USER'S NEWS

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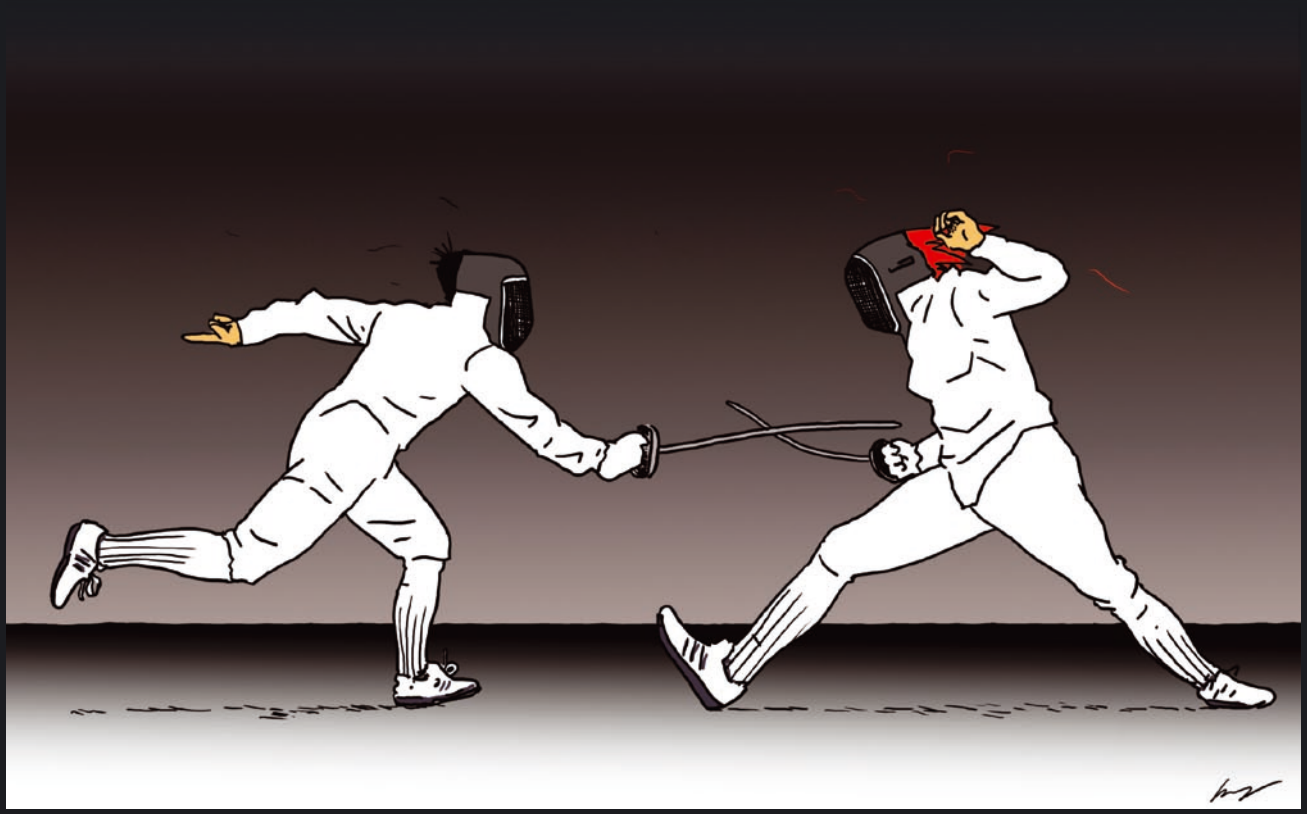
Denmark's Drug User Union: Building Change from The Ground Up

New Tips for Cleaning Equipment

Reflections on the International Harm Reduction Conference 2010

Sharps and Showbiz: The Truth under *Underbelly*

BE A MASTER NOT A ROOKIE



EVERYONE CAN BE AN EXPERT AT BLOOD AWARENESS

Blood awareness means:

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

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How About a Drug Policy Revolution, Prime Minister?

editorial

Around the world, quiet revolutions in drug policy have been taking place. When the War on Drugs was declared by the United States in the 1970s, almost every country in the world got on board with gusto. Twenty years later, with little evidence that a zero tolerance, hard-line approach is effective, a handful of countries decided to pursue their own policies, despite enormous pressure from the US to keep the up status quo.

For example, in 1994 Switzerland introduced mainland Europe's first heroin maintenance trial, despite strong opposition from the United Nations Office of Drugs and Crime. An evaluation in 1997 showed that heroin-assisted treatment improved people's physical and mental health and quality of life, and that people on the program committed fewer crimes. Despite claims that legal heroin would see more people using it, heroin use in Switzerland since heroin-assisted treatment began has in fact declined.

Switzerland's pot laws have also changed. Why? Because in 1999 the Federal Commission for Drug Issues released a report evaluating marijuana law which found, among other things, that acute toxicity of marijuana is generally rare, high doses of marijuana may produce a psychotic state but reassurance is often enough to calm the person down, and physical dependence is very low. So in 2001 the Swiss Senate removed the prohibition on marijuana and made it possible for it to be purchased lawfully. The government found nothing alarming enough about pot to continue criminalising its use.

Portugal in 2001 became the first European country to abolish all criminal penalties for personal drug possession. Drug users, it was thought, were better targeted with therapy than with prison sentences. Last year a study found that, eight years on, illicit drug use by teenagers had declined, the rate of HIV infections among drug users had reduced, fatal overdoses had been cut by more than half and the number of people seeking treatment for drug dependency had doubled.

The Netherlands are famous for their tolerance of cannabis, which can be purchased in designated coffee shops around the country. What do the Dutch get for their permissiveness? Fewer Dutch citizens use pot than their neighbours in the UK, Spain, Italy or Germany. And with the money presumably saved from law enforcement, 90% of people looking for a detox program can actually find one.

It's not just in Europe where countries have defied the US-led head-in-the-sand approach. Mexico recently passed legislation that decriminalises possession for personal use of any illicit drug. The Argentinean Supreme Court has ruled that it is unconstitutional to punish people for the private consumption of marijuana. Brazil and Ecuador are considering doing the same.

Medical marijuana is widely available in California, the largest state in the country that has most vigorously – and often violently – sponsored the zero-tolerance approach to drugs. California will hold a referendum later this year on decriminalising and taxing marijuana.

Australia suddenly has a new Prime Minister, one who cut her political teeth in student politics at university in the 1970s. Julia Gillard is the first Prime Minister to have admitted to trying illicit drugs, and is unlikely to have been viscerally frightened by drugs in the manner of the generation before her. "At university, I tried it [and] didn't like it. I think many Australian adults would be able to make the same statements… So I don't think it matters one way or another", she said in 2008. Cabinet ministers Wayne Swan and Peter Garrett have also admitted to smoking pot, as has former opposition leader Malcolm Turnbull.

Apart from the Hawke Labor government's implementation of the needle and syringe program in the early 1990s, and NSW Labor leader Bob Carr's support for the Medically Supervised Injecting Centre 10 years later – both extremely successful initiatives – no government anywhere in Australia has improved drug policy since. Gillard leads what she claims to be a genuinely progressive party, energetically reforming policies that no longer work and supporting rather than punishing people who might have lost their way. She should apply these virtues to drug policy, beginning perhaps by supporting Australia's own heroin trial.

Australia was once a leader in new and bold initiatives for people who use drugs. Now Europe, Latin America and even the United States have taken that mantle. It's time to take it back.

Gideon Warhaft

Former Top Judge Calls for Regulation of Drugs

Former ACT Supreme Court judge Ken Crispin QC has called for drugs to be regulated and made a health rather than a criminal issue. Crispin, once a barrister for Lindy and Michael Chamberlain, has called for politicians to challenge established wisdom and to consider letting governments take over the drug trade. In his new book, *The Quest For Justice*, Crispin writes, "We should seriously consider licensing and regulating the sale of drugs, as our societies do with cigarettes and alcohol… If we continue to follow the policies we are pursuing, we are going to make a real mess. We are going to make things worse."

