managing money and property. But I do understand how to communicate. Since I first realised that knowledge is power, I have known that was my foothold to survival.

I have learned that information equips us as surely as a hose and breathing apparatus prepares a fire-fighter for the worst his job can throw at him. Information is the Personal Protection Equipment of the marginalised: our boots, our hardhat, our gloves, our mask.

You only have to look back in history to a world where those on the fringes were forbidden to learn to read or own books to know the power of information. Slaves who could read were dangerous and could be put to death. Information has fomented revolution, toppled kingdoms and won wars.

In some circles, information is still held close to the chest of those in power. How many doctors offer you a copy of the pharmacotherapy regulations when you go on methadone or bupe? They tell us what dose we need to be on, when we are ready for take-aways and even what days suit us best to have them. To let us into the rules that

underpin their decisions about our life would be to offer us the means of challenging their decision making.

But there is one place we can go to that has all the information we need, explained in the way we need it explained: plain English, audio and video translations, photos, professional explanations and personal stories, as well as original or “source” documents - rules, research and references - right there for everyone to access.

The internet is the world's “go to” for everything you might need to know.

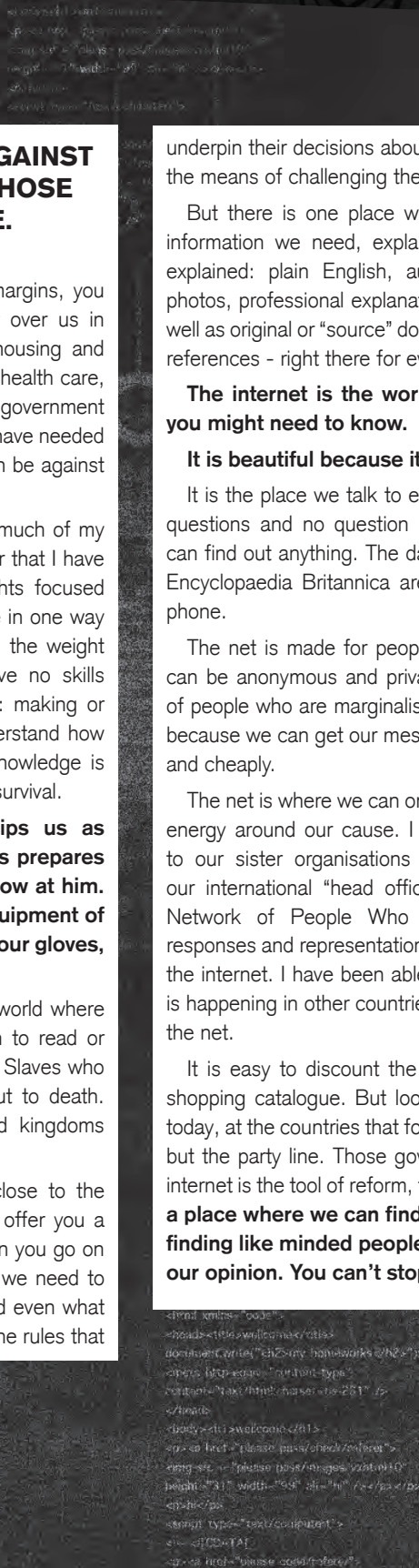
It is beautiful because it is people power.

It is the place we talk to each other, where we can ask questions and no question is a silly one. It's where we can find out anything. The days of 40 heavy tomes of the Encyclopaedia Britannica are long gone. It's all on your phone.

The net is made for people on the margins because it can be anonymous and private. It is made for advocates of people who are marginalised, organisations like NUAA, because we can get our message across the world quickly and cheaply.

The net is where we can organise and create world-wide energy around our cause. I have introduced UN readers to our sister organisations around the globe, including our international “head office” INPUD, the International Network of People Who Use Drugs, who organise responses and representation at high levels events through the internet. I have been able to bring you stories of what is happening in other countries because of my contacts on the net.

It is easy to discount the internet as just a mammoth shopping catalogue. But look around the world we have today, at the countries that forbid the internet, that block all but the party line. Those governments recognise that the internet is the tool of reform, the medium of revolution. **It is a place where we can find control. You can't stop us finding like minded people You can't stop us sharing our opinion. You can't stop us finding out the truth.**



Last year, NUAA decided to ramp up its internet presence and in 2014 we launched a new website. Every day we work on the site and add to it, so it can be an amazing resource for people who use drugs. It includes documents, links, short videos on safer injecting and hep C. We tweet. We have a forum so people who use drugs can talk to each other. We have an Electronic Advisory Network that you can apply to join if you would like to respond to requests for advice from NUAA staff via email.

We have also made the decision to publish two editions a year of User's News in a digitalised format. While this was a budget decision, the benefits are many. The mag works on devices. We aren't limited to the written word, which can be hard to take in for some. We have undertaken cool video interviews. We link you into the things you tell us you want to know. We give you websites that can offer you services to make your life easier, and resources to keep you safe and healthy. From the next issue, we will start recording articles read aloud so that with the click of a mouse or tap "any key" people can have stories read to them. Too easy

I really hope you take advantage of the new User's News. If you are already on the net, you will enjoy the new look and feel. If you are not, I hope it is the straw breaking the camel's back that gets you on the net, taking charge of your information flow.

I have spoken to UN readers who think they can't afford it or can't learn how to use it. But the great thing is, right now everyone really wants to help us get on line - private enterprise and community organisations. There are lots of places we can get on the net for free.

If we do not step up and join the digital revolution, it will become another tool to batter us down .

The new poor are the information poor. To be unable to access the internet potentially creates the most debilitating type of poverty – a class of people locked out of the ability to make decisions about their health and wealth, disempowered and unserved.

The buzz at every recent forum and talkfest is the new e-health record which will contain all your medical information. Along with this will come over-the-internet appointments. But if we are not on the net, accessing our own record, this just becomes another way of cutting us out. We must be included in these new developments as equal partners, so e-health does not become yet another file that we cannot access.

There is so much for us to celebrate in new media, but we must meet the challenges. But we are used to that. Remember the way we completely changed the way we inject because we care deeply about our health? This is another change we can make because we want to take control of decisions affecting our lives. For us, the internet can be our best friend. We no longer have to be the poor cousin not doing so well, kept in the dark, unable to participate in decisions affecting us. We can take the lead and challenge the world. No more secrets doctors' business, no more putting up with other's versions of the truth.

Let's take our lives in our own hands - cyborg style. Em-power up! See you on the net.

Love Leah.

NUAA TWITTER ROUND-UP:

FOLLOW US ON TWITTER: @NUAANSW

WHAT A YEAR WE HAVE HAD AT NUAA! HERE'S SOME OF OUR TOP PHOTO-TWEETS FROM THE LAST THREE MONTHS TO GIVE YOU AN IDEA OF THE SORT OF STUFF WE GET UP TO!



20 November: Dr Finnegan, champion for pharmacotherapy for mums-to-be at the launch of guidelines for substance use in pregnancy in parliament house.



17 November: Our amazing out-going President - Leon, launching our new Strategic Plan [at the NUAA Annual General Meeting. On line at <http://goo.gl/Sk6YiM>]



20 November: Drug Detection officers and pooch show and tell with young people in Redfern - I will just leave it at that...



17 November: John Berry inducted in the NUAA Hall of Fame. [NUAA NSP worker 1980s, injecting drug user, sadly died AIDS. Video at <http://goo.gl/GqCkV8>]



14 November: Potentially fatal NBOMe pills being sold as ecstasy-type drug. in Canberra! Bunny image. Seek help if unwell.



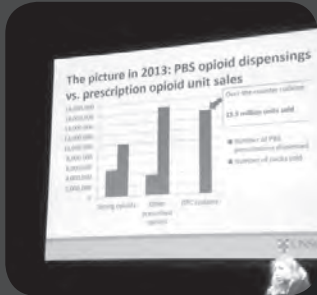
17 November: Waiting for you to fibroscan... Join us! Lots of people coming thru, u cd b nxt. [First fibroscanning at an NSP! Partnership with Kirketon Road Centre].



19 November: At the MHDAO [Mental Health and Drug and Alcohol Office, NSW Ministry of Health] forum about where mental health and drug and alcohol issues intersect. LM



19 November: The amazing Justice Michael Kirby contributing to the event-what an amazing person, friend & supporter of NUAA [At the NSW launch of the film Transmission: The Journey from AIDS to HIV, featured in UN#79, watch at <http://goo.gl/Bv2Zik>]



12 November: The bigger picture. [Presentation at the APSAD Conference in Adelaide. shows prescription opioid unit sales outstrips opioid dispensing.]



7 November: Just had an incredible session with inmates at South Coast Correctional Centre. A privilege to input their overdose video.



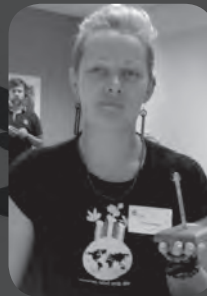
11 November: Our gorgeous finance officer has his birthday today! Tom we love you! [We celebrate Tom's birthday with some of the NUAA team]



1 November: @CBV did this for International Drug Users Day a couple yrs back but I still love it! Hope u do. pic.twitter.com/oFUB2gCWeE #IDUD [International Drug Users Day is on 1 November each year.]



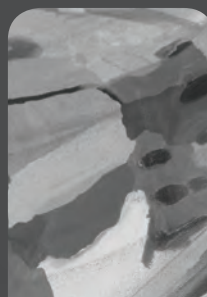
9 November: A great video on Naloxone <http://goo.gl/UY4iDP> [Panel on peer distribution of Naloxone at the annual Australasian Professional Society on Alcohol & other Drugs (APSAD) Conference 2014 in Adelaide.]



31 October: Candice with her well deserved golden fit award [At the 2014 HIV AIDS and Related Programs (HARP) conference, our NSP worker got a prestigious award honouring her performance at the best NSP in the world - NUAA's!]



7 November: NSW is a beautiful state and NUAA loves every bit. We support PWUD from every part of it!



6 November: Our cover image? Love this piece so much. Check em out, MSIC service users' artworks Kings X library foyer. [For 6 weeks, the Medically Supervised Injecting Centre had paints, canvases, pencils, paper etc available for their service users to access then framed them and put the works on display at the Kings Cross Library.]

NUAA TWITTER ROUND-UP:

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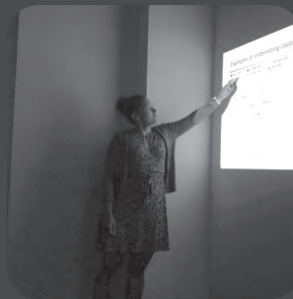
31 October: #innovateHealth
Look a friendly face! ACON's HIV testing bus up for an innovation award [At Minister Skinner's Health Innovation Symposium]



21 October: Such a great and fabulous team... NUAA! [At our quarterly dinner get together at our office.]



31 October: And one for me - great to accept this along with Andrew (ACON) and Stuart (HNSW) [Our CEO Nicky Bath also received a Golden Fit award.]



21 October: Liver health researchers from Kirby Institute explain cool science to NUAA staff...Hep C clusters and pairing.



29 October: The copies of UN78 to go into prisons have arrived, can't wait to get them where they belong! [We printed copies of the digitalised UN78 to go to prisons where they cannot access the internet].



