



**UN** 88  
**POSTER  
EDITION**

[www.usersnews.com.au](http://www.usersnews.com.au)

**USER'S NEWS**  
**THE POSTER**  
**EDITION**



NUAA is the peer-run  
drug user organisation

**GET INVOLVED!**

**BECOME A  
MEMBER!**

Members, including people in prison receive print editions of User's News and Invitations to community events including training and consultations

**VOLUNTEER**

NUAA is looking for volunteers for it's Needle and Syringe Program and DanceWize our new harm reduction program at NSW music festivals

**PARTICIPATE  
IN TRAINING.**

NUAA conducts harm reduction and overdose prevention training across the state – register your interest and we'll let you know when we're in the area

Register your interest via our website [www.nuaa.org.au](http://www.nuaa.org.au) or contact Lucy Pepolim on **02-8354-7300 (freecall 1-800-644-413)** or email [lucyp@nuaa.org.au](mailto:lucyp@nuaa.org.au)

## USER'S NEWS # 88

# THE POSTER EDITION

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### ACKNOWLEDGMENT OF COUNTRY

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



# BE KIND TO YOURSELF

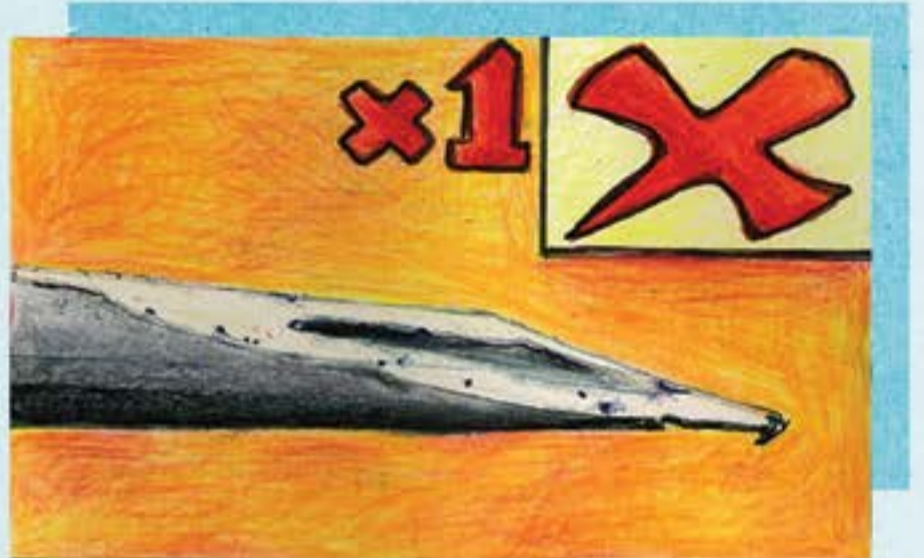
**Avoid infections, trackmarks and other health problems by using a new, sterile fit every time.**

**This is what a sterile needle looks like and the damage caused by using once, twice and six times.**

**Used needles increase the risk of injection and damage to your veins**

**Only new needles are sharp.  
Only new needles are sterile.**

**Use a new, sterile fit for every hit**





# WASH BLOOD AND BACTERIA FROM YOUR HAND!

You can't always see blood and bacteria on your skin - but they're there.

It's simple. It's quick. It works

## WHY?

Hand washing reduces the risk of a blood borne virus or a 'dirty hit'.

## WHEN?

Always wash your hands before and after injecting yourself and/or others.

## HOW?

1. Wet your hands and lather up with detergent or soap

Tip: Pump packs are best but the trick is to get it super sudsy.