Crispin argues that in the wake of September 11, Australia lurched to the right and policy makers, gripped by "panic stricken hysteria", lost sight of the basic values we share and rights we enjoy. But, he says, "I've been to too many funerals, held too many parents while they sobbed their heart out, and heard too many questions to which I have no answers to be content with sitting on the sidelines and taking the safe course in terms of public opinion."

Meanwhile, there's been a new push for supervised injecting centres in Victoria. A report published by the Burnet Institute, *The Potential and Viability for Establishing a Supervised Injecting Facility in Melbourne*, found clear evidence that injecting centres, including mobile injecting facilities, were beneficial, but acknowledged that a lack of political will was the major stumbling block.

Source: smh.com.au, Star Observer

Prison a Revolving Door for Dual Diagnosed Inmates

A new survey has found that prison inmates with a mental illness and a drug or alcohol problem have a 67 per cent chance of reoffending and returning to prison.

The NSW Bureau of Crime Statistics surveyed 1,208 inmates who had previously taken part in a Justice Health survey in 2001.

Bureau director Don Weatherburn stated that intensive drug treatment and psychiatric programs for released prisoners could reduce reoffending, which would both save money and "make the community safer".

Fewer than a quarter of surveyed inmates stated that they did not have either a mental illness or a drug or alcohol problem.

Source: SMH

One in Three Injecting Prisoners Could Get Hep C, Expert Warns

Up to one third of ACT prisoners who inject drugs could contract hepatitis C while in jail unless the government implements a prison needle and syringe program, warns an expert in blood-borne viruses. Professor Kate Dolan, from the National Drug and Alcohol Research Centre, recently conducted a study into NSW prisons which found that one-third of inmates contracted hepatitis C while incarcerated. The warning comes after the ACT government revealed that it may face legal action from an inmate who contracted hepatitis C while in the Alexander Maconchie Centre.

NUAA has long called for needle and syringes to be made available in NSW prisons, arguing that the alternative, needles and syringes being re-used and shared often hundreds of times, is completely contrary to harm reduction practices. Several countries run successful prison-based NSPs, including Switzerland, Germany, Spain, Luxembourg, Moldova, Kygyzstan and Belarus.

Source: Canberra Times

Greens Remain Committed to Drug Reform

The Greens have reinforced their commitment to drug reform, calling for the national introduction of medically supervised injecting rooms.

"We support any intervention within a harm minimisation framework that is supported by evidence", stated Greens candidate Richard Di Natale.

The Greens' drug policy includes expanding the availability of drug substitution treatments such as methadone, issuing fines and/or treatment orders for people convicted of "personal use" possession, and banning political party donations from alcohol and tobacco companies.

Source: The Age

Fungal Encounters of the Afghan Kind

Afghanistan's production of illegal opium is set to fall by up to 25 per cent this year.

According to the United Nations Office on Drugs and Crime, a fungal disease has infected half of this year's opium crop in Afghanistan.

Some Afghan farmers, however, have accused the United States and Britain of spraying herbicide to destroy the crop, which they say puts many farmers at risk of poverty in the midst of the escalating war.

The Afghan opium industry accounts for around 90 per cent of global heroin supply, and has an export value of between $3 billion and $4 billion per year.

Evidence indicates that both the Taliban and groups connected to the Afghan government are actively involved in the narcotics trade.

Source: SMH

Netherlands and Canada Push for Drug Law Reform

A group of Dutch politicians and academics have written an open letter to the parliament, calling for all drugs to be legalised.

In the lead up to the June 9 general election, the open letter argued that regulation would decrease criminal gang activity and reduce the $21 billion cost of crimes related to drug prohibition.

The Netherlands election saw the conservative/liberal People's Party for Freedom and Democracy barely gain the highest votes, but the party's anti-reform Prime Minister Jan Peter Balkenende resigned after taking responsibility for the party's lacklustre campaign. A new cabinet is yet to be formed, but the Labour Party's Job Cohen, who supports legalisation of soft drugs including marijuana, is tipped to be the new Prime Minister.

Meanwhile, a Canadian university study has called for the end of Canada's criminalisation of marijuana users, recommending a series of public health initiatives to educate users.

Over 1000 marijuana users across Canada were surveyed in the study, which was overseen by Simon Fraser University's health sciences department. The study was designed to recognise the difference between intermittent users of marijuana and long-term frequent users who may experience health problems as a result.

Sources: The Vancouver Sun, South African Press Association

(Can I Get Some) Satisfaction?

Sir Mick Jagger has called for legalisation of drugs on the Isle of Man, as a test run for decriminalisation across the United Kingdom.

"Human beings seem to have a propensity to want to take drugs in some form. I think you have to take that as read", the Rolling Stones singer said on CNN. "But then what do you do when it affects so many people's lives, and not in a good way? And then also you get a lot of violence at both ends of the scope. That's the part that speaks to some sort of legalisation."

"You usually try these things out in very small places… you should try the legalisation of all drugs on the Isle of Man and see what happens", Sir Jagger said.

The Isle of Man, located in the Irish Sea between Belfast and Blackpool, is a self-governing dependency of Britain with a population of 30,000. It is frequently used as a test market for telecommunications and other commercial enterprises.

Source: The Guardian

Licence to Butt

A Sydney academic has called for the introduction of licences for tobacco smokers.

Professor Simon Chapman, of the Sydney School of Public Health at the University of Sydney, believes that tobacco should be regulated in the same way as prescription pharmaceuticals.

Professor Chapman has worked for three decades in the field of tobacco control, specialising in tobacco advertising.

"Cigarettes should be available to people who decide they want to be smokers and are prepared to put in the required work… just like shooters have to get a gun licence", the professor said.

Source: Sydney Central

Nice Country, Australia

I am a South African woman currently at Mulawa in Silverwater Correctional Centre. I have been in custody for almost a year now. I was arrested at Sydney Airport and had never been to Australia before. Pity that I will not get a chance to see anything in Australia besides jails. I will be deported once my sentence is over and will receive a 100-year ban from entering this country. I have been using drugs for 15 years, starting with pot and then doing everything else in between. My last poison was ice and was probably the most damaging. I have been drug-free since my incarceration and I really want to stay that way.

When I first arrived at Mulawa I knew nothing about Australia and its people. A year down the track it's quite a different story. In the beginning girls would talk about drugs and I hardly knew what they were talking about – gas, gear, hammer! These terms are not used in South Africa. I also noted that drug preferences were quite different. The consumption of pills is not a common occurrence in South Africa. If anything, I thought they were talking about eckies – those are the only pills I knew about. I'm still quite amazed at how many prescription drugs are misused in this country. I realise that my knowledge of Australian drug use is based on the point of view from jail talk, however I think it is quite accurate.

I come from Cape Town – ice and mandrax (a downer smoked on top of pot) are the most prominent drugs right now. Heroin is on the rise, but nothing compared to here. Plus they mainly "chase the dragon" – needle use is not that big in my country. Over time I've caught up with the lingo and know much more about drug use in Australia. What I've come to realise is that drug experiences are universal. Ice users here also "see Ninjas in the trees", hardly sleep and potter around for hours busily doing nothing. However, the approach to try making using safer for druggies I find amazing. I've been reading *User's News* since I got here and it is an invaluable resource. It is wonderful that there are people campaigning for users' rights. Needle and syringe programs, methadone (I know these have their own issues) – at least it is a much more realistic way of dealing with drug abuse.

In South Africa, there are hardly any rehabs and they are often very costly (making them inaccessible to most people). There are no groups who deal with issues which relate to active use. There is only help if you are in recovery and even that is limited.

Although I am vowing to stay clean, I think that it is so important for there to be such programs in place and for active drug users to be given the same respect and help that any other citizen receives. South Africa has many issues and we are still a developing country, but I hope they will take a cue from better developed countries like Australia and deal with drug users in a humane and pragmatic manner.

Thanks for the great mag. Keep up the good work.