7 October: NUAA staff in a governance and management session, as we look at bringing our constitution up to speed.



19 September: Last chance to talk to NUAA's awesome NSP guru - Candice @ poster number 32 [Poster presentation at the 9th Australasian Viral Hepatitis Conference in Alice Springs.]



30 October: Bonny Briggs from AHMRC and Darrel Smith from Moree at the HARP conference. [Watch for B Yarin, a joint Aboriginal Health and Medical Research Council and NUAA video and web project with Bonny on <http://goo.gl/tVw5Xr>]



18 September: Our brilliant Yvonne presenting on PeerLink at the Viral Hepatitis Conference in Alice Springs.



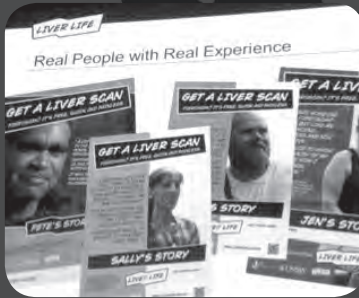
9 September: Prof Carla Treloar takes us through our new evaluation framework! It's all about change... [Prof Treloar, Deputy Director of the Centre for Social Research in Health at UNSW, has been developing better evaluation for NUAA.]



18 September: Working hard on the mailout to let people know about changes to users news... Our new digital edition out soon!



28 August: Efforts to make a jail fit at a NUAA KNOWS HOW shining a light on injecting in prison. [NUAA KNOWS HOW is a series of training sessions by peers for workers in the sector.]



17 October: Keeping it real....Liver Life. [Recognise any of those faces? NUAA contributed a dose of lived experience to this Kirby Institute project.]



20 August: Cutting the SWOP cake to celebrate their independence! We all got a piece which came with a wish. [The Sex Workers Outreach Project, previously under ACON, celebrate becoming an independent organisation, with its own peer Board]



19 August: Honoured to be celebrating 25 years of Positive Life. What an incredible organisation - congratulations!



15 September: Sara did the NUAA community very proud. [Sara, a NUAA Peer Participant Program member spoke on behalf of injecting drug users living with hep C when Minister Skinner announced the NSW Government's Hepatitis Strategy.]

LETTERS

DEAR UN...

PLEASE REMEMBER THE POWER OF PRINT

Dear Leah,

I am very saddened and angry to learn of your decision to go "digital" with the Spring and Winter editions of User's News.

I and many others don't have access to the internet, computers, phones etc to go "on line". As a user with a dependency, I manage to have a home to live in, sometimes only just, let alone own a computer. It would always be in hock.

What about my many mates who live on the streets? They really look forward to User's News for the stories, info and articles. If you're having a Prisons edition, why not a homeless edition? Have you all forgotten what a user's life can be like? "Broader readership" may be for some but greatly reduced readership for the grass roots users. Please reconsider this "thoughtless" decision. You will be alienating so many people.

Plus I leave copies of User's News at my doctor's and am happy to see all sorts of people reading it and learning about us. These people are not going to go on-line to read it.

Yours sincerely,
"Tech-free"

Dear Tech-free,

Thanks so much for your feedback. It is really important to hear what people think about what we are doing at NUAA, because it is your organisation.

The decision to make two of the four a year UN editions digitalised was made primarily because of funding cuts. In this financial climate, we are simply not able to keep bringing you four print copies of UN each year. Rather than go to two issues a year, we decided to keep the four issues but to eliminate the cost of printing and distribution (which are substantial) and go digital with two of the issues. We felt that readers would prefer this option to not being able to access UN at all. Ideally, I would love each issue to be an amazing digitalised edition plus also provide a print version of that issue for distribution. Unfortunately our choice at this time was not about print versus digital, but about no version versus digital.

Having said that, the new version of UN has brought us some awesome opportunities. We can reach people who don't or rarely access NSPs or clinics, like young people and people who are employed. We have had a great response from regular readers who are already on the net, including sub-communities like sex workers.

In addition, this new format means we can deliver video


interviews, cool video resources and links to documents and websites in the context of stories. From the next issue we will even be reading stories aloud for people to listen to who have difficulties reading for one reason or another.

If you have read my editorial you will see how passionate I am that we should not be cut out of the world of the internet. It will become more and more important. If you will let us, we can help open up that world for you.

I think we can lock ourselves out of things by putting up blocks. From time to time we decide we can't manage things like relationships or children or jobs and can list lots of great reasons why not. I think sometimes this is a form of self-stigma, where we allow stereotypes to rule us. But I truly believe we are capable of anything. We are very astute at finding ways to get what we need. How many times have I thought there is no way I was going to be able to get on that day, only to work it out? If we need something, we are persistent and committed in getting it. I know that if we make up our minds that the internet is something we simply must have in our lives, then we will find a way.

The internet can be accessed for free or fairly cheaply from many places and we are working with services to give their clients access to User's News. Many coffee shops and "family restaurants", shopping malls and even libraries and museums provide free wifi for their customers. If you have a smart phone - and very few phones are not these days - then you can access UN for free while you sit in the mall. Health services, community agencies and charities are providing computers and tablets for their customers to use. Some services even provide tablets that customers can borrow and take home. I know that the Salvation Army provide computer terminals at their services for homeless people to surf the net for free and libraries charge a minimal \$1 for 30 minutes. Some mixed businesses of the "711" variety, some travel agencies and shops in shopping malls provide computers where you can surf the net for \$2 an hour. And many agencies have courses where you can learn how to surf the net. Or ask a young person you know to show you!

Getting on the net is more than User's News. It is about being able to access an amazing world of information, views, entertainment. Not only can you find out how many people have hep C, you can access all the information, talk to a professional, find others living with hep C to talk to about their experiences, find out how to get treated and make an appointment, get prevention tips including sterile injecting equipment... and you haven't even left the NUAA website yet! All while you quickly locate the name of something or someone



“on the tip of your tongue” or find footage of a concert you were at in 1985 - plus a discussion forum for people who were also there - or do a Yoga class or find a film or song or even a friend you have been seeking for years.

We do have some hard copies of UN#78, the prison edition you mentioned. It is an abbreviated edition, as the digitalised version is nearly twice the size of the paper copy and we don't have the resources to transcribe the videos. Bt it is still a great edition. I have heard what you are saying and we will send you one of these and I will make sure you get a hard copy of each digitalised edition. I am happy to send a hard copy out to anyone who gives us a call or writes to us asking for one. We have also sent a few to primary NSPs in NSW. As far as making them available in doctors' surgeries, this can be great place to put the mag if there are a lot of people who use drugs accessing the service, but we need to remember this is a targeted resource for people who use illicit drugs and not for the general public.

Finally, I want to say, this is a learning curve for all of us and we need to know if it is working. So stay in touch and other readers, please let us know your views and experience. I really appreciated your letter.

Love Leah

DRIVING, DRUGGING AND TESTING

Dear Leah

I have been reading and seeing a lot about drug testing for drivers. I am really confused and more than a bit worried. What do they actually test for? I am on methadone and don't know if they will take that into account. Also some drugs stay in the body a long time. How good are the tests?

I also wondered what has happened to the chart that used to be in User's News that had all the lengths of time that drugs stay in the body. It used to be in nearly every issue but hasn't been in for a while. I would love you to print that again if possible.

Many thanks,
Cat

Dear Cat,

Police conduct about 32,000 roadside tests annually, and detect the presence of illicit drugs in saliva for about one in every 50 light vehicle drivers and one in every 86 heavy vehicle drivers.

In NSW, police started testing for cannabis, speed and ecstasy on the roadside in 2007. The testing method is by saliva swab (an 'oral fluid test') to test for the presence of THC (the psychoactive ingredient of cannabis), methamphetamine and ecstasy. If the saliva testing device indicates positive, then a further saliva sample may be taken for analysis, with the test result being provided as evidence in court. This is to make sure that the accuracy of the testing process cannot be questioned.

Recently police have started trialling a device that can detect over 80 different kinds of drugs on the spot. The new testing is being trialled because many cases are thrown out because they are not resolved in the designated period of six months due to laboratory delays. Police decided they needed better testing apparatus that could give an on-the-spot result. The trial has not yet been finalised.

It is an offence to drive with THC, methamphetamine or ecstasy present in the person's oral fluid, blood or urine (although only a driver's saliva will be tested in most cases). It is also an offence to drive with morphine or cocaine, but these substances will not be tested by saliva swab.

As for the similar law about random alcohol testing, it is an offence to wilfully refuse to provide a saliva sample, and to consume a drug after driving and before undergoing a saliva test.

If the police reasonably suspect that a person is driving under the influence of a drug, they have the power to take them to a hospital for a blood or urine test for the presence of drugs, under the supervision of a doctor. The sample is divided into two. One half is sent to government laboratories and the other half is given to the person for independent analysis. Again it's an offence to refuse.

People who are prescribed methadone and buprenorphine or who are on other prescribed drugs including opiates are excluded. It is recognised that for people who have a tolerance to these drugs they are safe to drive and in fact that it would be more dangerous to have them driving if they had not had their dose or prescribed medication.

If you have been charged with a Driving under the Influence of a Drug (DUI Drug), have a look at this Legal Aid website: <http://www.legalaid.nsw.gov.au/publications/factsheets-and-resources/drugs,-driving-and-you-pamphlet> . It lays out some great advice about preparing for court and the kinds of things you need to think about and be ready to respond to.

LETTERS

DEAR UN...

You have asked about the testing diagram that we used to print. We have stopped printing that diagram because we cannot accurately say that the information is correct. We would not like to be in a position to have our readers rely on information which is simply not true, especially when your freedom, job, child access or even driver's licence might be on the line.

How long substances stay in your body depends on many factors, including how long you have been using for, the amounts you have used over time and on the last occasion, the strength/purity of the drugs you have accessed, your age, your gender and your weight.

I have seen many tables and they all differ enough to make me wary about trusting any of them.

As a general guide, be more generous than less with allowing time for drugs to clear from your system, allowing at least a week for a single use of most drugs, a fortnight for benzos and cannabis and a month for injected steroids. Stimulants tend to pass through your system more quickly than opioids. Habitual use takes much longer to clear from your system. A friend of mine has been on court prescribed urines for two months and although he has not used ice in all that time - his first period of abstinence in several years - the urine tests are still detecting traces of the drug. Go figure. Methadone has a very long half life and while a single dose may clear within a week, long term users will have methadone detected for much longer. Benzos also stay detectable for a long time. Cannabis can be detectable for several weeks.

Interestingly, drugs are detected longer in your urine than in your blood - days/weeks compared to hours in some cases.

You might find it useful to get testing kits from the internet. These are not 100% accurate but will give you a better guide than a general purpose table.

Love Leah

POLICE PRESENCE CAN MAKE DANCE PARTIES DANGEROUS

Dear Leah

I noticed the article about the young girl who died recently, supposedly with ecstasy on board [Georgina Bartter]. I wanted to share my experience using ecstasy and in particular, what can happen

when there is a police presence at parties and events.


I was 18 or 19 when I started going to dance parties. My younger sister introduced them to me. I didn't think they would be my thing, but they were great. They were out in the bush and you didn't have to watch your back, it was so relaxed. The girls could dress up in their fairy wings and skimpy outfits and not worry about being molested or felt up. Drugs and dance parties go hand in hand and that was fine. People weren't drinking so there was no violence and aggro. The atmosphere was all about the love and the vibe; it was awesome.