2. Friction is the key! Rub well between each finger, your wrists, front and backs - get in all the creases.

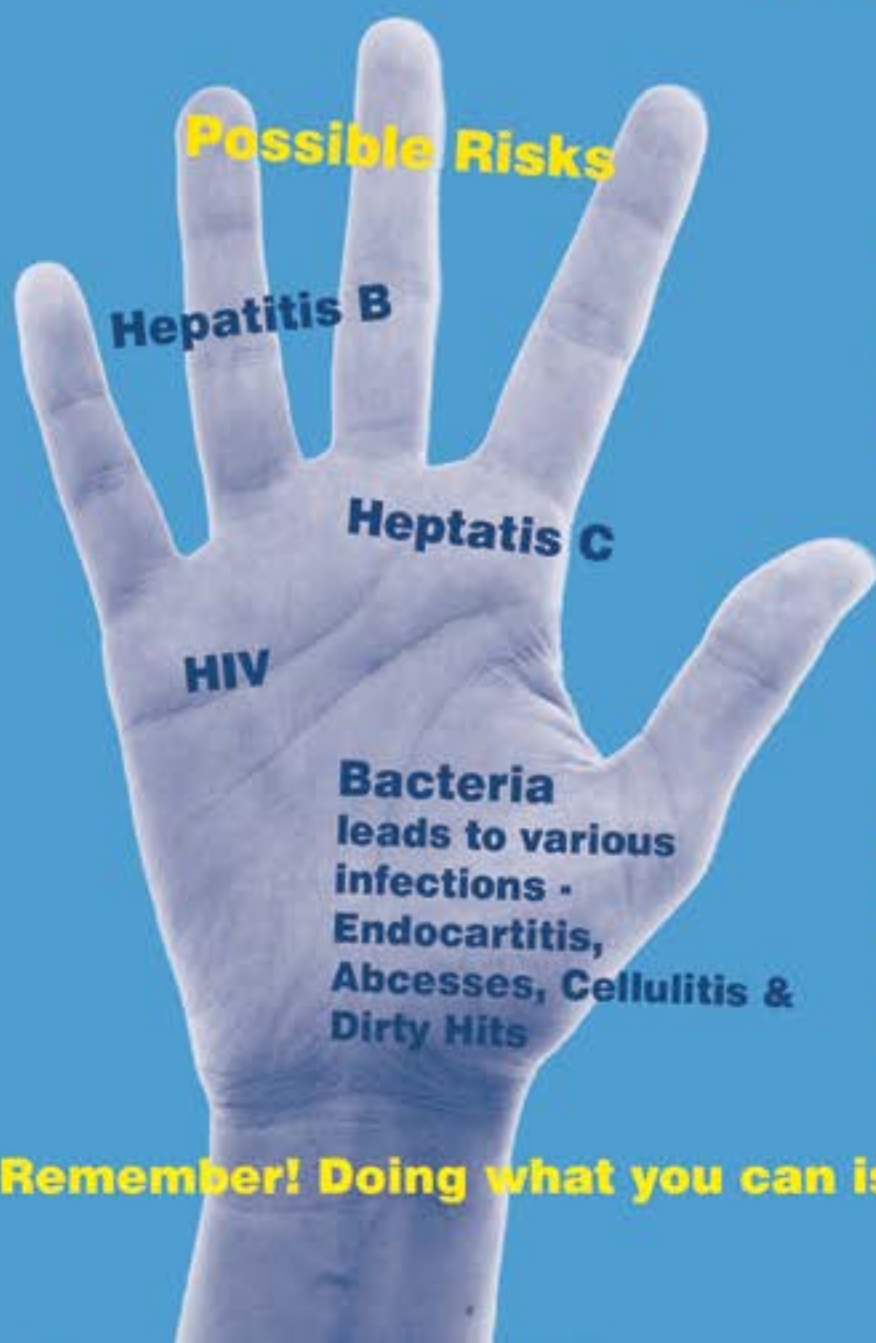
TIP: Rub as long as it takes to sing a verse of Happy Birthday!

3. Rinse under running water holding hands down

TIP: Warm is best if you can get it!

4. Use a paper towel to dry your hands then turn the tap off

TIP: Paper towel has least germs. A clean cloth towel is next best. NOT your shirt LOL!



## ON THE GO?

USE FRICTION - RUB WITHOUT SOAP, OR USE SWABS, SANITISER OR FINCOL.

## WANNA GO TOP DRAWER?

REMOVE DIRTY WITH A MEDICAL WASH AND WATER THEN MAKE SURE BACTERIA IS GONE BY USING A SANITISER

## FLU SEASON?

HYGIENE ISN'T JUST ABOUT DRUG USE. WASHIG YOUR HANDS PROPERLY AND USING A SANITISER AFTER YOU SNEEZE OR COUGH CAN HELP PREVENT TRANSMISSION OF FLU & COLD VIRUSES

Remember! Doing what you can is better than doing nothing.



# Choosing a safer injection site

## If you are injecting drugs...

Green areas (lower arms) are safest. Always inject into the vein towards the heart (use arm graphic here see "type of injecting" on this site:

[http://www.drugs.ie/resourcesfiles/guides/mqi\\_safer\\_injecting\\_guide.pdf](http://www.drugs.ie/resourcesfiles/guides/mqi_safer_injecting_guide.pdf)

Yellow areas - If you're using your hands, take your rings off, avoid the palms and wrists and be gentle, veins are smaller. Injecting in legs and feet can lead to abscesses and swelling and the risk of infection and clots is high. Swab well

Red areas (Neck, groin, breasts in women) are dangerous. If you hit an artery in your neck or groin you can have severe bleeding. Nerve damage can be permanent. Clotting is a risk. Get advice from NUAA or a web search if these are your only options







# Protect your veins

## Preparation

**Use a new fit every time**

**Drink water to plump your veins**

**Use a tourniquet**

**Always wash your hands and swab the injecting site**

**Use a filter**

**Reduce vein tearing and track marks**

**Use the finest gauge possible**

**Rotate injecting sites**

**Lightly pull back to check if syringe is in the vein**

**Inject slowly and evenly**

**Shoot towards the heart with the flow of blood**



# Why Filter Drugs?

**FILTERING KEEPS CRAP  
AND GERMS OUT OF YOUR  
SHOT**

**FILTERING SAVES YOUR  
VEINS**

## Which Filter?

### 1. POWDER - ROCK - CRYSTALS

**USE A SMALL ROLLED / SNIPPED  
PIECE OF COTTON / HEMP LIKE A:  
COTTON BALL  
COTTON BUD  
TAMPON  
TOBACCO FILTER FOR ROLLIES  
OR A STERIFILT**