Kim

Letters to the Editor

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NUAA offers heartfelt congratulations to Dr Alex Wodak and Dr Ingrid van Beek on their appointment as members of the Order of Australia (AM) for service to community medicine and public health policy.

Wodak and van Beek were chief architects of the two greatest harm reduction initiatives in Australia's history: the introduction of the needle syringe program across Australia in 1986, and Sydney's Medically Supervised Injecting Centre in 1999.

Mazel Tov!

Opinion

Safe from harm?

I have used drugs on and off for the last 15 years. In the dry times I went on bupe, 'done and naltrexone and did NA.

I spent a long time on methadone after heroin dried up in 2000 and saw the change to biodone. I was influenced by my much older boyfriend, an ex-army sergeant who'd thrown his career away on weapons and armed robbery offences. So we left Queensland and got on the 'done in Sydney. In Brisbane gear is pricey so he shot physeptone tablets. Upon arriving in Sydney he got on the 'done and was shooting all his four take-aways and buying a few more on top. As we all know, once you get on and over 40-50mgs the effects of the gear aren't so noticeable, so I guess it was a natural progression. He had to show me how to use the butterflies and barrels. We liked the orange butterflies and 50ml barrels, diluting it half with water. It wasn't long before I was shooting 'done three to four times a week. I was in a permanent fog, sleeping all day until he returned with takeaways, boofing it and sleeping or watching TV all night. Eventually I started using benzos, too.

I was content and believed that as my urines were clean I was a good girl. In reality, I had swapped the witch for the bitch. The 'done had a bad effect on my body: my liver function was high and I was constipated, shitting only twice a week. I looked hypnotised – my passport and driver's license photos from the time show vacant eyes, void of any lust for life. The more I used the more I wanted. Even after my boyfriend went back to Brisbane I still continued. I loved the ritual: the equipment, the time it took to get the dose away while watching television. It was bliss.

Later I had a straight boyfriend who made fun of my dribbling and burning of bed sheets and what he called conducting, where during REM sleep I'd move my hands in the air like a conductor. I looked like shit. I didn't get fat luckily, but it was the unseen blinkers that methadone's narcotic charm put on me. I achieved so little and used the handcuff nature of dosing to justify feeling like a leper and a fraud. I avoided straight people in straight jobs and instead wasted away on the dole, dreaming of a housing commission in Waterloo. Talk about high expectations – and I had been dux of my school in year seven! Just goes to prove smart people do dumb things to make their feelings go away, just the same as every other junkie.

I know I will never boof methadone again, even though I have just got back on it after some time off. The fact that all my friends on 'done shoot it up makes no difference. I just tell myself it's like shooting dirty cough syrup while remembering all my infections and dirty shots. Yuck. Give me smack any day.

Many people on the program have shot 'done at one time or another and a lot do it regularly. If we were honest we'd have to admit an injectable substitute is needed for the needle fixers. Isn't harm minimisation the key?

Tanja

A Service of Remembrance

For those who have suffered the loss of a loved one through drug use

Saturday, 25th September, 2010 at 4:30pm

Christ Church Cathedral  Church St, Newcastle

Please join us for supper after the service. All Welcome.

For more information, please call 0401 305 522

Methadone 101

At the end of 2009 the Kirketon Road Centre (KRC) in Kings Cross ran a six-week methadone discussion group called "Methadone 101". The program gave KRC a unique insight into our clients' beliefs and perceptions about methadone treatment.

During the course of the discussion group, we learned that some people didn't really have a good understanding of methadone treatment, even if they were on a program. In response, we decided to write this article to explain some of the basics of methadone treatment, including suggestions for how to navigate what is a very complex and often challenging system.

What is methadone?

Methadone is a synthetic (or man-made) opioid. It is similar to heroin except its effects last much longer, which holds off withdrawal symptoms for around 24 to 36 hours. It is important to understand that whilst methadone may have many therapeutic benefits for opiate users, it is still a drug of addiction and when you commence treatment you are essentially replacing one opioid drug of dependence with another. The main benefit of methadone, however, is that it's a legal and regulated drug which, when taken orally, reduces injecting and its associated harms. Many people choose to go on a methadone program because it offers them a chance to stabilise their lives by reducing their other opiate use.

What is effective methadone treatment?

An important consideration when going on a methadone treatment program is what dose to take. The correct or "therapeutic" dose will stop you from hanging out and will thereby reduce or eliminate your other opiate use.

If the dose is too low then you will continue to hang out, which will increase the chance of you using other opiates. If your goal is to stop using heroin, for example, an insufficient methadone dose will probably not help you because your cravings for heroin will not entirely go away. The exact dose to take varies from person to person and depends on a range of things, such as how much heroin you are using each day. You should discuss correct dosage with your case manager or prescriber.

Getting on a program

The first decision when considering methadone treatment is whether to go on a public program or a private one. Programs in public clinics are free, but most are full and many have long waiting lists. Perseverance may help you get linked into a program, but in some areas this is still impossible. Private clinics, on the other hand, will usually be able to accept new clients more quickly but there are ongoing costs involved. The Alcohol Drug Information Service (ADIS)* may be able to help you to locate the nearest program.

Financial respite

Feeling the squeeze? If you attend a private methadone clinic and find it difficult to pay for your doses, you may be eligible for financial respite. This involves applying for a temporary transfer to a public clinic so that you can have a rest or "respite" from paying fees at your private dosing clinic while your debts are paid off. You will need to discuss this with your clinic or prescriber to see if they can organise this.

Travelling

Travelling interstate can be difficult if you're on a methadone program (and going overseas is even more difficult, if not impossible, for most people). You need to find a prescriber or a program at your destination before you leave. Methadone programs are tightly regulated throughout Australia and prescribers must be given an "authority to prescribe" methadone from the Pharmaceutical Services Branch in each state. Travelling interstate takes a lot of organisation and patience. Prepare in advance by speaking with your clinic staff to set up appointments at the appropriate interstate clinic. All states have drug and alcohol services that can be contacted for advice.

Getting out of jail?

If you are released from prison and are on a methadone program, you will usually be prioritised to dose in a local

Methadone 101 (cont.)

public clinic upon release. It is important to speak with the Justice Health staff about setting this up before your release. If you find you are released from court and no arrangements have been made for your treatment, you need to organise a script as soon as possible, preferably within three days of your last dose. You need to do one of the following:

- Go to your nearest public methadone clinic and tell them you have just been released and need a script organised, or;
- Call Justice Health on (02) 9811 0144 during weekday working hours.

Coming off methadone

Some people are concerned about developing a long-term dependence on methadone. Coming off methadone requires time and careful planning. Reducing your methadone dosage too quickly can put you at risk of using other opioids and overdosing, so take your time.

If you want to come off methadone, first make a methadone reduction plan with your prescriber. You may need additional support for reducing your methadone, and there are a number of organisations, both in-patient and out-patient, which can provide this service.

For many people, methadone treatment can be a great opportunity to get control over their lives. However, it is a tightly regulated program, and navigating the health care system can be a confusing and frightening experience.

Gary Hampton and Greer Dawson
Counselling Unit, Kirketon Road Centre

**ADIS has a 24-hour toll-free contact number: 1800 422 599*

The Australian Drug Foundation also has detailed information about methadone on their website at www.druginfo.adf.org.au

Interesting Info about Methadone

Does methadone make you fat?

Most people on methadone are likely living a more stable life than they were before. This may mean such things as more regular meals, hence putting on some extra weight. Consider taking up some regular exercise and try to eat healthy meals if you are concerned about your weight gain. Speak to a nurse, doctor or nutritionist* for further advice.

Is methadone "liquid handcuffs"?

Some people think that methadone is very restrictive on their life, for example preventing them from travelling interstate or overseas. Being on a methadone program can be restrictive and it can limit your options for travel. There are, however, ways of dealing with this. The best solution is to try to be organised and talk to your clinic in advance about your plans. It may take a couple of weeks to organise dosing points in other parts of the country, so give as much notice as possible.

Does methadone rot your teeth?