I started setting up parties with a friend of mine. I knew a lot of DJs and I dealt the Es. I did that for a couple of reasons, to make a little money but mostly to make sure everyone there could get onto good quality Es. I really enjoyed it. We would get there a few days before the party and it was a great group of friends. We would have some pills and a few lines of goey or MDMA powder. A few friends injected and they did that quietly.

We had heard about people taking dodgy pills but I was getting a good source and everyone was buying them from me. I saw it as my responsibility to make sure the drugs were high quality. I would buy testing kits to make sure of the ingredients. We used to get them from a hippy shop that sold bongos and stuff. We would find out what was in them, if there was coke in them or what else was in them. And I used to test them myself, be a guinea pig. I think knowing I was selling good pills was really important. As a seller, you are trusted and I wanted to be worthy of that trust.

At the start we never had much trouble with the police. We would ask for "donations" rather than set a price and call them parties not raves. But we did have our incidents. I remember on one occasion, I was on my way to a dance party out in the bush, in the middle of nowhere. I had 25 Es on me. As we were coming up to the entrance, there was a line of cars and we could see a light flashing up ahead, so realised the cops were there. So I grabbed five pills and gave those to the driver, and another handful to the guy in the passenger seat, and a few to the person next to me, then 8 or 9 myself. You should have seen the cars in front of us getting rid of stuff as well. There were bongos thrown out of the car in front of me and I bet a lot of stuff got ingested really quickly. It was crazy. As it worked out, the police weren't stopping cars. There was a bit of a bingle up ahead, and the cops were sorting that out. One of my friends had a really hard time with the extra Es on board. He was really uncomfortable head-wise, his eyes were unbalanced, he said we had to walk up a tunnel to talk to him. It took him a few hours to settle down.

That sort of thing happens a lot. I know when you are going in to a party or event, if you see the police or there are dogs, you freak out. If you think you are going to be searched, you will take everything you have on you. It's happened to me and to a lot of people I know. I've



seen some people get really freaked out and never be the same again. If they overdose because they are scared of the cops, they can have a pretty intense ride and it can change them profoundly forever. Also if the cops are going to be on the door of an event, people will buy their drugs inside and it might not be from a trustworthy source.

Having the police around dance parties and events is not going to stop people taking pills at them. It is just going to cause people to do stupid things, like take all their pills at once or buy from someone they don't know. On the occasion I mentioned, I was okay because I had a tolerance. It's the people who aren't as experienced who overdose. To my mind, the police never make a party better, only worse. And they will never separate out drugs from dance parties, they will only make the drug use riskier, especially for those who aren't experienced with drugs.

Renard

Dear Renard,

Thanks for this story. We certainly don't want situations where people are taking large amounts of drugs all at once out of fear. Rather we need to be creating an atmosphere where people are able to have a good time and moderate their drug use. I agree that drugs and music go together for many people and we need to make that a comfortable environment not one charged with fear. Police and dog presence only ever create panic and bad vibes and potentially bad experiences for attendees at events. We need to be able to get good information to people using party drugs and have people feel safe to come forward if they are feeling unwell.

Some good advice for party or festival goes on ecstasy or other party drugs is to always buy from a source you or your friends know and trust. As you mentioned, you can get test kits that will give you some idea of what is in the pills or powders you are taking. I always tell trusted friends what I've taken in case anything goes wrong. It's really important to use in a supportive environment. Using alone and in fear means we don't have help when we are unwell or overdose. I think it is key to know what my tolerance is and stick to it, regardless of what my friends are taking. Trying a little bit first can help. Taking all our drugs at once when we see a police presence can be unhelpful. Better to find a clever way to conceal. After all, I want the drugs to enhance my experience, not make me feel ill.

We also need to support our body and re-energise. Read our article on water in this edition. It advises we sip (not gulp) water throughout the day/night. We also need to make sure we replace body salts with a sports drink or even good old-fashioned table salt (about half a teaspoon to a litre of water)

to replace the salts we sweat out when dancing. Taking a little packet of salted peanuts or other snacks to eat can help us get that salt content. It can be really easy to forget to eat as well so we need to make sure you get something to eat at some point to boost our energy - taking a piece of fruit and a muesli bar or some "trail mix" of nuts and dried fruit can be a great idea.

And if you feel unwell, tell someone, your friends at first and then perhaps someone from a community organisation like ACON that might have a presence there or the first aid officers. Sometimes you just need to get away for a while. You can always come back later and there will always be another festival.

Love Leah

PRAISE FOR UN

Dear Leah,

I have just got a newly acquired email address and adore being able to access User's News via the internet/ over the wifi. So great to reference past issues in one place instead of finding them serendipitously scattered over the house and to have an expanded experience.

User's News is one of the most politically motivating and positive forces in my life. I have spent much of the last two decades unwell enough to stay abed for most of the time, certainly "at home" and UN has provided a permanent, challenging and provoking window to and from the world for me.

Thank you for all your applied join efforts on my behalf.

Kind regards,

Sean

Dear Sean,

I am so sorry to hear you are unwell, but that we are able to contribute to your life in a positive way is music to my ears! The UN Editorial Committee and the NUAA staff are pleased and proud to bring you UN and I hope you are likewise finding the new NUAA website useful. Please get on the forum on line and start some conversations! While you are at it, please send us some stories for UN! Thanks so much for your very kind letter. I couldn't resist printing it!

Love Leah

XMAS BITES



LUKE'S BITE: NO DRUGS BUT FRIENDSHIP AND THONGS!

I remember one of the best Xmas'es ever. It was during the days I lived in homeless accommodations that I had met the best friends I could ever have imagined. Friends I will always remember. One girl I was particularly fond of, because she ruled supreme, unapologetically herself. And I just loved that about her. She was my friend and I was hers.

This year, we had it all worked out. We were broke, and couldn't even put together the money we needed to get on. Only days earlier, we had been pay day millionaires! And we spent our Xmas money together, getting on. As you do. At least, as we used to do.

Despite being broke, we were hooked into all the scuttlebutt as to where the good Xmas parties would be for people who were homeless like us. We knew which church was doing a luncheon, and which shelter would be hosting similar events.

So, our Xmas morning started out with breakfast at the lodge we were accommodated in. And as per usual, we were encouraged (read: "forced") out for our daytime in the real world. We couldn't be upset, as they had hosted us the most cheerful of Xmas parties for lunch the day or so before.

This Xmas, we went from church to shelter, seeing friends of now and yesteryear. I wasn't wearing any socks, so my feet were blistering and it was hot as hell. But we had a mission. We rejoiced in the next Xmas lunch that awaited our arrival. And boy, were these

locations busy. Filled with food, Xmas turkey, pudding and pies. Friends and foes, all coming together in Xmas tradition. We were a family of good friends. Through thick and thin. Whether we liked it or not. Of course, nobody cared much about the little things this day. It was Xmas, after all!

We were well fed. And at each place, we left with a Xmas gift, a gift bag, if you will. Our favourite was the one we got downtown, that included a brand new pair of thongs! What a treat. Such lovely people. And how lucky we were to be so needy, albeit less hungry as the day wore on.

By day's end, we didn't care about getting on. We were stuffed, both well fed and exhausted. The only place we wanted to go next was "home" to bed - when they let us back in of course. When we got back, we were confronted with a lovely late night Xmas supper that she nor I wanted or needed by this point. But what could we do? It would be a massive waste of food I think we both thought. So back into the food line we went. Sweets, cakes, coffees and tea.. we were home, at last.

Not being able to enjoy Xmas with our natural born families, we did not miss a thing. It was almost a week or so before we got "paid" again, and could get on, but that year was unlike any Xmas I ever had. A Xmas I will remember for the rest of my life.

JESSIE'S BITE: I SAVED HER AND SHE SAVED ME BACK

It was a couple of days before Xmas and I was feeling very low. The black dog was howling on my shoulder and I was just over things. Lots of stuff had gone wrong and I was really feeling a lot of physical pain and just not feeling the point of anything. I decided to off myself. It took a couple of days to get to this point during which time I did some research and gradually got all the needful together.

For whatever reason I had forgotten to turn my phone off and I was getting things ready when it rang. I ignored it but then it kept ringing so I found my phone just to turn it off really. I saw I had eight messages and missed calls from a friend of mine. The texts said she was hanging out and feeling really ill. She hadn't

been dosed with methadone for a week and hadn't had any gear for two days and did I have some methadone she could have.

As it happened, I did. I don't know why, I just can't bear to see people in pain - I think I was born with a really thin skin - but I texted her back and told her to come and fetch the methadone, but to make it quick. I was going to say I would leave it outside my door but I knew she would think that was sus, so I just waited for her.

When she came, everything changed. She was really ill and I ended up looking after her and talking to her. She was really upset. What blew my mind was that she said "I had made up my mind that if you hadn't got back to me by another half an hour I was going to top myself. I was just over everything. Being sick and alone at Xmas. I couldn't have stood it. You literally saved my life, today."

Needless to say, neither of us attempted suicide that day or since. Because she reached out and because I reached back, we saved each other. I did for her what I couldn't do for myself. And that's part of the reason that people who use drugs are some of the best people I know.

BLAIR'S BITE: WHATS DROPPED CAN DROP YOU

It was a New Year's Pride party. I was with a couple of friends and it was morning. We had been dancing and drugging and playing all night, having a wonderful time. We were on our way out of the party and I had my eyes on the floor. I have found lots of cool stuff at the end of the night - money, jewellery, packs of cigarettes and the like. And what should I see but a baggie crammed full of powder.

My friends and I gave it a little test and figured that given it was a gay party that it would be some kind of goey. There was a huge amount there. We took off into the morning, greedy and ready to enjoy some more drugs in the new day.

We wandered from the old showground, the Hordern Pavilion, where the party was and went up the hill at Moore Park to partake of the drug. Regardless of how much was there, we decided to go thirds and proceeded to prepare the injections.

Imagine our shock to find it was ketamine and not goey. We had far too much. We shouldn't have been so greedy. We were really lucky none of us dropped to never recover. As it was, time stopped and the result was a trio of crazy experiences. For one of my friends, a near

religious conversation with the world. With the other, a multi-coloured conversation with the ground. I had a higher tolerance and split my time between dealing with shifting reality and trying to nurse my friends.

To top it off, as we later took off down Cleveland Street, I managed to have a major crush see me helping my friend vomit in the gutter and that killed any potential fun that might have come from that direction. I must have looked a real fright. Very embarrassing.

So here is the moral. It's really dumb to take drugs that you find, that you don't know what they are or what the quality is. For all we know, it could have been poison planted there to tempt and kill a person who uses drugs. I was no stranger to harm reduction and should have known better. I had even volunteered at parties giving out sterile equipment. We didn't use a test kit, we didn't even test a little bit first to find out what it was or how strong it was. We just took it all, thinking we were smart and knew what was going on. Yet again I underestimated drugs and got another lesson never to be blasé where drugs are concerned. It was luck and not good management that meant I got to see another year in.



SUZY'S BITE: LOST AND FOUND

Last year's New Year saw me a bit out of it and a bit tipsy. Near the end of the night, I had done one of those mad scrambles in the bag that stoned girls do really well right there on the street. It's the trick where, having lost something, we scabble around taking out the makeup, the umbrella, the phone, the kindle, the purse, the bandaids, the diary, the keys... til we find the chewing gum or whatever it is we decided we had to have at that moment. Somehow I had missed my little change purse. It included my debit card, a travel ten, about \$100 bucks. Oh yeah, and a few baggies of ice.