### 2. PHARMIES (PILLS)- HOMEBAKE

**USE A PARTICLE WHEEL FILTER  
(USUALLY RED) TO REMOVE  
LARGE PARTICLES LIKE WAX AND  
CHALK. USE COTTON BEFORE AND  
BACTERIAL WHEEL FILTER (RED)  
AFTER**



### 3. LIQUIDS - PATCHES - FILM - MDMA/E PILLS - LIQUID - HOMEBAKE- LIQUID LEFT TO STAND IN A FIT

**USE A BACTERIAL WHEEL FILTER  
FOR GERMS (USUALLY BLUE)**

**FILTERS DON'T STEAL YOUR DRUGS!**

**BACTERIA CAN GROW IN FILTERS - USE THEM  
ONCE AND THROW THEM OUT**

**YOU CANNOT FILTER OUT A VIRUS LIKE HEP B,  
HEP C, HIV**





# Safe Pill Injecting

**Remember: Don't heat your mix if the pill has a waxy (smooth) coating. The melted wax goes solid after your shot (in your veins). If you have a waxy pill, use a swab to get most of the coating off before crushing**



**Gather your sterilized equipment**



**Wash your hands**



**Swab non-sterilized equipment (like spoons)**



**Crush your pills**



**Mix up with the end of the plunger (don't remove the plunger from the fit -it may be hard to get it back in) use 2 ml water per pill**



**Prime the filter with a few drops of water**



**Draw up mix with a cotton filter**



**Your mix still has quite a few particles that will damage your veins**



**Attach primed filter to barrel and add blunt tip to other end of the filter**



**Insert the end of the blunt tip into a second sterile barrel**



**The mix will be clearer - remember safe injecting techniques and swab and use as fine a tip as possible**



**Dispose of equipment safely**



# DON'T HEAT YOUR MIX

---

**MS Contin, OxyContin, Subutex**

All contain large particles that will dissolve if heated. The particles will pass through your filter but will re-congeal when injecting resulting in vein damage and possible infections.

A 5 minute cold soak with 2-3ml water in a crushed pill releases 97% of the drug.

***Remember Always  
filter!***

***This image is no  
filtration, cotton  
filter, wheel filter***



This poster and image is based on research from Dr. Bruno Raimondo, University of Tasmania



# ABSCCESS CARE

## What is an abscess?

A skin infection with:

- Redness
- Swelling
- Warmth
- Pain/tenderness
- Feels like 'spider bite'



## Use a hot pack to reduce swelling

1. Draw a line around the red skin to monitor if your infection is growing or reducing
2. Apply heat directly on abscess – use a hot water bottle, hot wheat pack or similar – wrap in a towel so you don't burn yourself!
3. Keep the wound raised up above your heart.



## When do I need to get an abscess drained?

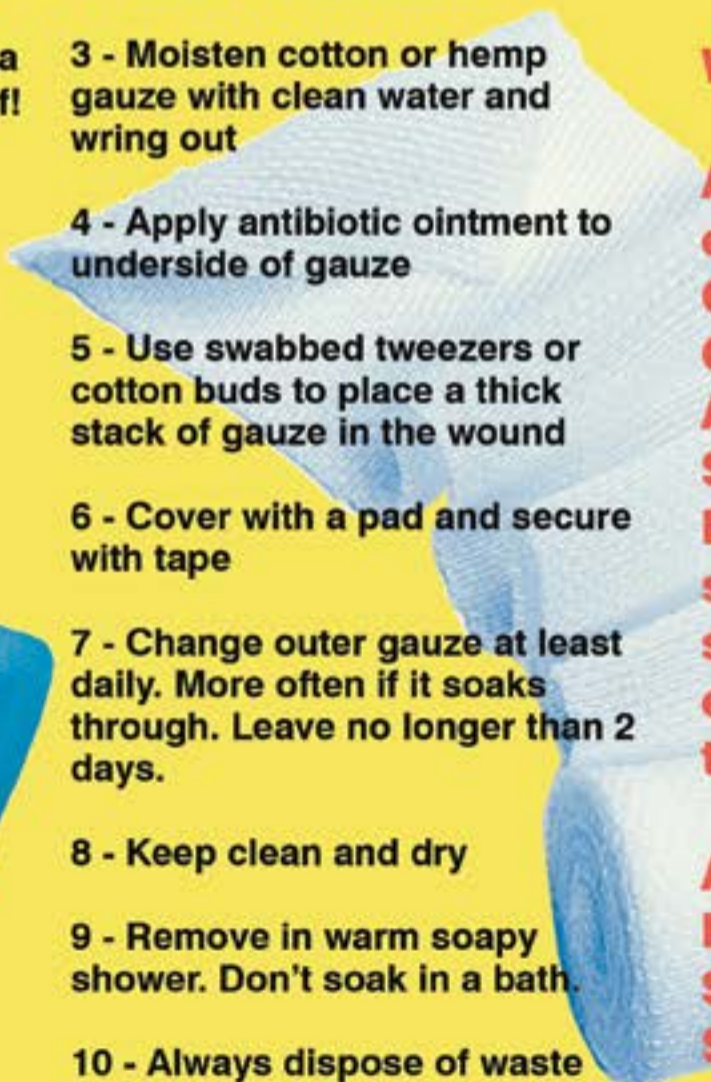
Signs that an infection has progressed:

- Redness has grown larger than your drawn mark
- Fluid-filled cavity, compressible
- Yellow or white centre
- Central point or head
- Possible to get pus out with a fit
- Leaking pus

## Dress your abscess

It's always best to get a doctor or nurse to drain the wound and supervise healing

- 1 - Wash hands, use swabs
- 2 - Draw pus out with a fit
- 3 - Moisten cotton or hemp gauze with clean water and wring out
- 4 - Apply antibiotic ointment to underside of gauze
- 5 - Use swabbed tweezers or cotton buds to place a thick stack of gauze in the wound
- 6 - Cover with a pad and secure with tape
- 7 - Change outer gauze at least daily. More often if it soaks through. Leave no longer than 2 days.
- 8 - Keep clean and dry
- 9 - Remove in warm soapy shower. Don't soak in a bath.
- 10 - Always dispose of waste carefully – seal in a plastic bag
- 11 - Continue to change dressing until the wound closes from the bottom up.



## When do I need URGENT medical care?

- Fever over 101°F, or chills/sweats
- Painful becomes extreme
- Swollen becomes extreme
- Red area grows beyond the marking
- Red streaks start above wound
- Soreness with moving infected area
- Dizziness, passing out, confusion

## Go to Accident and Emergency NOW

You need antibiotics immediately and may need other treatment. If you delay, you risk losing a limb or organ failure leading to death.

## Who can help?

**Any health service e.g. GP, hospital Community Health Centres and Aboriginal Medical Services or specialist Drug and Alcohol services. Chemists stock gauze, creams etc and advise on their use.**

**AVOID ABSCESSSES BY ALWAYS USING STERILE EQUIPMENT, SWABBING, WASHING HANDS, FILTERING DRUGS**



# WHEN SHOULD I SEEK MEDICAL ASSISTANCE?



IF YOU FEEL UNWELL, OR SOMETHING IS DIFFERENT

← A NURSE

INJECTION SITE IS FEELIN' HOT?



OR YOU FIND YOU SWEAT A LOT?



PUS IN YOUR INJECTION SITE?



PISS IS DARK?



SHIT IS LIGHT?



FEVER?



RASHES?



ALWAYS BEAT?



OR YOU NO LONGER WANT TO EAT?



THEN GO TO SEE YOUR GP, AMS, COMMUNITY HEALTH CENTRE, DRUG AND ALCOHOL SERVICE OR LOCAL HOSPITAL ACCIDENT AND EMERGENCY

AND REMEMBER...

GET TESTED  
**REGULARLY**  
FOR VIRAL INFECTIONS  
LIKE HEP B, HEP C  
AND HIV...  
EVEN IF YOU DON'T  
HAVE SYMPTOMS!



# WOUND CARE

**Injecting injuries can be avoided but they do happen. This is a guide on how to look after yourself if you get an abscess**

**What is an abscess? An abscess is a skin infection with redness, swelling, warmth, pain/tenderness – feels like a spider bite:**

## What are the risks?

**An abscess can cause serious problems – including:**

- blood poisoning (sepsis)
- the infection spreading to the heart, brain or spinal cord
- tissue death in the area of the abscess/gangrene, the loss of a limb

## What can I do if I get an abscess?

**Draw a line around the red skin to monitor the infection – if it reduces, great, if it grows you need to seek more help**

**Apply heat directly to the abscess – use a hot water bottle or even a hot towel, keep the wound raised above your heart when treating**

**Remember, always wash your hands**



## When should an abscess be drained?

**If it's noticeable that the infection has grown you might need to drain the abscess. Other signs are:**

- Fluid-filled cavity, compressible
- Yellow or white centre
- Central point or head
- Leaking pus

**AVOID ABSCESES BY ALWAYS USING STERILE EQUIPMENT, SWABBING with alcohol, WASHING HANDS, FILTERING YOUR DRUGS**



## **Treating an abscess if it's getting worse:**

It is best to seek professional help from a nurse or doctor. Visit your local community health centre, GP, Aboriginal Medical Service if your abscess is larger than 2 cm, has red streaks or won't heal. You may need antibiotics. These are the steps to treat an abscess if you can't access medical care:

- Wash hands thoroughly, with alcohol rub if possible.
- Draw pus out – make sure a sterile fit or scalpel is used.
- Moisten cotton or gauze with clean water and wring out.
- Apply antibiotic ointment to underside of gauze
- Use swabbed tweezers or cotton buds to place a thick stack of gauze in the wound.
- Cover with a pad and secure with tape.
- Change outer gauze at least daily. More often if it soaks through.
- Do not leave longer than 2 days.
- Keep area clean and dry.
- Remove in warm soapy shower. Don't soak in a bath.
- Always dispose of waste carefully – seal in a plastic bag.
- Continue to change dressing until the wound closes from the bottom up.
- Always wash your hands!