Methadone itself has no effect on teeth, but like all opioids (including heroin), it can decrease saliva production in the mouth, which reduces your natural protection against tooth decay. Maintaining good dental hygiene through regular tooth brushing and flossing can help against this. Some people find it beneficial to chew sugar-free gum after their dose, which helps to stimulate saliva production.

**Contact the Albion Street Centre Nutrition Division on (02) 9332 9600 to see a dietitian free of charge.*

Hundreds and thousands

I would like to share a story with you that just about cost me my life eight years ago.

I was in a serious accident, leaving me with extensive spinal damage. I've suffered from ongoing chronic pain ever since. As a result, I became dependant on opiodes. I soon learned that the Kapanol tablets I was taking were more effective if I took them intravenously, like how the hospital administered them – that was my way of convincing myself it wasn't so bad.

Kapanol come as a clear plastic capsules containing spherical granules that look just like hundreds and thousands, the only difference being that they're a uniform off-white colour.

I used to sit on my bed in the exact position, mulling and shooting the Kapanol three to four times every day for around two years. The only remnants were the Kapanol's outer skin. Often some of the hundreds and thousands would fly off in different directions – either onto my doona or into the thick, plush carpet. But there was a benefit to these little white balls flying off everywhere: I soon realised that whenever I ran out of tablets and wasn't due for another script I could always go hunting for these little hundreds and thousands. I'd sift through the carpet and shake out the doona and rarely come up empty.

Around this time I started running out of energy and sleeping continuously. My local GP conducted some basic drug tests and told me that my haemoglobin level was critically low. I was sent to our local hospital's associate professor of haematology, who immediately performed the first of many blood transfusions. He then admitted me to the cancer care ward, later explaining that his initial diagnosis was that I had developed a form of leukaemia called spherocytosis, where your red blood cells get destroyed in your spleen as they are made. They were going to remove my spleen. Yet my spherocytosis diagnosis had the doctors baffled. It almost always presents in people of European or Japanese descent, which should have counted me out.

Yet after many more tests including another six blood transfusions, my haematologist asked me, strangely, if I'd been injecting any moth balls? "As we've found arsenic", he explained.

What? No way!! Then I thought… as the prior tenants had dispersed moth balls throughout my premises!

With chemists shut and dealers out I was often hanging out badly when I started scrounging for my dear little white balls and injecting what I found. More than once did I experience what most would call a "dirty" hit.

When the specialist asked me if I'd injected any arsenic, I recalled that whatever I picked up off the carpet generally made a dry, crackling sound (for which I had no room for explanation). I was crook and this had worked before. I didn't realise I'd been shooting up moth balls mixed in with my beloved Kapanol.

So here I was in Nepean Hospital's cancer ward, surrounded by desperate and upset family members facing the possibility of my imminent departure from this world. And I was just 35 at the time. I was so embarrassed.

Anyway, I got better, totally straightened up for the first time in years, and even managed to congratulate myself for beating the addiction with an overseas trip. I'm now on 6ml of bupe.

When I played rugby they called me "Silly Hilly". At least I'd lived up to the nickname.

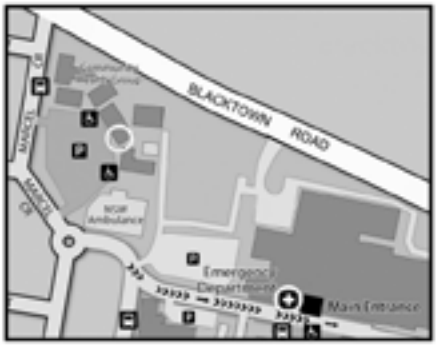
Stuart

Illustration: Tony Sawrey

New Vending Machines & Dispensing Units are coming to Western Sydney

Accessible 24 hours a day, 7 days a week

Blacktown



Blacktown Community Health Centre
Blacktown Needle & Syringe Program
Unit 6, 1 Marcel Cres, Blacktown
Vending Machine
1ml & 5ml fitpacks @ $2.00 each

Blacktown Hospital
Emergency Department
Blacktown Road, Blacktown
Free dispensing unit
1ml fitpacks only

Mt Druitt

Mt Druitt Hospital
Emergency Department
75 Railway Street, Mt Druitt
Free dispensing unit
1ml fitpacks only

Mt Druitt Hospital
Main Entrance
75 Railway Street, Mt Druitt
Vending Machine
1ml & 5ml fitpacks @ $2.00 each

Westmead

Westmead Hospital
Emergency Department
Cnr Hawkesbury &
Darcy Roads, Westmead
Free dispensing unit
1ml fitpacks only

University Clinic
Hawkesbury Road, Westmead
Vending Machine
1ml & 5ml fitpacks @ $2.00 each

For more information phone freecall 1800 354 589

36x South Dowling Street

Between 1988 and 1999 I lived in literally dozens of share houses in inner Sydney and Melbourne. Like many thousands of other post-high school losers, my friends and I lived nomadic existences in which we collided almost at random and formed brief alliances in these rented dwellings like so many unstable chemical compounds. Four to six months was an average stint in any of these hovels, and a move could be inspired by a ten dollar rent increase, an argument about a phone bill or the washing up, or the necessity to leave town to escape a raging dope habit. Although our relationships often approached the intensity of genuine friendships whilst we lived under the same roof, it was rare to maintain contact with an ex-housemate once the universe had reclaimed them from the locus of a shared address.

Although many share house denizens could trace a similarly fragmented trajectory around the inner suburbs of Sydney, Brisbane and Melbourne (no-one I ever knew stayed in Perth or Adelaide long past their 17th birthday), the heart of my share house story pulses in a six month slice of 1990 at 36x South Dowling Street, Darlinghurst, NSW 2010.

36x was, and still is, a pus-coloured four bedroom terrace shrouded in black soot from countless passing cars and trucks, like an Antipodean negative of the same house, covered in snow in another hemisphere. Situated as it is on one of Sydney's major arteries, I walk, drive or cycle past 36x several times a week. Once in a while, I will buy a tuna on brown from the sandwich shop a few doors up and stand outside 36x chewing, while I squint up through the branches of the tree out front, trying to discern any traces of my history there, or any evidence of the current lives which traverse this space 20 years on. The house hasn't undergone too many changes: somebody has crudely coloured in the numbers 3, 6, x with what looks like crayons, and a brutal looking security grate has been screwed to the downstairs bedroom window where Michelle, a very sexy girl with freckles and auburn hair, gave me my first shot of ox-blood. In all the years I have passed by this place since my residency there came to an end, I have never seen anyone entering or leaving the house, witnessed any movement inside, or even heard any voices or music emerge from its interior.

There's a French artist called Christian Boltanski who makes installations from old photos he finds at flea markets. He re-photographs every person in a group photo as a single portrait, enlarges them, frames each one and hangs them around a room, illuminated by small, naked bulbs. In *The Children of Dijon*, an assemblage made up of individual portraits extracted from class photographs of schoolchildren, Boltanski explains that his intention is to re-establish the individuality of those massed together in death (Boltanski is simultaneously talking about the death that we all face, as well as making references to the massacres of the Holocaust).

Politicians in wartime always say 200 or 2,000 people were killed in this battle or that city, but Boltanski says that you cannot speak of a massacre of 200 or 2,000 people. It is always the death of one and one and one and one and one. This is what the individual photos show: here is the one who loved spaghetti and the one who had red hair and the one who played the guitar.

I don't know where most of us are these days. Some of us have done pretty well in later decades; getting off the dope, marrying, living overseas, pursuing careers in politics, science, art, academia, forgetting all about those rag-tag communities we once called home. For others the journey ended at 36x, or a similar house nearby, under the flashing red lights of the ambulance outside.

For me, every time I pass 36x South Dowling Street, I remember Ari who always popped wheelies on his motorcycle and had sparkling blue eyes and whose trust account I helped clear out by forging his mother's signature on the withdrawal slips, and Glen who had dreadlocks and wore feathers in his hair and probably hocked my camera for dope but never admitted it, and Leonie

36x South Dowling Street (cont.)

from Airlie Beach who wanted to be a teacher and always wore a denim miniskirt and thongs, and Belinda whom I slept with on several nights but who never let me fuck her, who then hooked up with some geek called Geordie who only had sex with her on acid "as an experiment", and Tim, the hurricane of a bass player who played in The Powder Monkeys and Bored! and who always wore the T-shirt I gave him on stage, and Sean who sang in The Freeloaders, and many others whose names I can't recall.