It wasn't til I got home in the cab that I realised I didn't have it with me. Luckily my partner could pay off the cab, but I was really annoyed. I was worried about the drugs as well, because my card had my name on it. I didn't know whether I wanted an honest person to find it so I could get my stuff back or a dishonest one so the drugs weren't identified as mine. I did all I could, stopping the card at least.

As it happened, the person who found it was honest. They rang my bank to say they had found it. My bank then rang me. I was happy at first, until they told me that they were unable to receive the purse at a bank or to put the finder in touch with me, even with the permission of both of us, and that the purse would have to be taken to a police station.

I hoped against hope that the drugs would no longer be there. I even contemplated not going in to pick up my purse. But I knew I had to. To not would have been worse than doing it.

I dressed up to go and pick up my purse, as straight as I could be and endeavoured to look as unlike a drug user as I could. Luckily I look fairly straight and have some expensive clothes and accessories, so did my best job to "pass".

I went in and the uniformed policeman on the counter looked up the lost and found book and then asked me to wait. Another policeman came out - plain clothed - obviously a detective. It didn't look good. They asked where I was on the date in question. When I had lost the purse. Where. What I was doing when I lost it. I identified the purse. I told him what should be in it, minus the drugs. The card. The travel card. The cash.

Then out came the photographs of the drugs. "These were found in your purse. Are they yours?"

I said no. I knew I just had to hold my cool. If I could keep focused, they couldn't hold anything against me. I don't know if he believed me but he knew I knew that there was no proof that the drugs were mine: they could have been put in there by anyone. He had to write a report, I had to give answers that would protect me.

But will I be a lot more careful in the future? My word. I miss those drugs every time I am short a quid and a drug... I yearn for those lost drugs like money put through a poker machine. The ones that got away.



XMAS BITES



GRANTS BITE: XMAS SUX

One of the hardest Xmas'es I had in terms of my drug use was spent visiting my family in Perth. I had promised them I would come home and I really did want to see them. I do love my family for all of its issues. But I had a habit at the time and my capacity to organise a plane ticket, let alone pay for it, was pretty limited. I didn't inherit my relaxed way of doing things from my mother. She is one of those super organised types, the kind who is always making lists and filling in diary squares with appointments. She decided to take matters into her own hands and forced some dates out of me then arranged a plane ticket as my Xmas present.

It came closer and closer to the day of the flight, but I was doing nothing about detoxing. Until finally, it was tomorrow. There was no way I was going to be able to sort enough money to get me through. Besides, I was really nervous about trying to get drugs through airport security. I had been in the position of doing the leg from Sydney to Perth as part of an international flight before and was paranoid that might happen again. Plus domestic flying was not the easy matter it used to be. There had been some terrorist scares around the world and even in Australia the airports were antsy. It was totally tight and closed down and there were dogs.

The option of trying to get on in Perth over Xmas, sick and without contacts, trying to find excuses for the rellies for borrowing cash and a car and disappearing for a day or more? Let's just didn't sound like the most fun task I could imagine.

A friend suggested I get some methadone to get me through until I could work the scene and I clutched at the suggestion like a drowning man reaching for shore. It seemed like the answer. I didn't want to get on a program, and besides I couldn't have gotten takeaways straight away anyway. I was forced into a situation where I need to get the methadone off the street. My friend said he could get what I needed and helped me out. We took the labels off the bottles and I put them in my sports bag to go in the luggage compartment. Not that I put too much thought into it, but I didn't want them on my person. I'm not the kind of guy that carries around a bag and I just didn't want to have to answer questions if the X-ray picked them up.

It was a fine plan. And it all went fine until I got home and opened my suitcase. What I hadn't thought about was that the baggage compartment on the plane wasn't pressurised. That meant that when I opened the bottles, the methadone had all but disappeared. I was totally left short. I was really pissed off.

I got through it all, but I was not happy and did it a lot tougher than I needed to. I scraped enough of the 'done together to be able to do a bit of pub crawling. In the end I had to trust a guy I met in a public bar called Ratty in the short term and Australia Post in the medium term.

So a word of warning: if you are travelling with methadone, have it on your person. Don't trust it to the luggage compartment. I have since told others my story and have heard similar ones back. A friend even told me about capsules that had the liquid sucked out of them by being in the luggage compartment. So be careful when you travel!

To this day, I don't understand why we can't get a short course of methadone for detox purposes, it would make so much sense. But that's another story.

GINA'S BITE: I'VE DONE ALL THE DUMB THINGS

I've done all the dumb things. I've broken the knot on a baggie and had the powder fly everywhere. I've knocked the spoon holding mixed liquid and had it spill into a tablecloth. I've had a baggie leak into my pocket. I've lost drugs, both out in the world and in my room where I've hidden them against leaner times. I've used someone else's fit. I've had dirty shots from not swabbing spoons, surfaces, arms. I've got hep C. I've used my methadone takeaways too early and had to go days without. I've been sold coke as heroin and heroin as goey. I've been sold gyprock as gear and sold swamp weed as cannabis. I've driven under the influence. I've not gotten sterile needles when I could have just because I refused to pay for them. I've thrown fits away in public bins. I've injected a dissociative and walked around half the day with a fit hanging out of my arm. I've been in a work meeting and not realised my sleeve had a blood stain in the crook of my arm. I've had a conversation with my boss at my desk without realising I had a used fit sitting on my computer. I've not checked the lid on my methadone

takeaways and lost the contents before I got home. I've used too much and got sick. I've used too much and dropped. I've done all the dumb things.

I've done lots of smart stuff too. I've walked miles for sterile fits. I've taken boxes of fits home. I've got a fit bin in my house. I've made sure my friends have sterile equipment. I've had a little bit of new dope to check it. I've refused a taste when I knew it would put me over the edge. I did the naloxone course. I've helped (saved?) three people who overdosed. I've helped out people who were hanging out. I've had people stay with me who were homeless. I gave up cigarettes. I eat fruit and veges and take the stairs instead of the lift. I've volunteered. I've written letters to the editor. I've signed petitions. I've donated to worthy causes. I've been on committees. I've stood up for people who have been harassed, teased or discriminated against. I've been a good friend. I've been kind. I've comforted people when they've cried or been hurt. I've been generous. I've been affectionate. I've loved. And in the end, I hope the smart stuff outweighs the stupid stuff!

POET'S CORNER

LYRICS BY PHILLIP: GENERATION WASTED

I come from the generation wasted
Give me a drug - I'll mix it - then taste it
Drink till I'm drunk
Get off our faces
Smoke hash all day
Takes me to far away places.

I've tried been straight
But it's so over-rated
Reality's cold

And I'm too scared to face it.

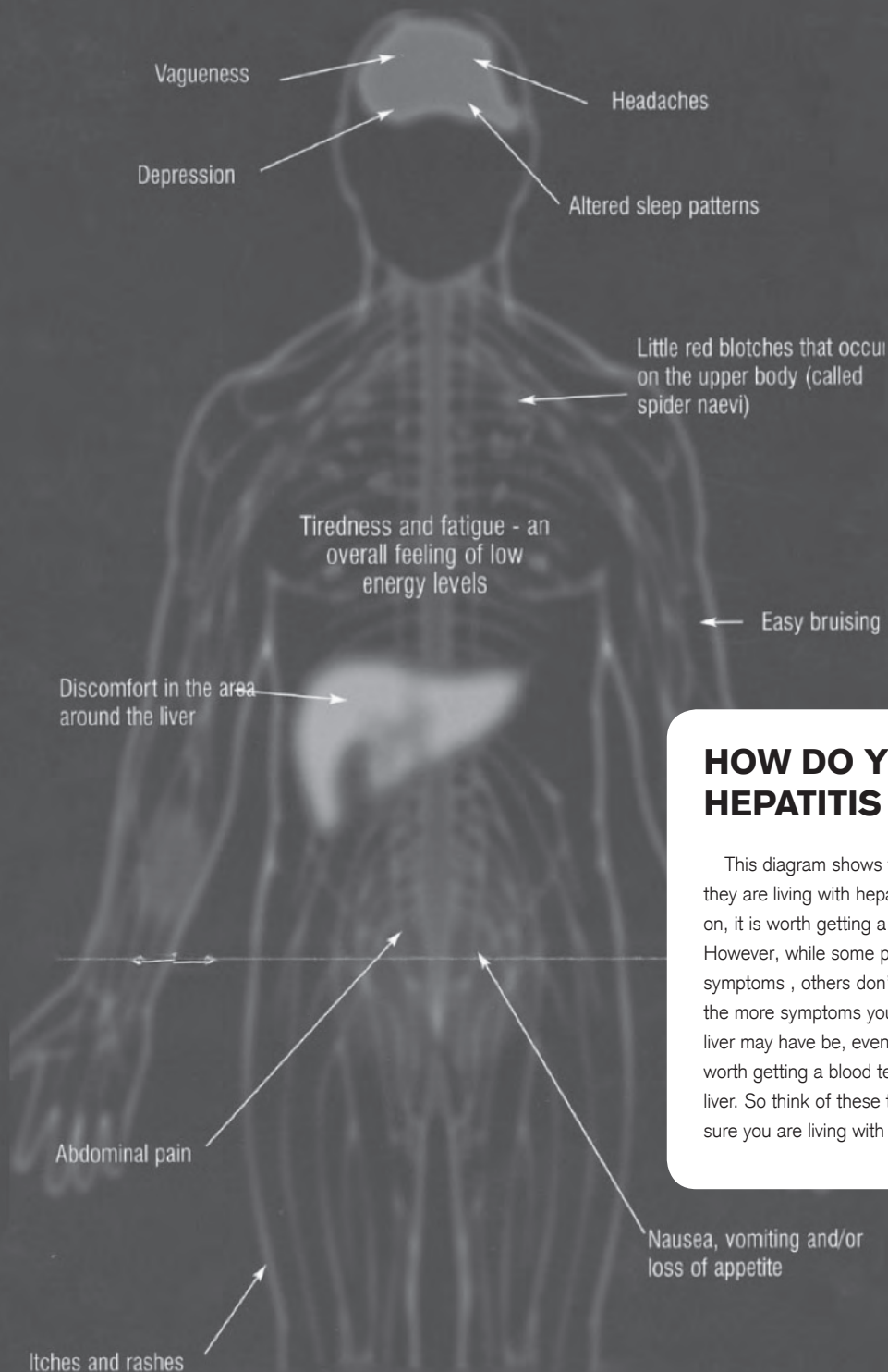
I come from the generation wasted
Give me a drug - I'll mix it - then taste it
Smoke it - snort it
Or maybe free-base it
I spend all my money
So I try not to waste it.

I used to look for love
But I became impatient
I turned to drugs
And became complacent.

I come from the generation wasted
Give me a drug - I'll mix it then taste it
Smoke it - snort it or may-be free-base it
I like getting stoned
So let's face it
I'm much happier when I'm fucking wasted.

HEP C

WHAT ARE THE SYMPTOMS OF HEP C



HOW DO YOU KNOW YOU HAVE HEPATITIS C?

This diagram shows the main symptoms people experience when they are living with hepatitis C. If you have notice these things going on, it is worth getting a test to find out if hep C might be the cause. However, while some people living with hepatitis C have lots of symptoms , others don't seem to experience any. While it seems that the more symptoms you experience, the more fibrous or scarred your liver may have be, even if you aren't experiencing any symptoms it is worth getting a blood test or fibroscan to check out the health of your liver. So think of these things as warning signs, but the only way to be sure you are living with hepatitis C is to be tested.