## **When do I need URGENT medical care?**

- Fever over 101°F, or chills/sweats
- Painf becomes extreme
- Swelling becomes extreme
- Red area grows beyond the marking
- Red streaks start above wound
- Soreness with moving infected area
- Dizziness, passing out, confusion

**Go to Accident and  
Emergency NOW You  
need antibiotics  
immediately and may  
need other treatment.  
If you delay, you risk  
losing a limb or organ  
failure leading to  
death.**





# **REMEMBER**

**Hep C treatment is available to everyone – no matter what**

**Testing is free – contact your GP, AMS, Sexual Health or OST Clinic  
Treatment is low cost – available via Medicare**

**Cure rate is high – 95%**

**Side effects are low for most people**

**No luck with your local clinic?**

**Ring NUAA for advice on  
02-8354-7300 or 1-800-664-413**



# Yes, the New Hep C Treatment Really is a Cure

**Get Tested! Know Your Status! If You've Never Injected Drugs, You May Have Been Exposed to Hep C**

## ANTIBODY TEST

1st blood test to tell if you have ever come into contact with the hep C virus

## PCR TESTS

2nd blood test to see if you are still living with hep C or cleared it without treatment (25%)

## FIBROSCAN

Painless, non-invasive ultrasound to check liver damage

Replaced the old biopsy

Not always needed

## VIRAL LOAD TEST

Assesses how much hep C virus is in your blood

Helps decide your treatment regime

Assesses treatment progress  
2 negative Viral Load results and you're considered cured.

## GENOTYPE TEST

Tells which of the different genotypes of hep C you have

May help prescribing

**Get Treated! The new Hep C Treatment that's 95% sure to cure**

### FOR EVERYONE

Even if you are using

### AFFORDABLE

Available on the PBS

### WHO CAN HELP?

Your GP or prescriber  
Community Health, AMS  
Drug and alcohol services

### QUICK AND EASY

Usual dose 1 - 2 pills daily for 2 - 6 months

### FEW SIDE EFFECTS

Nothing like the old meds!

### GET SUPPORT

Talk to a peer support worker if you have access to one or call NUAA and get your own support person  
Call the Hepatitis Infoline on 1800 803990 for more options and an info pack to pass on to



# Cleared Your Hep C? Don't Get It Again!

Remember, Hep C can be passed on through:

**Filters**



**Tourniquets**



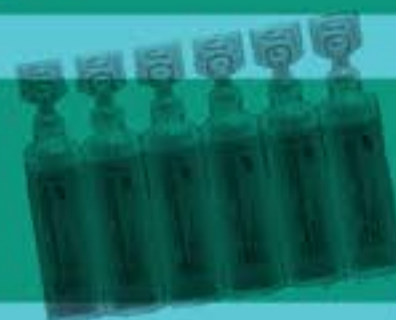
**Spoons**



**Syringes (Barrels and Tips)**



**Water**



**Hands** if you're helping someone inject or they're helping you



**Always Swab**  
**Don't share Any Equipment**





# **Eliminating Hep C Will Take PEER SUPPORT**

**... we must have a common understanding of what constitutes a peer worker, and peer workers must be valued, paid properly and an integral part of as many service models as possible.**

**The term Peer Worker must stop meaning low cost or free labour willing to do the jobs other service providers are unwilling to do and instead be understood as experts with a rare and valuable skill set. Without our commitment hep C will never be eliminated.**

**(Peer-led statement, INSHU 2017)**



# Fumbling Fingers and Adrenaline

## Saving a Life with Naloxone by Billie

The word goes through the building that a woman had overdosed and needed help. Someone had already called an ambulance, but I had been trained to reverse opioid overdose and so I run to help, armed with a naloxone kit. I've never used the kit before but I am prepared.

At least I think I am.

She is in her early twenties and is fading in and out of consciousness. She has lucid moments and can tell me it is her first shot in two years. She had misjudged her dose and she is scared she is going to die.

Suddenly it's a real situation – this woman's life is in my hands. The adrenaline hits me! I become all thumbs, I feel incompetent. I remember my training but have no real-life skills.

I open the Naloxone kit – it comes in a pencil case and has all the equipment I need and a pamphlet with instructions. I struggle to remember what to do with all this equipment.

As I am trying to reassure my patient, I begin pulling on the gloves. One drops to the floor. The next I successfully place on my hand, only to have it tangle in the zip of the pencil case. I now have a pencil case attached to my hand and am still no closer to helping this person.