Many things can transport me back to these intersections of times and places and people which will never happen again. The smell of mouldy futons, reminiscent of our damp terrace houses from Newtown to Fitzroy to New Farm, the sight of murky blue of the homemade tattoos with which we marked our arms and legs, the taste of dope at the back of my throat every time I see the orange lid of a discarded fit on the ground as I walk by.

Uri

Illustration: Ursula Dyson

Recovery from Hep C Treatment

The number of people around the world receiving treatments each year for hepatitis C has declined over the past few years. Despite this trend, the aim in Australia is to double the current number of people commencing hepatitis C treatments annually, and to encourage more people into treatment who are on opiate substitution programs and/or currently injecting. But for this to occur, health bureaucrats and clinicians will need to think and act outside their usual boxes.

Current Interferon-based treatments are not very attractive; they are long, they can be arduous, and they are only effective in half of people with genotype 1 of the virus (about 55% of people with hepatitis C in Australia have this genotype). In addition, many of those being encouraged into treatment are not well-resourced, middle-class, self-regulating subjects who feel at ease interacting with clinicians and the health-care system. Simply increasing access alone might not be enough to significantly increase the numbers in treatment. The findings of a recent study by the National Centre in HIV Social Research (UNSW) highlight the importance of supporting patients on hepatitis C treatments, both during and immediately after treatment. One point where support is necessary, but currently does not exist, is in the six-month period leading up to the final treatment test result.

In this article the study's author, Dr Max Hopwood, suggests that more comprehensive and better systems of support are needed if the number of people commencing treatment is to be significantly increased.

My study into life after hepatitis C treatments came about through a mix of three things: first, I wanted to hear people's perspectives on their treatment experience, particularly from those whose treatment had failed them, after they had time to step back and think about it. Second, I identified a gap in the research literature; there are hardly any studies into the post-hepatitis C-treatment period, except for a small amount of clinical literature, mainly case reports. These reports show that a small number of people treated with interferon experience a persistent neurotoxicity – in other words, the effects of the drug on the central nervous system can linger for prolonged periods, making people unwell. Case reports also show that, in some instances, new symptoms can emerge in the weeks or months after treatment has finished. Finally, anecdotal reports from people in the sector (and testimonies on various websites) indicated that some people were having problems with their health after treatment. People often described symptoms which resembled their treatment side effects.

How the Study Was Conducted

To be part of this study you had to have finished hepatitis C treatment at least six months prior to being interviewed. I had no trouble finding people who wanted to talk about their experiences after treatment. I advertised the study in the Hep C Review and Good Liver magazines, thanks to Hepatitis NSW and Hepatitis C Victoria, and I was surprised at how quickly people contacted me and how eager they were to talk about their post-treatment experiences.

However, it is important to remember when reading the results of this study that it used a small sample of people who applied to be part of the research, and as such the findings do not represent the average experience of life after hepatitis C treatment. Instead, studies like this one show how diverse people's post-treatment experiences can be. So although these reports are likely to be uncommon, they are important to document in order to understand the range of all possible outcomes from treatment.

Brief Overview of Main Findings

Clinicians and health workers usually assume that patients will feel at least as good a month or so after treatment finishes as when they started, and probably much better if treatment clears their infection. In most cases this assumption seems to be true, but several people in my study reported that their health had not returned to pre-treatment levels, and this included people who had been cured of hepatitis C infection. Some people reported feeling so unwell at the time of their interview (at least six months after completing treatment) that they were unable to return to work, while others were finding it difficult to socialise with friends or form new relationships.

Individual accounts of well-being are influenced by many factors in a person's life, and this type of study cannot identify all those factors. But for many participants,

Recovery from Hep C Treatment (cont.)

one explanation they had for their ongoing poor health was the continuing effects of the treatment drugs. These people perceived that the side effects they had during treatment were still happening long after their treatment had finished. In people who did not respond to treatment, or who relapsed shortly after treatment, some thought that their ongoing ill health might also be caused by underlying liver damage from years of living with hepatitis C infection, and the ongoing effects of infection. These are indeed plausible explanations. Nevertheless, underlying liver damage seems unlikely to explain why some people reported feeling worse after treatment than they did before treatment.

The study also highlighted how people had difficulty dealing with the fall-out of a slower-than-expected recovery. Some were too sick to return to work when expected after finishing treatment and had run into financial problems as a result. Some people with partners and children felt that they were not meeting their family responsibilities for long periods after treatment. Participants talked about separating from partners and/or having to repair close personal relationships which were damaged during and immediately after treatment. Some in this study were annoyed by their clinics' disinterest in post-treatment issues and health problems; they were frustrated in their attempts to find information about the ongoing effects of treatment; they expressed disappointment in the lack of referral for medical care to address ongoing symptoms; some needed counselling for problems in re-adjusting to life after treatment; and nearly all participants wanted further support to help them get back on their feet after treatment.

For the majority in this study, their clinics provided no support after treatment. When treatment was finished, people were told not to return to the clinic. It is hardly surprising that people in this study were so concerned about finding avenues for support; they had been through a very challenging time during treatment and often they felt fragile, and sometimes ill, for months afterwards.

Could This Happen to Me?

How common are these types of post-treatment problems? It's a question many people want answered. Currently, we don't know. We need a study that uses a representative sample of people in treatment, then measures how well people feel before they start treatment and during treatment, and compares these data with those collected six months to two years after finishing. The results could tell us a lot about the long-term benefits and risks of hepatitis C treatment. Even if the worst problems identified in this study are only shared by a tiny minority of people, it is a risk that clinicians should warn their patients about before they start.

Implications of This Study

Ideally, after treatment is completed, feedback and support systems should be in place for people with ongoing health problems so that they can have continued medical care through their treating clinic. People need access to more and better organised information, both before and after treatment. Referral systems need to be in place at the end of treatment where people can easily access other health professionals and/or services if required, and there needs to be opportunities for obtaining further social support for those people who feel they need it.

One possible way to increase all types of support after treatment is to develop and implement a survivorship program, similar to existing programs for cancer survivors. A post-hepatitis C survivorship program would be available to anyone who felt they needed further medical care, information, counselling, referral or other means of support. It would aim to help people psychologically re-adjust to everyday life after treatment. In some cases it might be as little as referring people to the hepatitis councils for information or advice. For others, it might mean a period of face-to-face counselling until people feel able to adjust to life after treatment or a period of further medical care until their symptoms settle down.

If better systems can be put in place to organise appropriate levels of support during and after treatment then people on opiate substitution programs and/or who currently inject are probably more likely to consider having hepatitis C treatments.

Max Hopwood
National Centre in HIV Social Research (UNSW)

Good Shit?

During one of my many stays at Mulawa Women's Correctional Centre, I was placed two out with another girl, Sandi. Sandi was a great chick. After about a week together we starte planning to get my old man to give cash to Sandi's man so he could get some smoko. By the following weekend we had it sorted.

The weekend came, the visits went well, but Sandi got scared and swallowed the package. It was wrapped in a satty (satchel) bag with three balloons inside. Pretty safe, I thought. Sandi got back to the wing and went straight to my slot. I cracked open a full bottle of fizzy and told Sandi to start drinking. She took scull after scull, stopping only to put her fingers down her throat, but all to no avail. Two hours later we were trying anything to get her to bring it up. We wanted our smoke and we wanted it now! Finally, however, we accepted that we were going to have to wait until she shitted it out.

The next morning we got straight up to get our methadone and pills and we asked for some Laxettes. This seemed like a good idea at the time – anything to hurry it along.