PEOPLE LIVING WITH HEP C:

SYMPTOMS OF HEP C

MARK SAYS:

I get really bad night sweats from my hep C. I saturate the bed, my pillow, on a nightly basis. Plus I get really dog tired, deep bone tired... Fatigued I call it. If I drink coffee or alcohol, my liver aches and I feel nauseous. Fatty food makes me feel sick, I really regret it if I eat it. And then there is the depression. Hep C is well known to cause depression. All in all, I wouldn't wish it on anyone.

SNAPPY SAYS:

Ice really makes my liver play up, if I have been on an ice binge it can affect me. Alcohol too, when I drink I can feel it. Other than that, I don't get any symptoms. But I know I need to get treated because I don't want to get older and have it get worse. I've seen that, people who are older and just not dealing with it. I'm still young. I just want it behind me. Then never get it again.

TIM SAYS:

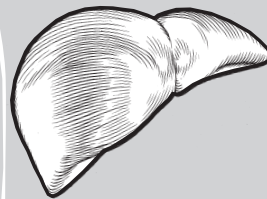
It's so hard to know what part of my tiredness is ageing and what is hep C and whether my heavy sweating is because I'm on methadone or hep C or if I am depressed because of some mental health thing or if that is hep C... but you know in a way it doesn't matter. My guess is that it is a bit of each. My hep C test results tell me it would be a good idea to get treated, and I want to do that. If I clear the virus and get rid of some of these ailments, well and good. It would be great to feel a bit better that's for sure. But even if I am experiencing all that for other reasons I still need to get treated because no way am I going to look at a liver transplant down the road when I can get treated right now. Even if it takes a couple of goes at treatment to clear it, well that just means I have to get moving right away. Because it will only get worse, not better, if I don't sort it.

BENNY SAYS:

I had treatment once but unfortunately didn't clear the virus. I'm genotype 1 and it's hard to clear I'm told. My liver aches. My dog jumped on it the other day when I was lying on the couch and I nearly went through the roof. Some people say they don't know where their liver is, but I know. I have to keep trying treatment, but you get discouraged. It's amazing what level of hassle you can live with. I have made a lot of changes, drinking water, eating veges, I don't drink alcohol any more or coffee either, but I just want to clear this thing.

JENNY SAYS:

Actually, if the doctor hadn't run a test just to check I probably never would have got one. I didn't know I had it. I don't get any symptoms at all that I could attribute to hep C. The doctor says that doesn't mean my hep C isn't advancing, but on the surface, I experience nothing at all.



FROM TESTING TO TREATMENT

DANCE OF THE VIALS: UNDERSTANDING TESTING FOR HEP C

So you think you might have been at risk of hepatitis C. Or you've just heard that people who have injected drugs are at risk of hep C and want to check. Or you've been feeling a bit tired and depressed lately and you want to rule out the hep C virus as a possible cause.

You go to the doctor. He gets a phlebotomist - a person trained in taking blood - to pull some blood. You've been drinking water since the night before so your veins are nice and plump and the phlebotomist finds your vein beautifully and your blood runs like liquid fire. They put it in vials. They mark it with your details and refrigerate it and it goes off to the lab for analysis.

So what happens to all that blood? What sort of information will your blood reveal?

THE "GO TO" TEST: DO YOU TEST POSITIVE FOR ANTIBODIES?

The initial screening test for hepatitis C checks for antibodies in our blood.

An antibody (also called an immunoglobulin) is a blood protein that we automatically produce to respond to the presence of the hepatitis C virus. Antibodies are used by our immune system to identify and remove substances which the body recognizes as foreign and harmful, such as bacteria, viruses, and other foreign substances. Any substance capable of triggering an immune response is called an antigen.

The antibody test looks for these specific antibodies, not for the antigen itself - in this case the hepatitis C virus - to work out if you have been exposed to the hepatitis C virus. It may take up to three months for antibodies to appear in your blood following infection (although it is usually positive by 6 weeks). This is known as the 'window period'. During this time antibody testing may not be accurate and you often need a second test to make sure, especially if you can identify when you might have had a risky event, like using someone else's fit.

Basically you will get a negative result or a positive one. A negative antibody test result usually means that you have not been infected with the hepatitis C virus. However, the blood sample may have been taken in the window period before antibodies can be detected.

A positive antibody test result means antibodies were found, which is proof that the virus must have infected you

at some point in time. About 25% of people who develop hepatitis C antibodies in response to infection get rid of (or clear) the virus within six months. If people are able to clear the virus, the antibodies remain in the blood for some time, possibly the rest of their life. This means a positive antibody test doesn't necessarily mean someone has active infection with the virus.

The antibody test is not reliable in a newborn baby. Babies born to mothers infected with hepatitis C can have a positive antibody test without actually being infected. This positive 'maternal antibody' usually only lasts 12-18 months, therefore, it is recommended that testing of children should not be done until after this time.

GETTING IT LARGE: THE WORLD OF POLYMERASE CHAIN REACTION (PCR) TESTING

Unlike an antibody test, the PCR test can detect whether the virus (not just the antibodies to the virus) is present in your blood (virus can be found in the blood about one week after infection).

The hepatitis C virus is usually found in very low levels in the blood and is hard to see with regular testing so it needs a super duper technique.

Invented by a guy called Kary Mullis in 1983, the PCR is a laboratory technique developed that allows bio-technicians to "amplify" your genetic material - your DNA - and test it for viruses and cancers. Your blood sample is repeatedly heated and cooled - hence "chain reaction" - through a complex process that only a molecular biologist could really understand. A part of your DNA strand is made to appear larger to allow details to be isolated and analysed.

It is an extremely sensitive test that is used for early diagnosis of cancers and viruses. The high sensitivity of PCR permits virus detection soon after infection and even before the onset of disease. Such early detection means your doctor can get treatment started early.

The amount of virus ("viral load") you have can be quantified by PCR-based DNA techniques as can the type of hep C you have and even your chances for successful treatment.

There are three parts to the PCR tests and each gives us different information:

FROM TESTING TO TREATMENT

THERE ARE THREE PARTS TO THE PCR TESTS AND EACH GIVES US DIFFERENT INFORMATION:

1. HEP C PCR VIRAL DETECTION TEST

The basic PCR viral detection tests are used to determine if you have the virus, formally called a qualitative test. This is especially useful if your hep C antibody test was not clear or when your liver function tests are consistently normal, or where your liver function tests are abnormal but there are other possible causes of liver disease.

It is recommended for anyone who is antibody positive that they have the PCR test done to see if they still have the virus.

Because the PCR is effective for early detection, unlike the antibody test, a PCR test can also confirm if the virus is present during the 'window period' after infection. Using the PCR test, the virus can be detected in the blood as early as two weeks after infection.

This test can also be used to confirm the hep C status when a person has immunodeficiency (e.g. due to HIV infection) or has been immunosuppressed by drugs (such as in organ transplantation) as this can also be associated with a false negative hep C antibody test result.

2. HEPATITIS C PCR VIRAL LOAD TEST

Viral load is [the number of] viral particles floating in the blood. These are copies of the genetic material of the virus circulating through the body. Viral load is based on technology that lets us measure extremely small quantities of hepatitis C virus RNA, the building block of the virus.

The PCR viral load test looks for the virus and estimates the amount of hepatitis C virus (hep C) circulating in someone's blood, formally called a quantitative test. This test can help in determining how likely it is that treatment will work.

Being "hepatitis C positive" means you have anti-hep C

antibodies in your blood. Having hep C antibodies just means you've been exposed to the hepatitis C virus.

You can certainly be antibody positive and not have any measurable viral load. One lucky thing this might mean is that you are one of the nearly 25% of people who naturally clear the virus from their bodies. The other possibility is that the virus, during the time blood is drawn, was only temporarily undetectable. hep C viral load in the blood goes up and down, and the test might have caught it on a downswing. So before you can be certain you don't have hep C, you might need to have this test repeated.

After hepatitis C treatment, people still have antibodies to hep C. But if they have no detectable hep C viral load, that indicates recovery from infection -- that is, response to treatment and sustained remission. Over a period of time, if a later viral load test comes back undetectable, that patient is in remission.

Anything over 800,000 IU/mL is usually considered high. Anything under that is low viral load. Those with low viral load have a better chance of responding to treatment.

There are other tests to determine viral load, such as a technique called Branched Chain DNA, and a newer technique called Transcription Mediated Amplification or TMA. But most labs use PCR and it doesn't matter at your end - you give your blood and your clinician and the laboratories determine the testing method.

3. HEPATITIS C PCR GENOTYPE TEST

The PCR genotype test looks for the virus, and determines the particular strain (genotype) of hep C a person has to determine treatment and the chances of treatment being successful.

FROM TESTING TO TREATMENT IN THE FAMILY WAY

WHAT IS A GENOTYPE?

It is much easier to talk of the hepatitis C virus as if it is a single organism but in fact it is a range of viruses, similar enough to be called Hepatitis C virus, yet different enough to be classified into subgroups.

Several identifiable 'families' of hepatitis C have been observed around the world, differing slightly from each other in their DNA sequencing (genetic makeup). Each genotypes' genes differ somewhat from one another and can be distinguished by laboratory tests. These variations are adaptations by the virus to different environments and challenges.

Biologists are generally not known for creativity when it comes to naming things - hence the hepatitis virus is broken down using upper case letters like this: "A, B and C" virus.

Then within hepatitis C, the most commonly used classification has the 'families' listed as numbers: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11.

Within each genotype, difference between viruses exists - too small to be seen as a different new genotype but significant enough and measurable, thus making the term sub-type applicable. These sub-types get given small letters: These lesser classifications are described as hepatitis C genotype 1a or 1b, etc.

The list to date looks like this:

1a, 1b, 1c
2a, 2b, 2c
3a, 3b
4a, 4b, 4c, 4d, 4e
5a
6a
7a, 7b
8a, 8b
9a
10a
11a

Genotypes are labelled according to where and when the strain originated. It is suggested that the major genotypes diverged from the "ancestor virus" around 300-400 years ago.

Different hepatitis C genotypes are more common in some parts of the world. It is believed that the Hepatitis C virus has evolved over a period of several thousand years. Research suggests that genotype 6 may be the ancestor virus. Genotype 1 is around 100 years old, with 1a and 1b undergoing massive expansions in population size between 1940 and 1960. Genotype 1a is mostly found in North & South America; also common in Australia and 1b is mostly found in

Europe and Asia. The genotype 2 strain appears to have originated in Africa with 2a the most common genotype 2 in Japan and China. Genotype 3 is thought to have its origin in South East Asia and 3a is highly prevalent in Australia. Genotype 4a is highly prevalent in Egypt and 4c in Central Africa. Genotype 5a is only found in South Africa; 6a is restricted to Hong Kong, Macau and Vietnam; 7a and 7b are common in Thailand; 8a, 8b & 9a are prevalent in Vietnam; and 10a & 11a - found in Indonesia

Additional work is required to determine the dates of evolution of the various genotypes and the timing of their spread across the globe.

There is no significant difference in genotype distribution between males and females.

WHAT'S THE STORY IN AUSTRALIA?