The questions whiz through my head at a million miles an hour. There is a drawing-up 18-gauge blunt tip and a sharp 23-gauge tip for injecting. Do I have time to muck about with both? Do I really need to use the blunt? Isn't that wasting time? But if I only use the 23-gauge sharp will I end up damaging the tip on the side of the Naloxone vial?

I fumble the cotton wool and drop it on the floor. It's no longer sterile and I must discard it.

Then the vial won't open. I run my eye over the information in the pack to see how to open it but there are too many words, too many pictures dancing in front of my eyes. I try again and the top shatters into 10 pieces in my hands.

I am trying to be cool, to chat, reassure and observe...while the time ticks by. I draw up the liquid into the barrel ... do I really need to use an alcohol wipe? Of course, it seems too much to do, I am dropping things and the adrenaline continues to smash at me.

I administer the first intramuscular shot smoothly. No shakes. Nice depth. It's not perfect but it's effective.

Still, she isn't changing much yet so I am already thinking she might need a second vial. I pick up the pamphlet to find out how long I need to wait til the next shot and it seems like it is in another language. Okay, here it is: wait 2 to 3 minutes...

The ambulance comes and I am grateful to pass it over to the professionals. This story ends ok, she's alive, naloxone works. I feel good, and useful, I feel grateful. I helped save a life.

Today's lessons for me? I need to review my training. It would be great to role play with the kit with my friends until I'm confident I can stay calm and keep my attention with the person who is overdosing.



**DO YOU HAVE LIVED  
EXPERIENCE OF DRUG AND  
ALCOHOL TREATMENT?**

**MAKE A DIFFERENCE**

**GAIN NEW SKILLS**

***Come to the..***

**NUAA-WENTWEST PHN**

# **CONSUMER ACADEMY**

**FREE TRAINING AND  
SUPPORT SO YOU CAN  
PARTICIPATE IN AOD SERVICE  
DELIVERY**

<http://www.nuaa.org.au/GET-INVOLVED/CONSUMERACADEMY>

## **OCTOBER**

**4-5 & 11-12**

**10AM-3:30 PM**

**Max Webber Function  
Centre, Flushcombe Road  
& Alpha Street,  
Blacktown**

## **NOVEMBER**

**9-10, 12 & 14**

**Went West PHN**

**Level 1, 85 Flushcombe  
Road, Blacktown**

## **TOPICS**

**Advocacy & networking  
Overview of services  
and treatments**

**Engaging with clinical  
team**

**INTERESTED?  
CONTACT  
MELANIE?**

**02-8354-7300**

**[melaniej@nuaa.org.au](mailto:melaniej@nuaa.org.au)**



# **HOW TO RECOGNISE AN OVERDOSE**

**Signs of an opioid (heroin, fentanyl, oxys) overdose**

**Shallow breathing, breathing not regular, not breathing**

**Unusual snoring sounds (gurgling, choking)**

**Blue lips and fingertips (if light skinned)**

**Grayish or ashen lips and fingertips (if dark skinned)**

**Can't be woken up**

**It's not always easy to tell the difference between an overdose and sleeping – make sure your friends and family are safe – don't leave them to sleep it off**



# HEPC & YOU

A USERS GUIDE TO THE LATEST INFORMATION  
**TREATMENTS, TESTING AND MUCH MORE**



*If you would like a copy, contact the  
Australian Injecting & Illicit Drug Users League at  
[info@aivl.org.au](mailto:info@aivl.org.au)*



# HOW TO RESPOND TO AN OVERDOSE

If your friend or family member is overdosing

**Call an Ambulance**

**Put them the recovery position**

**Administer naloxone if they've had opioids**

**Stay with them until you're sure they're safe**



# **GAMMA HYDROXY BUTYRATE / GHB / G**

## **It's a whole new Game**

### **GET YOUR DOSE RIGHT**

There is no such thing as a "standard dose" of G.

Every batch, every person, every day is different.

Go slow – split your dose. Have a little bit first then top up.

### **G DOESN'T MIX WELL WITH OTHER DRUGS**

Drinking alcohol on G increases the risk of overdose

Combining ice with G does not reduce the risk of overdose

Always swallow G - it's an acid and will burn your veins if injected

Booty bumping may also produce scarring. If you must, dilute with water by at least 1:1

### **GUARD YOURSELF AGAINST OVERDOSE**

Make sure you're with friend and they know what you've taken

Don't leave your friends to "sleep it off" - try to wake them

Ring 000 quickly in case of overdose



# PAINFUL GAINFUL

# 3 MONTHS IN HOSPITAL

## by MARK

Mark spent three months in hospital because of an abscess on his spine. He has changed his injecting technique to prevent further infections.

Last year I was in hospital for almost 3 months with pain in my lower back. The agony was so intense, I was an atheist in prayer.