All that day and all that night, nothing. Finally the next morning Sandi got up and said "Yep, I need to go to the toilet." She started on the toilet and soon got the runs. Afterwards she looked down into the bowl. "What do you see?" I asked. "I can see something" she replied. "Well get it then, quick."

She pulled something out. "What's that?", I asked.
It was the satty bag, and – horror – it was slightly opened. And because she had the runs, well, that's all I need to say…

What seemed like a bright idea at the time didn't take into account that Laxettes are designed to break down your stomach content. So the Laxette ate its way through the balloons (but not the satty).

So now all we had was a satty bag with a mixture of pot and runny poo. By now we were gloved up, rolling the pot between paper to dry it out. Finally it was ready to smoke. It was a long wait and we went through shit – literally – to get it.

I pulled my first cone and you know what? That was the best shit I'd ever smoked!

Cindy

Illustration: Bodine

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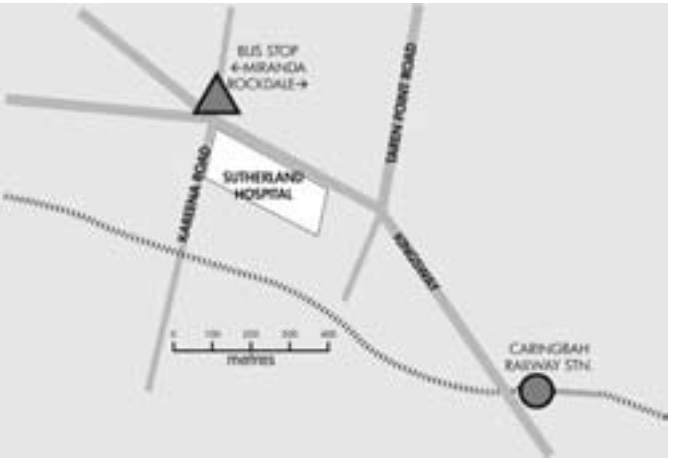

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3am Methadone Blues

It's 3am. I can't sleep. I toss and turn 'til I can't lay in that bed a second longer. I come downstairs where I've been trying to stay interested in the TV since about 1am, mostly for the fact that while sitting still is torture in itself, it's taken me two hours to drag myself to the kitchen for a cuppa, and now....

It's 3am. My methadone Take-Safe device will unlock at 5am. It's usually 6am but thank God for daylight savings being over and my clinic having not adjusted the timer. Two hours… I don't know what I'm doing. I don't know what I thought I was going to write… No-one can say I haven't tried. I'm still fighting, hanging in there. I just can't go back upstairs, even though I've kinda decided I have to. I keep delaying it: maybe tomorrow my body will adjust. Maybe I'll find a doctor who will really help me. Maybe I'll come up with $5000 for ibogaine* and maybe it is the quick fix that I just can't accept isn't out there. Stupid, foolish maybe. It's like drowning in an ocean: you cannot possibly swim to shore, you know it's inevitable that you're going under, still you just can't take your last breath and let go. So I keep fighting, even though I have to accept the reality: I will never get off methadone.

I am an addict. I will die an addict. Right now I'm on 25mg of methadone. I've been lower. I know how damn hard it is: how your perfect straight life slowly unravels as your dose gets lower. You've left a path of destruction on your journey to get there… and that's where I am, again. I'm at the part where it's just unraveling and certain disaster awaits. I just want to be able to handle simple, everyday things. I'm telling everyone it's temporary, telling them please, just hang in there with me. I'll be back to myself soon. And I still keep telling myself it will be worth it. It will all be over soon. But it won't. It will never be over. You are settled on a nice dose, maybe 50mg or something. Relatively low so that you can tell yourself you're not like all the others. You live a perfectly normal life, your partner goes off to work each morning. You send the kids off to school, do some housework, go shopping, whatever.

No-one watching would suspect where you've come from, and this gives you a kind of confidence. "I'm not like them, I can do it. I can get off this shit because I'm better than them." But that's easy to say sitting on a comfy dose, isn't it? And there's always the plan: I'll just come down and forget about it for a month, then come down again. I'll do it so slowly my body won't notice the difference. Yeah, if anyone had the kinda lifestyle to make that possible, it's me. I really don't interact with addicts. When I go to the clinic, I speak to no one.

It's strange how you go about your life. You wouldn't go out the door without makeup, you don't sit down at the TV until the work's all done, you make the kids do their chores... Then almost overnight that other side of you comes out: who gives a shit about make up? I won't get dressed till 2pm and I'll do the housework in small pieces, if at all. Who have I been kidding, sitting up here in this beautiful house telling myself my partner's a businessman? I'm better than those people. But those are his achievements, not mine. I'm just a junkie who dressed up in some new clothes and was lucky enough to be let into his world. Because I don't belong here. Some pretty woman who drinks champagne in the evening and thinks methadone is crystal meth and who chit-chats with the hairdresser about her sex life, that's who belongs here. And here I am trying to force myself into this world, trying to have the love of a man who so obviously deserves someone more like himself. I'm just a fake.

3:48am, an hour and 12 minutes to go. You know how some people just want to die? They've just had enough, no longer want to be alive. I wish I could want to die because this is so hard. But I don't want to. I don't know why: perhaps it's my children, but even if I had no children I wouldn't want to die. Even if I don't know why.

* Ibogaine is a naturally occurring psychoactive substance found in a number of plants that is sometimes used to treat opioid dependency.

3am Methadone Blues (cont.)

I've passed an hour writing this, stopping here and there to play Michael Jackson songs. Yesterday my partner's ex-wife left a message calling me a prostitute. I'm a bit younger than my partner and she's saying I'm just his sex toy. This woman is beautiful; far more than me. And I realised that she's right, that he would leave me for her. I know that he loves her and he will never love me like that. I just feel it from him and I love him so much. I am the woman you read about in romance novels, the mistress who Prince Charming lavishes with gifts but will never leave his wife for. I want to be the woman he lives for. I want to be the woman he'd die for. I want to be certain that my place in his heart is solid, that I can't be replaced. And I'm trying to pretend my way into it being true.

I'm just a 27-year-old girl who will spend her life fighting her demons. They will say she was a troubled girl, had a tough childhood and ended up on drugs. That's all they think I am. And no-one will ever know: is that because that is all I am?

4:14am. 46 minutes to go. Tick tock…

Sam

Illustration: Ursula Dyson

Dropping in on a Danish User Group

Recently NUAA's Sione Crawford attended the International Harm Reduction conference in Liverpool in the UK. A number of drug user activists also attended, including Jørgen Kjær from Denmark. Jørgen is the president of BrugerForeningen in Copenhagen. Like NUAA, BrugerForeningen (BF), which means "user union" in Danish, is one of the longest running drug user organisations in the world.

Sione interviewed Jørgen by Skype soon after arriving back in Australia, beginning with a video tour of the union's Copenhagen headquarters.

Looming over Jørgen's desk is an enormous world map with pins indicating all the user groups around the world. It's heartening that there are loads! The union itself is set up primarily as a drop-in centre. Its active members are called activists, which gives an indication not only of the political importance of BF but also the nature of the drop-in. The union has a broad range of activity rooms throughout the building. These include a library with a bed for visiting activists; a workout complete with weight machines and an electric massage chair; a hobby and tool workshop room; a music room with instruments and tech equipment for recording; a computer room where you can actually build computers as well as access the internet; a kitchen where meals are prepared and delivered to users who are sick or unable to move about freely; an art room; a conference and lecture room; an outside area with gardens and garden tools; and fifteen bicycles for activists (members and volunteers) to use to and from the union. In addition they operate a needle and syringe program and the SyringePatrol, where three activists walk around on a daily basis, picking up used gear disposed of in public and private areas. They even have a History of Opiate Use museum!

Sione Crawford: **Thanks for that tour, Jørgen. Those facilities are great. Do you have people running classes or workshops in some of these rooms?**

Jørgen Kjær: We don't run classes for users, but we have schoolkids coming from 8th grade and up – that's about 14 onwards. Some teachers come year after year with new kids. We have kids come from all over Denmark.