It is currently believed that there are at least 6 different genotypes of hepatitis C here in Australia. The most common genotypes found in Australia are 1 and 3:

- Genotype 1 accounts for 54% of cases. When the major risk groups of injecting drug users or transfusion-acquired hepatitis c were compared, there was a significantly higher incidence of genotype 1b in the transfusion-acquired group
- Genotype 3 making up 36% of cases. Genotype 3a is the most common subtype. When the age of the patients was analysed, genotype 3a was more prevalent in the 21-40-year age group than the 41-60-year age group.
- Genotype 2 accounts for 6% of cases
- Genotype 4 accounts for 3% of cases.
- The small remainder of cases involve people with other genotypes.

Hepatitis C genotypes 1, 2 and 3 are most often found in developed countries, but the relatively high prevalence of genotype 3a in Australia is unusual.

WHY ARE GENOTYPES IMPORTANT?

The different hepatitis C genotypes generally act the same in how they infect people and cause disease.

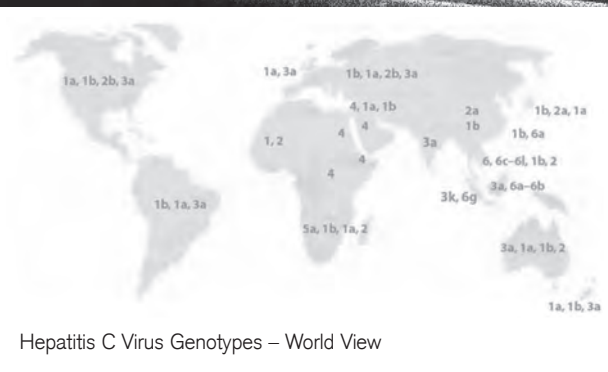
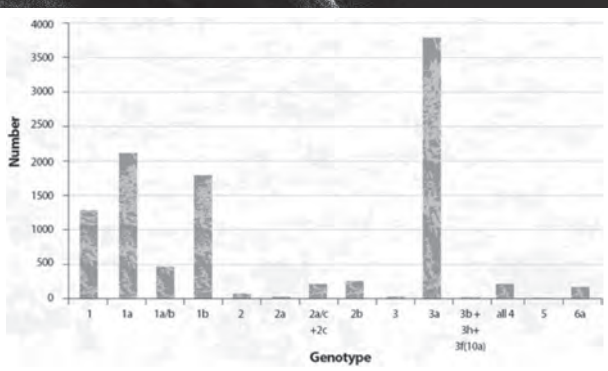
But hepatitis C genotypes respond differently to treatment with pegylated interferon and ribavirin. For physicians, knowing the genotype of Hepatitis C is helpful in making a therapeutic recommendation. Genotyping is mainly used in decision-making about whether to undergo treatment and in determining the dose and duration of treatment.

Current scientific belief is that factors such as duration of a person's hepatitis C infection, their hepatitis C viral load, age, grade of liver inflammation or stage of fibrosis may play an important role in determining response to interferon treatment.

Recent studies have suggested that a person's hepatitis C subtype (or subtypes) may influence their possible response to interferon, or interferon-ribavirin combination treatment.

The subtype of hepatitis C is also important when looking at how effective treatment might be. For example, some of the new drugs being developed to fight hepatitis C focus on genotype 1, but appear to be most effective against genotype 1b rather than the other subtypes.

The variety of hepatitis C genotypes is also important for vaccine development. An effective vaccine will have to produce an immune response to more than one genotype.



WHAT DOES THIS ALL MEAN FOR ME?

Infection with one genotype does not mean you are immune against others. This means you can have more than one strain at once.

Studies have shown that it is possible to be infected with multiple hepatitis C genotypes. To prevent re-infection with a different genotype, it is important to practise the same blood awareness precautions as for preventing an initial infection. Simply put, just because you have hepatitis C doesn't mean you can now safely use unsterile fits. Apart from the risk of HIV and hepatitis B, you can catch hepatitis C of a different type because the virus acts differently in everyone. It's not like being pregnant, where you can't get more pregnant. You can get more infected. This is called superinfection.

In many cases, one of the strains removes the other from the host in a short time. But for others, they will need to look at more complex treatment regimes in order to treat the different strains of hepatitis C in their body.

Unfortunately, viral superinfections are common causes of treatment resistance – where treatments can lose their effectiveness. In addition, superinfections have been known to reduce the overall effectiveness of the immune response.

Through studies conducted with people who inject drugs, researchers have concluded that we are the group most at risk of hepatitis C re-infection and superinfection.

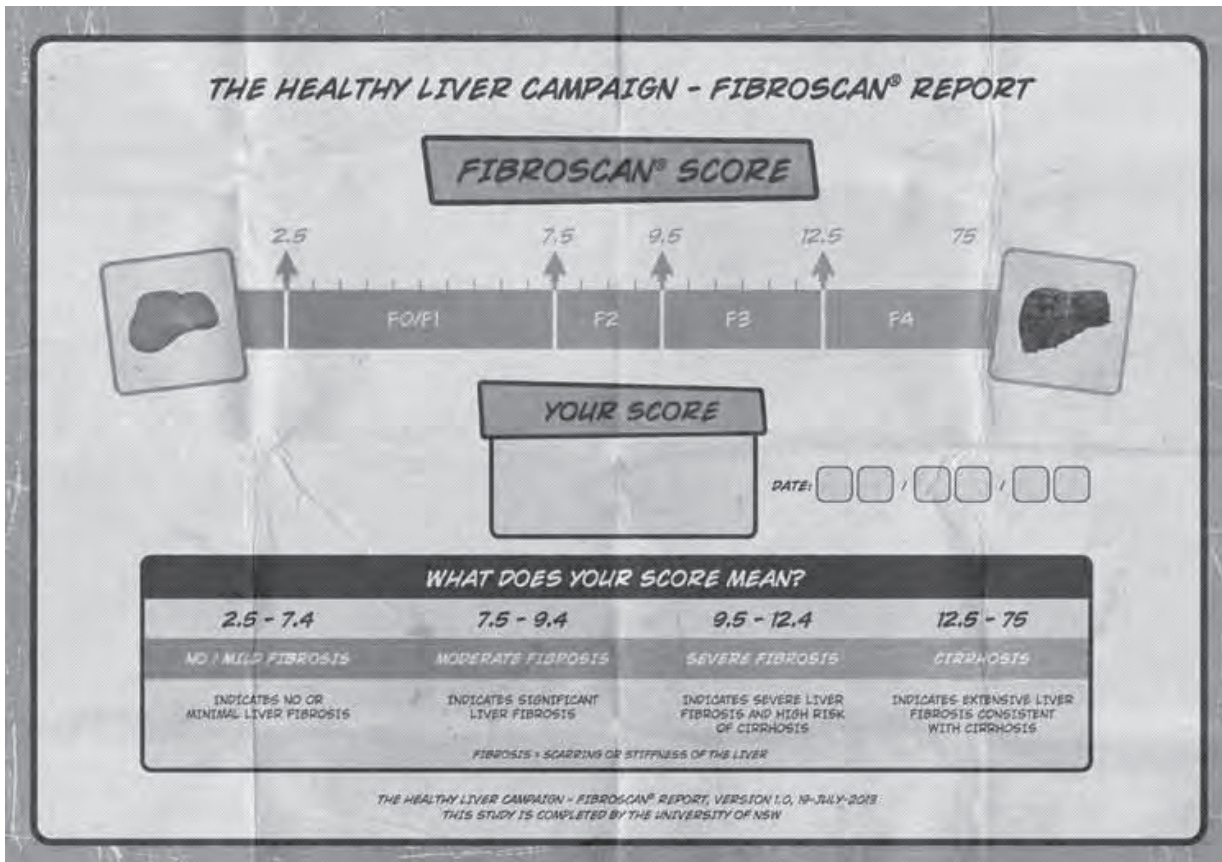
Also knowing your genotype can help predict your chances of responding to therapy.

HOW IS THE GENOTYPE DETERMINED?

A blood sample is tested using Polymerase Chain Reaction (PCR) methods to determine the hepatitis C genetic sequence.

hepatitis C genotype testing is only done once since the genotype does not change . However, if someone infected with hepatitis C is exposed again, they could be infected with a different genotype.

THE FIBROSCAN SCALE



Remember biopsies? When they put something like an apple corer into your liver and cut a bit out to look at? It was painful. Really painful. Well, those days are long gone.

The fibroscan is one of the most amazing advances for people who need to keep track of their liver health issues. You usually get one after you have done the blood tests that tell you that you have hepatitis C but you don't have to have had a test first.

A fibroscan is a non-invasive way of assessing the damage that has been done to the liver. The fibroscan feels a bit like an ultrasound. You lie down, they put a bit of gel on then put a slim scanner on your skin where the liver sits for a minute or so.

The fibroscan measure the stiffness, scarring or "fibrosis" that can occur due to liver disease. The harder your liver is and the more scarring that your liver has, the more impact hepatitis C is having on the liver and therefore the more likely it is that you are going to need treatment.

Your score is the number that your nurse will give you immediately after your fibroscan that describes how scarred your liver is or isn't. The higher the number, the more scarring your liver has.

YOUR RESULT EXPLAINED:

F0-1

The lowest score possible is 2.5. If you get F0 or F1, you will have a score from 2.5 to 7.4. This means you have what they call "non-significant damage or scarring". That means your liver is still quite soft and healthy. Keep healthy by following all the advice around diet, exercise, dos and don'ts. Try and keep the coffee and alcohol down. See a dietician and other health professionals. Ask when you should have another test and put the date in your phone or diary to remind you. Think about joining a LiverMates group to get some support from peers who are also living with hep C.

F2

If your score is 7.5 to 9.4, you have hardening in your liver and it will get worse. It is recommended that you have treatment but you need to discuss with your doctor whether you should have treatment now or hold off until new treatments with less side effects are in place. Keep a keen eye on your liver if you decide not to get treatment at this time. Have frequent conversations with your doctor about what sort of care you need to be taking for your liver, whether s/he thinks you should have treatment and how often you should catch up with your liver specialist. Read up on hepatitis C and liver health. If you have access to a (NUAA) peer support worker, ask them about treatment options and the support you will need. You might like to join a LiverMates group for support from others living with hep C. Find out when you should get another fibroscan and make sure you follow through.

F3

If your score is 9.5 to 12.4, you are a high priority for treatment. Again, you need to decide with your doctor whether you have treatment immediately, or hold off for the new drugs. But if you score anywhere in this range you need to get serious about caring for your health. If you don't get immediate treatment, you need to be working towards it and helping your liver with changes to your diet, cutting out alcohol and getting some exercise. You also need to be meeting regularly with your GP who should co-ordinate your care and your liver specialist. If you are lucky enough to have access to a (NUAA) peer support worker, s/he can help you get organised so you are treatment-ready and can support your throughout treatment. Getting involved in a LiverMates support group might also provide some much-needed support.

F4

If your score is above 12.5 and anywhere up to 75, your liver is in a bad way. You have cirrhosis or hardening of the liver. This can be reversed with treatment, so don't give up hope! But you are definitely a candidate for immediate treatment and will need to make some changes in your life to improve your liver health. A very small percentage (2-3%) in this category will have developed liver cancer and may need a transplant.

FOR INDIVIDUALS WITH CHRONIC HEPATITIS WHO REMAIN UNTREATED, IT IS ESTIMATED:

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

NUAA'S LIVERMATES SUPPORT GROUPS ARE FOR PEOPLE WITH A HISTORY OF ILLICIT DRUG USE WHO ARE AFFECTED BY HEPATITIS C.