Fortunately for me, I ended up in Sutherland Hospital, which is one of the few hospitals that doesn't push a moralistic view about illicit drug use. I have a long history as an opiate user but the doctors who treated me did not punish me for that. They accepted my pain was real and recognised my tolerance to opiates meant I needed more pain relief, not less.

While the doctors established early on that I had golden staph and a resilient blood poisoning, it took a long time to put their finger on why the pain I had was so intense in my lower back. I had X-rays, CTs, MRIs and all sorts of other nuclear and you-name-it tests with no real diagnosis for some weeks. One doctor even suggested a bit of physio. I had some dental problems so there was a theory that I had an infection that started from my teeth. I was prioritised for dental treatment while I was in hospital. It was fantastic to get my teeth fixed, but they were eventually excluded as the reason for my painful infection.

A second CT was organized at another hospital with a more sophisticated scanner. I only managed to cope with the claustrophobic tunnelling machine because I had a lot of opiates in my system. There, the technician let slip that he spotted a problem with my spine.

When I got back to Sutherland, I hunted down my formal results and there it was: I had an abscess within my spinal cord.

This meant another 6 weeks on intravenous antibiotics. Operating was on the cards but rejected as an option in the end. When I was discharged I was still in pain, but it was at least manageable.

So, what was it all about?

The most likely cause of the infection was injecting methadone in 1mL fits, undiluted and filtered with only a bit of cotton. It was a stupid thing to do, especially because each time I have done it I have had

a miserable result, but I have persisted.

This wasn't the first infection I have had from shooting methadone, but it is the most serious and I am determined that it will be the last! On one occasion, a dirty hit resulted in a level 9 migraine with a hospitalisation. Unfortunately, I ended up at a hospital where the staff would not administer analgesia. They saw pain relief as rewarding me for doing something that they judged to be wrong.

Six months later I have a new GP who I am really happy with. I am also getting outpatient support from the Infectious Diseases Registrar at Sutherland Hospital. The localised pain has greatly dissipated. I have remained on a high amount of pain killers but this has gradually been consolidated into my methadone dose.

Importantly, I have changed my behaviour because of my hospitalisation. I am super clean when it comes to injecting anything these days - something which was also reinforced by the NUAA PeerLink training days that I attended recently. I have learned to use a wheel filter, I wash my hands and swab scrupulously and always make sure all equipment is new and as hygienic as possible.

I can't believe it took me this long to have a long hard look at my injecting technique, even though I had been getting dirty hits and abscesses on my skin as well as vein damage. Perhaps the change was motivated by realising that my behaviour could have a long term and serious impact on my health. Once you get this kind of infection, you are prone to getting them again and again. Apart from the pain, spinal infection can result in changes in sensation that at worst can mean paralysis, but can also cause the loss of bladder and bowel control.

From one peer to another, my message is this: learn to use cleanly, to filter out bacteria and to plan. It's no good telling yourself you'll never use again - then ending up in the same space because you do it without having all the equipment you need at hand. Get the knowledge, get the equipment. If you don't ever do it again, great, but if you do.... well at least you won't end up in a hospital for months in serious pain - or in a wheelchair.















# WHAT IS THE LAW ON CARRYING INJECTING EQUIPMENT?

## **Sterile equipment**

**It is legal to carry fits, barrels or tips if you got them from a Needle & Syringe Program (NSP, Chemist, health service, vending machine)**

**It is illegal to get fits from your friend or dealer**

**It is illegal to possess other injecting equipment (swabs, tourniquets, spoons) if you intend to use them to administer an illegal drug. You could be charged if you have illicit drugs on you or you admit that you are planning on using**

## **Used Equipment**

**It's not illegal to carry used fits, but they can be seen as evidence of self-administration. If you do carry used equipment, make sure it's in a bin (you can pick them up at NSPs) or a soft-drink bottle. Police are often more concerned about a potential needlestick injury than the equipment itself.**

**What do I need to know if I'm stopped by the police?**

**Can I be searched by police?**

**Yes, if they suspect you of committing an offence**

**Must I answer questions?**

**In most situations you don't have to answer police questions. It's best not to answer any police questions (other than your name and address) until you have got legal advice.**

**You do not have to go to the police station unless you have been arrested for an offence**

**Any questions? Had your sterile equipment taken by police?**

**Are the police monitoring your NSP?**

**Call NUAA on 02 8354 7300 or TOLL FREE 1800 644 413 so we can advocate on your behalf and help you lodge a complaint.**



# SAFER DISPOSAL

## HELP YOURSELF

TRY THE SAFESHARPS.ORG.AU WEBSITE OR PHONE APP

Just put in your location and it will direct you to the nearest sharps disposal sites

## HELP OTHERS

Call the NSW Needle Clean Up Hotline toll free on 1800 633 353 for pick up of fits thrown away in public places

## KEEPING OUR COMMUNITY SAFE

See a used fit on the ground?