SC: **How did that start?**

JK: We never advertised it, but we were contacted by someone who wanted us to talk to the kids and it's grown from there. Some days we even have more than one class.

Besides the schoolkids we have lectures for students like social advisers, counsellors, nursing students, doctors, journalists, treatment students, law students and police cadets.

SC: **When do you close each day?**

JK: The union doesn't have a fixed closing time, but after 3pm the union is open only to members, not everyone. You have to be active too. As you saw in the tour there are plenty of floors to clean and 47 windows! We do cooking everyday so there are plenty of duties. Over the years we've discovered that the members develop better life circumstances and more self-esteem when they are involved and participate in something. Also the membership fee is only about $15 per year. It's not a big amount of money but, importantly, when they pay the fee people start talking about "we" and "our" union. It's important that it doesn't cost them to volunteer for us though, so they either have a duty bicycle to get here and to home or a bus card we provide. In addition we have 20 mobile phones, so whenever you work for the union you have a mobile phone with about 20 dollars' credit. These days you can also pay some fees with mobile credit. Then whenever they get paid whether pension or social fee they just pay back the treasurer.

But one of the biggest issues is that we probably need a generation shift as an organisation inside the next ten years. It's actually looking difficult. Up to now we have more or less represented opiate users and it seems we are a dying tribe. We need to revitalise a little bit.

Dropping in on a Danish User Group (cont.)

SC: **So how long has the union been going?**

JK: Well, BF, as we call it, is among the largest user unions in the world. We were established on the third of November 1993. We are turning 17 years this year and we are here to stay! We are very lucky – we started in the time of the left-wingers and so we were solid when the right-wingers came in to power!

In the early 90s the local government in Copenhagen City had an activity place for methadone users. But they had a big staff bill so they decided to close it down. The users there said, "Okay, then we are going to do our own place." They made an application with support from LFHN, a parent's organisation [a group of parents of users who advocate for users – like Family Drug Support in Australia] and one from the treatment field too. The government's social ministry agreed and donated money for three years.

SC: **Do they still fund you in the same way?**

JK: Yes, they do. And besides that we also have funding from Copenhagen City, who pay to keep the drop-in centre running. Then on top of that we have some money from the National lottery – they have money they give to social projects and we usually get the same amount each year. But it can change to be more sometimes.

SC: **Are there any specific conditions with the funding? Anything you must do with it or must not do with it?**

JK: Well they don't demand anything specific. We cannot travel abroad [using lottery funding], so when we do for the IHRA conference we need to find the money elsewhere, and from Copenhagen City the money comes from the same office that directs the public treatment, so we are always careful with our words.

I am the spokesperson and the only person who speaks for the union. That's because when I'm the only one speaking I know what I said before. I know more or less what I need to say to the media. I'm never negative in my attitude. For instance if we have a problem with the treatment I might start: "Treatment has improved over the years, but there is still potential for improvement." And then I can say what we want!

SC: **How is BF governed? I know there are many activist volunteers but do you have a board?**

JK: We have a board and it must consist of between five and seven members. In odd years we elect three members and in even years we elect four. To be on the board you have to be an active user. Not that we use urine tests, but we know our people.

SC: **What are the main issues that BF is dealing with right now?**

JK: At the moment we are addressing a particular public problem. In an area of high drug use there is a health room run by nurses and next door is another drop-in centre with two leaders and some volunteers. They are different projects.

It's a quite hectic scene around the area with [cocaine] freebasers. Ammonia is used commonly to make the freebase, and in the last year violent incidents increased among some of the bigger groups of freebasers and ammonia was thrown in the faces of some people, sometimes during robbery attempts or as part of internal violence. Naturally the citizens in the area of the health room and the drop-in were terrified of blindness. Ammonia is also hazardous to inhale.

I remembered many years ago when I freebased we used bicarbonate of soda – baking powder – to make crack, not ammonia. I wasn't 100% sure of my memory so I rang Raffi, a peer activist in Toronto, Canada – which shows how important user co-operation is. They have more experience of freebase and crack there so we checked with them. I then proposed to make bicarbonate available to users through the same places as needles and syringes to use instead of ammonia. Since March we have had these packs and have handed out 10,000 of them. Now we are also packing crack pipes with them.

This is a crack kit model imported from Canada. So each bag has two water containers, two bicarbonate packets, two pipes and two Stericups. This is completely new for Denmark. It's the first time anyone done harm reduction for crack or freebasers. Actually it's the drug of choice for the majority of people in the open drug scene right now. We knew that the ammonia would not go away immediately, and it hasn't – after all, users are usually conservative and if something works, why change it?

So we are planning to produce a video to show people and prove to them that the new process does produce what they want. It's very important that it was the user's union that came up with the solution. We can have statements from international friends that bicarbonate works, that they never use ammonia. We need to keep pushing on and making the information available widely and showing that we, the users, are the experts and have solutions for society.

SC: **In Australia cocaine is injected as well as snorted. But for some reason freebase and crack just hasn't taken off here. So what is the difference for those readers who don't know?**

JK: Doing the process with ammonia is freebase, with bicarbonate it is crack. The name comes from the sound as you smoke it – it makes more cracks than freebase. And here too we have never seen ready-made crack, just people making it themselves. Anyway, that's the difference here.

SC: **In Australia methamphetamine took off for a while and, in an attempt to stop people taking it, the government banned the sale of pipes used to smoke it. It's a shame drug policy is so often blindly reactive. Is this true in Denmark?**

JK: We are working actively to get a public using room. The City wants it, just as they want cannabis cafés, but the right-wing national government will not allow it. But this government has one and a half years left and it seems we might get a left-wing government next year. They are actively in favour of using rooms and they want to follow the legalisation policy of Portugal, which has made it legal to have up to 10 user doses of drugs on you.

SC: **That would be exciting! It feels like we in Australia are so far away from that right now. The Medically Supervised Injecting Centre in Sydney is great but it is still a trial after nine years! We need more of them but almost no politicians will support them.**

JK: Yeah, but that will soon change. I'm pretty sure that legalisation will come soon. If you look around the globe it is now more and more legitimate to discuss legalisation, whereas three or four years ago it wasn't an issue anyone would discuss openly. Even in the US now they have the Drug Policy Alliance and LEAP [Law Enforcement Against Prohibition]. Both are doing outstanding jobs.

SC: **Another thing of great interest to many readers would be Denmark's heroin prescription program.**

JK: Well, first of all the staff are very good. You dose with heroin twice a day and can have up to 450mg prescribed of the pure diamorphine in each shot. Of course, people sometimes nod off so the staff will just put a blanket around them and sit beside them for safety. They don't shake people or wake them. They let them enjoy the high!

The program staff approached BF and involved us from the start. All the workers were practical and wanted to know how to best bend the strict rules a little bit. It's very different from how other treatments are run. People were headhunted from other institutions and over half are new to the field. They needed BF and it means we have an influence. It also shows they have respect. We met with their leader the other day and it looks like we will have a very solid co-operation with them.

There are about 19 users on the program at the moment and they are signing up two people a week. So by year's

Dropping in on a Danish User Group (cont.)

end there will be around 80 on the program. It's not a trial but a permanent solution, although it will be evaluated along the way.

You can have as much as 900mg a day in two shots. The only problem is that they won't give take-away heroin, so at night there's only methadone. In the short term perhaps opening at night might help. And that is the problem with all treatment – it is built around office hours and around staff needs, not the needs of the users.

On the other hand, I go to my local pharmacy to pick up methadone in tablets six times a year.

SC: **What, methadone six times a year? Not six times a week?**

JK: Yes, two months of takeaways. It's normal to have a month, but the majority have a week at a time. I got the two months because I travel a lot. When you only have to approach the pharmacy six times a year, it's not a problem anymore. It's not directing your life.

With the heroin you must go in twice a day between nine and five and there must be six hours between shots. So that is the whole day gone and of course it means workers can't access this easily. It's crazy as they want us to be "normalized" but we can't even work. On holidays you must take methadone. This is despite the fact that one of the entry criteria is that methadone doesn't work for you!