If you are interesting in joining a LiverMates group, email Yvonne at yvonne@nuaa.org.au or call 8354 7300 to find out what is happening in your area. If you would like to start a group in your area, NUAA can support you and supply you with resources including a coffee/tea start-up kit! Go to <http://www.nuaa.org.au/things-matter/livermate/> or contact Yvonne to find out more

THE EXPERIENCE

WE TALKED TO 7 PEOPLE WHO HAD FIBROSCANS. THESE ARE THEIR EXPERIENCE STORIES:

JOHN SAYS:

I got an 8 today. I am so happy I had this fibroscan done. I know now I need to be looking at my hep C, and thinking about treatment. I hadn't looked into treatment before so this was a really good motivator.

I got my hep C in jail. There was just one fit and I wanted to use and I just thought "fuck it, it's worth it". That doesn't mean I don't care about my health. I do. I think if you are coming in regularly to get sterile needles from an NSP then you must care about your health. Otherwise you wouldn't bother, you know? But sometimes there are extraordinary situations and your mental health has to take precedence.

The fibroscan was so easy, just a couple of little bumps on the ribs. I'm really ticklish, but it didn't even tickle! The doctor and nurse were really helpful, very friendly. I'm so glad I had this today. I didn't intend to, it was just because I was getting fits, but I'll look at my hep C now, I'll make sure I look after my liver properly and look into treatment.

VERONICA SAYS:

My liver seems pretty healthy considering I have hep C. I got a 4.8. I'm so embarrassed I have hep C again. I did the treatment and cleared it and then I got reinfected. It was at a bit of a party. Someone who fancied me said they would give me a shot and I showed them where my fits were. I asked him if he used one of mine and he said yes, then later confessed that he might have got them mixed up and given me one of his used ones. I just took my eye off the game for a moment. I guess that's all it takes.

I'm on a list for treatment and I'll follow up with bloods next week. I'm on some medication that can affect your liver, so I need to talk to my doctor about how this score affects that medication, whether I need to change my meds.

The fibroscan itself was great, really straightforward. The doctor and nurse were caring and respectful. I had a biopsy years ago and while I don't really mind medical procedures, it was so intrusive and painful. The fibroscan is nothing at all. Everyone should do it.

I know that some people might think that people who use drugs don't care about their health but I think it is important to care for your body. I exercise and I eat well so I can enjoy my drug use more.

POUKHA SAYS:

I'm really glad I had the fibroscan though I am not too happy with the results. I was given a 9. which means I really need to be thinking about treatment, which I hadn't been at all. I have had hep C before and it cleared spontaneously and I guess I expected that to happen again. I was told things I didn't know at the fibroscan. I definitely need further treatment. I mean, I am not happy with life particularly right now but I don't want to rush into death.

I got hep C deliberately. I injected some of my girlfriend's blood, just to prove I loved her. She was feeling insecure that I would leave her if she got unwell. A stupid thing to do really. We're no longer together.

But I'll sort this. I'm really glad I got tested, I'm following up with some blood tests and a discussion on treatment next week. I didn't realise how quickly my liver had deteriorated. Now I know I can deal with things.

PHILLIP SAYS:

I am really happy, I have a 4.5 which means my liver is in pretty good condition. I'm in my 30s and I've abused my liver quite a bit. I started drinking alcohol in my mid teens and have used substances my whole life.

The only time I have't used in my whole life was recently when I was in jail. When I got there, I found the induction process was like one of those "choose your own adventure" games. Depending on how you answer certain questions, you get sent to different induction sessions. I told them I had a history of injecting drug use and they told me all about the risks of using in jail. They told me eight out of ten inmates with a history of drug use have hep C. They also told me that fits in prison aren't sterile and carry hep C. They gave me the Fincol cleaning regimen. I was really surprised to find that it's better to clean fits with cold water than hot water. When they told me about Fincol I couldn't help but think about the bleach I've gotten on my black jeans in the past, that went brown and then corroded. I kept thinking about getting that in my body, and the whole thing put me off using in jail.

I've tried to look after my health. I always go straight to the fruit and vege aisle when I'm shopping. When I was 18, I started going out with a guy who was living with HIV. So I decided to get checked for everything. I got immunised for hep A and hep B at that time. I have always got sexual health check ups from then on.

I think we are so lucky in this country. I have travelled a bit and even in countries you think would be liberal you can't get free health care and free condoms and fits like you can in Australia. I love how I can come to a place like this NSP and without giving a Medicare card or even my name I can sterile fits and equipment and condoms, and as many of all that as I need, and as well get my liver health assessed by people who are knowledgeable and respectful. It means a lot to me to be able to look after myself like this.



JIMI SAYS:

The fibroscan was very easy, and I was quite pleased with the result. I am in my 60s and I have had hep C for a long time.

I haven't wanted to find out about treatment because I'm reluctant to go on interferon because of everything I have heard about the side effects. I need to deal with my hep C but I've been waiting for the new medications, especially since I have genotype 1, and the old treatments didn't seem to shift it but the new ones are having a great effect.

I get regular blood tests for hep C to keep my eye on things but haven't had a fibroscan before. I got scored a 6 today. I am so glad my liver isn't more deteriorated than it is. I really have been worried. I am so glad I have a number to think about now, just knowing the state my liver is actually in makes a lot of difference. My scores will be sent to my doctors - my prescriber and my GP.

I really want to get my health sorted out. I have been trying to deal with a lot of health issues lately, things like skin cancers and dealing with depression. My father got depression later on in life and I don't want to go down the road he did. I sometimes wonder if I would be feeling fantastic if I didn't have hep C, if how I am feeling is to do with the hep C or other things, like getting older.

I'll definitely do treatment once I need to and the new treatments come in. And the fibroscan was so easy. It's a great way to check in on my liver health. It was so convenient to come here for it too and no red tape or cost to get it. It was very quick and at the end of it I got a result, an actual number I can understand. Six. That's how hard my liver is on a scale from good to bad. That is really useful.

BARRETT SAYS:

I'm so not happy. I got 8.5. I guess it could have been worse.

I have had hep C a couple of times and always cleared it spontaneously. But recently I shot up in jail. I had my own fit and I lent it out. Maybe I shouldn't have but maybe I wouldn't have needed it if I hadn't! I was really careful about cleaning it in Fincol so I was really disappointed to find out I had hep C.

I will look at treatment now. I have got a follow up appointment. I wouldn't have had the fibroscan done if I hadn't been coming in to get fits so I'm glad it worked out this way. Getting the fibroscan was really easy. So quick, no pain at all, and everyone was really nice and helpful.

I'm 30, so I need to nip this hep C thing in the bud. I know people who are 50 and haven't dealt with it. I don't want to do that. I really look after my health, with exercise and diet, so I want to sort this out now while I'm still young, not wait around for my liver to get worse.

I'll definitely go to that follow up appointment.

PAUL SAYS:

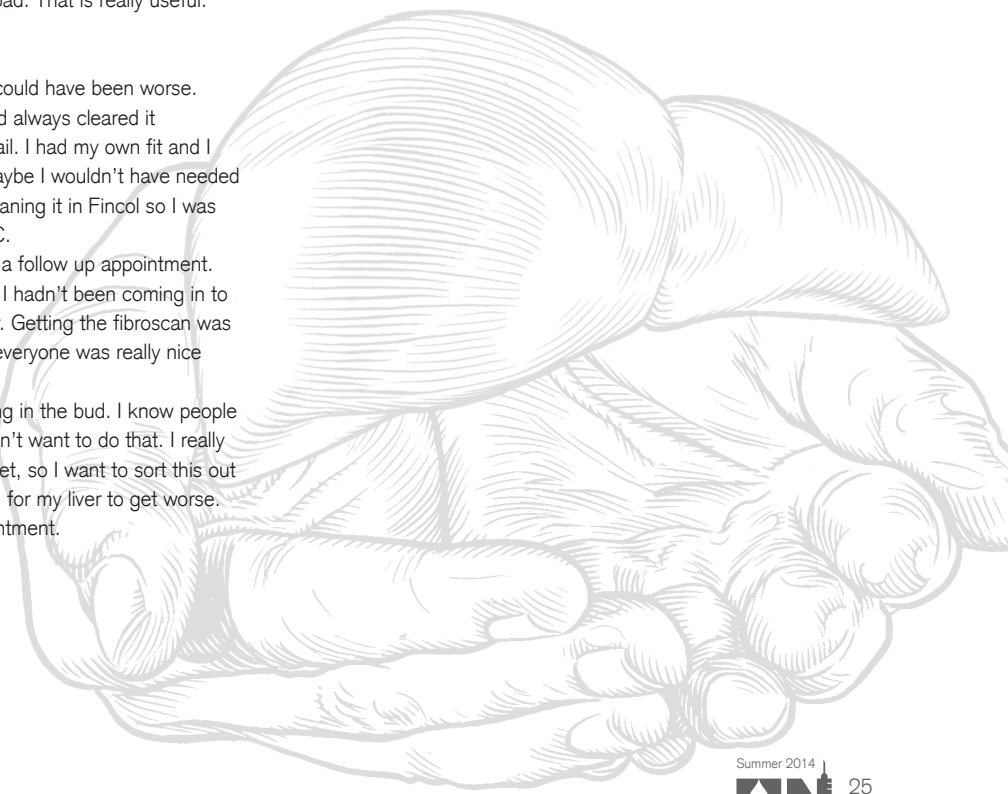
I'm really happy with my score, a 4.7, given that I have hep C and I have been a serious drinker in my day. I was surprised it was such a good score. I haven't drunk for a few years and have looked after my diet so I think my liver has repaired a bit.

I would totally recommend getting a fibroscan if you are diagnosed with hep C or if you are concerned about your liver health. You don't even have to get a blood test first or know if you have hep C.

I love that I didn't have to go out of my way to get this. I would say to User's News readers: If you go into an NSP or methadone clinic or whatever and they are doing tests, I reckon get one. Seize the day. It's quick, it's easy and it can give you so much peace of mind or help you pick up a problem before it's too late.

I've had hep C for a long time but was always too scared to get a biopsy. I had friends who had them who said they were in pain for days afterwards. It is so great to compare biopsies and fibroscans and see how far we've come; this new technology makes life so easy. It's so easy and painless. And the staff are really nice. It makes such a difference being treated by the medical profession like a responsible person who cares about their health rather than someone just scamming for drugs.

I think most people are concerned about their health to one extent or another. Regardless of how you have treated your body, you still hope it will be ok. You still do all you can to be as healthy as you can. When you look at everything people who inject drugs do to have a sterile injection, you've got to see that we care about ourselves





GAMES PEOPLE PLAY

PUZZLE ONE

HERE ARE 10 WORDS THAT ARE 9 LETTERS EACH. WORK OUT WHERE EACH WORD STARTS AND WRITE DOWN THE FIRST LETTER OF EACH WORD. UNSCRAMBLE TO MAKE THE NAME OF A VIRUS THAT AFFECTS OUR LIVER:

H I E R
H I E R
T L A L
H I E R

I O N
I O N
Y C A
I O N

P L A
P L A
S M A
P L A

S E S
S E S
M C S
S E S

T O L
T O L
M C N
T O L

I N J
I N J
G I N
I N J

T R E
T R E
T M E
T R E

S P I
S P I
I N G
S P I

T A B
T A B
S L I
T A B

C U L
C U L
A T E
C U L

PUZZLE TWO:

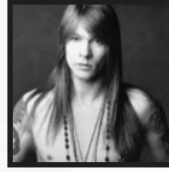
ALL THESE FAMOUS PEOPLE ARE ON THE PUBLIC RECORD AS SAYING THEY HAVE USED ILLICIT DRUGS. AND THEY HAVE ALL DISCOVERED THE POWER OF HAVING AN ANIMAL IN THEIR LIVES. MATCH THE STAR TO THEIR PET! GIVE YOURSELF 5 POINTS FOR EACH ONE YOU GET RIGHT!