PUT a disposal bin beside the fit

PICKUP the fit by the plunger with tongs

PLACE the fit in the bin, sharp end first

## BINS TO SUIT YOUR FIT

AT YOUR NSP YOU CAN PICK UP A DISPOSAL BIN TO FIT YOUR NEEDS - FROM A BLACK SCABBARD THAT HOLDS A SINGLE FIT TO A YELLOW 22L BIN THAT HOLDS OVER A THOUSAND! THEN TAKE THEM BACK FULL TO ONE OF THESE LOCATIONS!

**NSPs outlets and outreach services** will take your dirties as well as provide / deliver new equipment & bins

**Hospitals.** All public hospitals & some private hospitals have a big public sharps bin, usually near Accident & Emergency **Drug & Alcohol Services** like detoxes, methadone clinics & counselling services accept used fits

**Chemists** on the Fitpack Scheme will take used fits in a standard black or yellow fit box

**Community Services** that are "secondary" NSPs and provide equipment will take fits in black or yellow fit boxes

**Some public (council-run) and customer (in private businesses) toilets** have sharps bins on the wall for singles

**Councils** often provide larger capacity bins in public places - call your local council office. Many councils will pick up fits from public areas. NUAA has worked with councils to train peers for fit clean-up

**Some clinical waste contractors** will do a household pick-up service of full sharps containers and provide a new one (but charge a fee).

Call NUAA on 02 8354 7300 or toll free 1800 644 413 if you are having trouble finding a place to dispose of your used equipment.



# WHERE TO SCORE FITS

These are only some of the NSP outlets in NSW. If you can't contact the number above, or don't know the nearest NSP in your area, ring ADIS on (02) 9631-8000 1-800-422-599

Location - Phone Number - Clinic/Nurse on Site - Hep C test/Treatment/Referrals - Naloxone Training - Outreach

Albury	60581800	X	✓	✓	X	X
Armidale (Inverell/Tamworth)	0427851011	✓	X	X	X	X
Auburn Community Health	87594000	X	✓	X	X	X
Ballina	66206105	X	✓	✓	X	X
Bankstown	97802777					
Bathurst	63305850	X	✓	✓	X	X
Bega	64929620	✓	X	✓	X	X
Blacktown	98314037	✓	✓	✓	X	✓
Bowral Community Health	48618000	X	✓	X	X	X
Byron Bay	66399675					
Campbelltown, Liverpool, Camden Hospital ED	87386650	X	✓	✓	X	X
Canterbury HARM	97182636	X	X	✓	✓	X
Cooma	64553201	✓	✓	X	X	X
Dubbo	68412489	X	✓	✓	X	X
Gosford	43202753	X	✓	✓	X	✓
Goulburn S East	48273913	✓	✓	✓	X	X
Grafton	66418712					
Hornsby	94779530	X	✓	X	X	X
Ingleburn Community Health	47822133	X	X	X	X	X
Katoomba / Blue Mountains	47822133	X	✓	X	X	X
Kings Cross KRC	93602766	✓	✓	✓	✓	✓
Lismore HARM	66222222	X	✓	X	X	✓
Liverpool	87386650	X	✓	X	X	X
Manly	99772666	✓	X	✓	✓	X
Marrickville HARM	95620434	X	✓	X	X	X
Moree	67570000	X	✓	X	X	X
Moruya	44741561	✓	✓	X	X	X

Mt Druitt	98811334	✓	X	X	X	✓
Murwillumbah	66709400	X	✓	X	X	✓
Narellan Community Health	46403500	X	X	X	X	X
Narooma	44762344	✓	X	✓	X	X
Newcastle Harm Min Prgm	40164519	✓	X	X	X	X
Nimbin	66891500	X	✓	✓	X	✓
Orange	63928600	✓	✓	✓	X	X
Parramatta	96875326	✓	✓	✓	✓	✓
Penrith/St Marys	47343996	✓	✓	✓	✓	✓
Port Macquarie	65882915	✓	✓	✓	X	✓
Queanbeyan	61507150	✓	✓	✓	X	X
Redfern HARM	93950400	✓	✓	✓	✓	X
Rosemeadow Community Health	46334100	X	X	X	X	X
St George	91132944	X	✓	X	X	X
St Leonards	94629040	X	✓	X	X	✓
Surry Hills ACON	94629040	✓	X	✓	X	✓
Surry Hills NUAA	83547343	✓	✓	✓	✓	X
Sutherland	95221046	X	✓	✓	✓	X
Sydney Hospital	93827440	X	✓	✓	✓	X
Tahmoor	46836000	X	X	X	X	X
Taree	65929315	✓	✓	✓	X	X
Tweed Heads	0755067540	X	✓	✓	X	X
Wagga Wagga	69386411	X	✓	✓	X	X
Windsor	5605714	X	✓	X	X	X
Wollongong/Port Kembla	42751529	X	X	✓	✓	✓
Yass	62263833	X	✓	X	X	X
Young	63828888	X	X	X	X	X



**COMUNIDAD**  
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**СОБЩЕСТВО**  
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**СОЛИДАРНОСТЬ**  
**SOLIDARIDAD**  
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