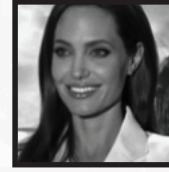
**PETE
DOHERTY**



**COURTNEY
LOVE**



AXL ROSE



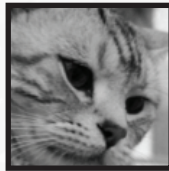
**ANGELINA
JOLIE**



ELTON JOHN



MARILYN



DIJON



BUBBLES



MAX



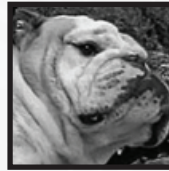
BESS



PEPI



JEZEBEL



JACQUES



**JIMMY
MC SHAMBLES**



DOLLY



**GEORGE
CLOONEY**



**MICHAEL
JACKSON**



**BILLIE
HOLIDAY**



**JENNIFER
ANISTON**



**SIENNA
MILLER**

0-20 POINTS:

Haven't you ever heard of Who Weekly? How about Hello? New Idea? How about User's News?

20-40 POINTS:

You really know your drug using pet owning celebs! Meeeeeow!

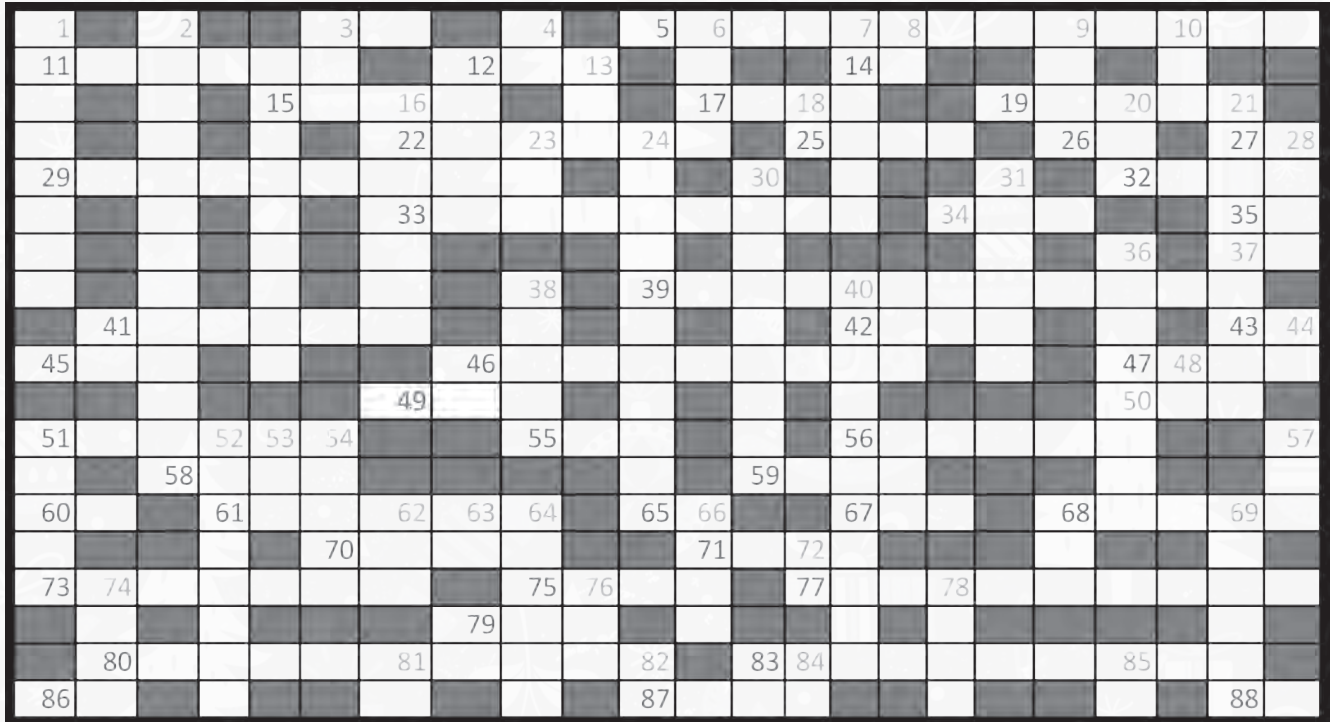
40-50 POINTS:

You have far too much money and far too much time on your hands. Buy a dog!



GAMES PEOPLE PLAY

CROSSWORD



DOWN

- 1 Another name for the categories or families of hep C (8)
- 2 It's what we call it when we teach each other (4, 9)
- 3 On the end of the needle - no not a plunger - the bit you put a camel through! (3)
- 4 Speed makes us do this! (2)
- 6 Happens with a blunt needle. Be kinder to yourself! (4)
- 7 Waiting with nothing to do (6)
- 8 If it's not ___ it's not ___ (2)
- 9 An alcoholic beverage (4)
- 10 You need to look after your sexual health so you don't get one of these (Abbreviation) (3)
- 12 Rock or that nice feeling we get from illicit (5)
- 13 The name used for a web address, the uniform resource locator. (Abbreviation) (3)
- 16 Straight out of the pack, no germs at all..no kids either. (8)
- 18 @ - where the party is being held (2)
- 20 When you have something, as in I've "... " a lovely bunch of coconuts or I've "... " \$100 (...well I did for a minute there) (3)
- 21 We live and work in these; people who use drugs form one (9)

- 23 Our famous Australian (Women) of the Year 2013, advocate of HIV right back in the day (3)
- 24 When we know we deserve it, like human rights (11)
- 28 Plant that cannabis comes from, they make paper and jeans from it (4)
- 30 How much virus do you have? (5,4)
- 31 They should have NSPs but instead have hep C. Locked up. (6)
- 36 You'll find one of these in church or in parliament. (8)
- 38 We like our hands and surface this way but get cross when it is used for abstinence. (5)
- 40 A spur of the moment kind of thing and when we clear hep C without trying (11)
- 41 An organisation, short for company (Abbreviation) (2)
- 44 That little word they want us to say if we're offered drugs (2)
- 46 Means about, short for regarding (Abbreviation) (2)
- 47 "...glove, "... love! (2)
- 51 You can get HIV or hep C from it even if you can't see it. (5)
- 52 Have a virus or feeling up, it's all the same (8)
- 53 Keep quiet! (Colloquial) (3)
- 54 When we want something very much (like a good whack). (5)

- 57 When meds are on this scheme they are cheaper. (Abbreviation) (3)
- 62 Sunbeam and first name of US black blind blues muso and heroin user from 1950s on, hit song "Baby let's go get stoned". (3)
- 63 By the Way, post script added to the end of a letter (Abbreviation) (2)
- 64 When he injects or fires a gun (6)
- 66 AHOY Camp greeting associated with boating (Colloquial) (4)
- 68 Take it at a rave. Go there to put on a bet. Or the forerunner of diet coke! (3)
- 69 Slang for previous convictions (6)
- 72 Title for a modern woman (2)
- 74 You can smoke cannabis or these fishy things (3)
- 76 Great Australian mini truck with a tray (Abbreviation) (3)
- 78 When something is taken by mouth. Use a condom or dam. (4)
- 79 My name is John and I'm an a-a-a-chool! Rooms where people go to change drug use (Abbreviation) (2)
- 81 The one who is responsible for my life (2)
- 82 It sounds like a needle pulling thread, but people use it to mean "very" (2)
- 83 Regarding, about (Abbreviation) (2)
- 84 A name for the place at the hospital we go when we are suddenly ill or have an accident; George Clooney was a doctor in one on the telly (2)
- 85 A friendly greeting for the drug affected (2)

ACROSS

- 3 Part of the hospital where you wait for hours to be told you're drug-seeking (Abbreviation) (2)
- 5 They take our blood and most are bloody good at it too (12)
- 11 If you have hep C this might be a little low (6)
- 12 If you lived in France back in the day you might have paid with your drugs with this coin (3)
- 14 Let's get ... (2)
- 15 We all need a good one after a big night out. (4)
- 17 The sound a lion makes, or if someone stole our stash (4)
- 19 Almost supernatural. We all need a bit of this in our lives from time to time. (5)
- 22 One day, every public one of these will contain a sharps disposal unit, for everyone's safety (6).
- 25 Watches tell this (4)
- 26 Great slogan Just ".." it! (2)
- 27 Expression of surprise (Colloquial) (2)
- 29 Interferon is part of the one for hep C (3)
- 32 Domesticated, disciplined or mild. Not like us baby (4)
- 33 Not just about coke, it was sung by Russell Morris to raise hep C awareness (4, 5)

- 34 Part of the body where most people inject, at least at first (3)
- 35 Beautiful blonde actress from the 1960s died before her time from suspected pill OD (Initials) (2)
- 37 Depressants calm us down, stimulants rev us __ (2)
- 39 When diseases are spread. (13)
- 41 Think back to old image of the injector back in the day before Bic lighters; the spoon and a stub of this for heating (3)
- 42 If you live in Mexico, Cuba, Argentina or the Philippines you might buy your drugs with this currency... (4)
- 43 You put a needle __ your vein (2)
- 45 Old fashioned name for cannabis, you can cook in it (3)
- 46 Remember when alcohol was a currency in Australia? Then this happened? We need to have another one against prohibition. (10)
- 47 The inside of something, (or a state of mind) (4)
- 49 This sized spoon too small for mixing up... (3)
- 50 Little fish are meant for this sauce, not GBH! (3)
- 51 Before fibroskans, we had this painful procedure (6)
- 55 Big event that PIED users buff up for! Kiss me at midnight! Abbreviation. (3)
- 56 We get a course of these when undertaking PEP treatment or else we use it for reading the UN digital edition. (6)
- 58 We use this to snort powders (4)
- 59 A packet of drugs (4)
- 60 When it comes to safe sex, you put the condom where? (2)
- 60 We pick these up at our user friendly NSP (6)
- 65 Good old Aussie thank you (Colloquial) (2)
- 67 Online. You can also catch fish with one of these.(3)
- 68 Tabs of acid or drives up the coast (5)
- 70 Skin flush can get with hep C and some STDs (4)
- 71 A roof over our head and a place to feel comfortable. Most of us need one. (4)
- 73 Some people call this our fate, but this wonderful Aboriginal transgirl is the superheroine of HIV! (7)
- 75 Greek grog (4)
- 77 We need to get this hep C drug on the PBS (10)
- 79 Put this before "guilty" if you want your day in court. (3)
- 80 NUAA supported groups run by people living with Hepatitis C (10)
- 83 Someone who asks us questions for \$30 or a shopping voucher (11)
- 86 The verb "to be": I am, we are, he __ (2)
- 87 How to get to the other side of the rainbow or 6 balls in cricket (4)
- 88 State that hosts Kangaroo Island (Abbreviation) (2)