The other issue is that they only take injectors. You have to inject, you can't smoke or sniff or anything else. That is crazy. If you smoke and want to go on the heroin program you have to start injecting to get in! It's really quite absurd. Hopefully after the evaluation in 2011 or 2012 things will change. I'm working hard on this because smokers and snorters also need the program.

I will also push for take-aways.

SC: **This sort of advocacy work is important and Drug User Groups are all around the world now doing this stuff more and more. We have our own International Drug User Day too. Tell me about the conference you organised for international activists.**

JK: In 2008 our SyringePatrol, got extra funding so we thought we could share with our peers around the globe. And so for International Drug Users Day (IDUD) 2008 we set up a peer activist conference as an alternative to the International Harm Reduction Conference.

We had an agenda on the Friday around the international drug user group (INPUD) issues, and on Saturday we had various workshops around different things from ibogaine to naloxone to other projects around the world. Then we had a party in the evening where we had hired staff so all our activists could attend. We also had, like IHRA, a band – for instance Damon from Australia played bass.

On the Sunday we had just two fixed points, the lunch and the dinner, so that people could mingle and network all day. We had spontaneous meetings about things that are important to each other. I mean you know how when you and I met in Liverpool at IHRA we only ever had a few minutes to talk each other. We never had time to listen to how you do things and how we do things.

So this was a huge success – a plan without a plan!

Thanks to Jørgen and BrugerForeningen. If you are interested in finding out more, including seeing some photos of the organisation, go to www.brugerforeningen.dk

Other Established Drug User Organisations

JunkieBund (Germany): www.junkiebund.de

ASUD (France): www.asud.org

VANDU (Canada): www.vandu.org

INPUD (International): http://inpud.wordpress.com

Reflections on the 2010 International Harm Reduction Conference

In April of this year two people from NUAA were fortunate enough to attend the annual International Harm Reduction Association (IHRA) Conference. This year's conference was in Liverpool, UK. The first IHRA conference was in Liverpool 21 years ago so it was appropriate for the conference to return to celebrate this anniversary.

There were five days and nights of activity covering all aspects of harm reduction, but the focus here is on what NUAA and other drug user organisations contributed to the conference.

Opening Day

Sunday was the official opening plenary – sessions where various people speak on a theme. In this case it was the conference's anniversary and where IHRA was heading next. Strangely for someone working in Australia, where a core aspect of our work is hepatitis C prevention, hep C was not mentioned much at all in this opening plenary, except by Mat Southwell, a representative of INPUD, the international drug user organisation. Tuberculosis was identified as a growing risk for people who inject drugs – particularly in Africa and parts of the developing world.

Michel Sidibé, the Executive Director of the Joint United Nations Programme on HIV/AIDS, spoke strongly for the need for affected communities – people who inject drugs – to be meaningfully involved in harm reduction. It is great to get such a high ranking official in the global community acknowledge and encourage user involvement in harm reduction now and into the future.

Involvement of People Who Use Drugs

Users have always been an important aspect to the conference, just as they have always been an important part of the success of harm reduction initiatives. Given the financial constraints many of us face, it was great to see the level of user involvement at the conference. Something which became very clear to me is just how lucky we are to have had drug user organisations in NSW and Australia that have survived and thrived 20 years. In so many parts of the world user organisations are kept afloat by the passion and determination of small groups of users, often in the face of hostile governments, law enforcement officials and/or health systems. When these committed people burn out, are arrested, die or move on, all too often the organisation also collapses.

In this context two of the sessions I attended took on an extra significance. They were both about effective drug user organising. It is crucial that we effectively recruit new activists and undertake projects and campaigns that matter to people who inject and use drugs. In this way we can build sustainable organisations that live beyond those whose passions start them. These sessions addressed this issue in different ways.

Drug user activists from around the world shared some of their success stories, which included an enormous march to call for drug legalisation in Argentina; a billboard campaign in Ukraine humanising people who use drugs and methadone in response to a campaign by a government department that equated methadone maintenance with poor parenting; and a session on effective partnerships between sex workers and people who inject and use drugs in Sweden. All these sessions came back to the grassroots organising and campaigning and were all inspiring.

Online Organising

Running throughout the conference was a series of "dialogue spaces" where people nominate a discussion topic and those interested pitch up and discuss the issue in some depth.

The UK organisation Respect ran a dialogue space called "Building Virtual Communities for Drug User Organising" which focused on drug user organising in the age of social networking websites and apps like Facebook and Twitter. They have some experience of utilising these sites to mobilise people who use drugs. While sites like these are useful for many people, person to person contact is still crucial for gaining trust and mobilising people. This contact may be facilitated through social websites, for instance, but people need to know it is a person they are meeting and "friending" and not just an organisation.

Look out for a far more comprehensive report on our website in the coming weeks. If you are interested and can't access the web, give us a call and we can send out a hard copy.

Sione Crawford

NUAA would like to thank Reckitt Benckiser for supporting us to attend this important conference.

YOU'VE FOUND A STASH OF SMACK LEFT IN THE FREEZER.. YOU'VE GOT CASH.. IT'S TIME TO
TAKE A HOLIDAY!
YOU...
ZEEM!
USA
HEROIN: price per gram $135
PENALTY FOR POSSESSION:
PRISON
MALAYSIA
HEROIN: price per gram $25
PENALTY FOR POSSESSION:
DEATH

PENALTY FOR POSSESSION:
DECRIMINALISED!??

LISBOA
PORTUGAL
CENTRO DE
TRATAMIENTO
DE DROGOS

Dear Mum..
I have decided to stay here for a little longer. The peeple are nice... Your Son... Brad..

To Mum..
3 BAZZA ST
YOBBO FIELDS
OZ 2057

A Guide to Cleaning Used Syringes

The best way to avoid contracting hepatitis C and other blood borne viruses such as HIV and hepatitis B is not to inject.

Injecting is the single greatest risk factor for contracting hepatitis C. You cannot entirely eliminate the risk of hepatitis C transmission from used syringes. In addition to the risk of contracting hepatitis C, hepatitis B and HIV by injecting with used syringes, there is an increased risk of having a dirty hit, getting an abscess and inflicting more damage on your veins. Even if you have hepatitis C, you can contract another strain of the virus, which adds to the stress on your liver.

If you choose to inject, below is a guide of options, from best to worst:

1 Use sterile injecting equipment every time you inject, including:

- sterile syringes
- sterile water
- new swabs
- clean spoons
- clean tourniquets
- clean filters
- and clean your injecting space and wash your hands.

If you can't get a sterile syringe you could:

2 choose to wait until you can get a new syringe,

3 try using your drug another way e.g. smoking, snorting, swallowing, or shafting (up your bum),

4 clean a syringe that only you have used before,

or, as a very last resort,

5 clean a syringe that someone else has used.

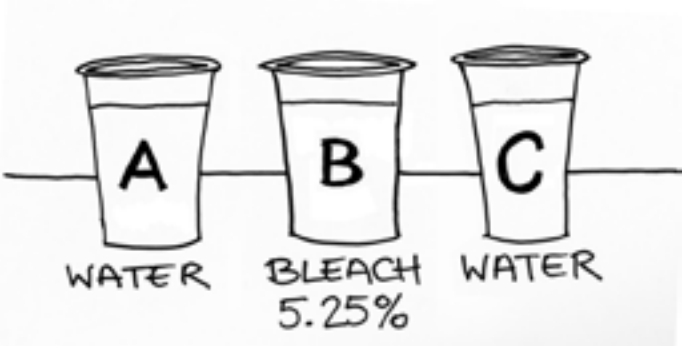
A guide to cleaning used syringes, including your own

Equipment

Start with a clean safe space and an area with a safe place to dispose of the used fluids such as a sink, drain or toilet.

You will need three separate containers:

A. One container filled with clean cold tap water. If available add a little detergent as this helps loosen the blood particles so they are easier to rinse away. Use water from the cold tap. If the water is too hot or too cold it can cause any blood in the syringe to congeal and stick inside the syringe where it can shed microscopic particles / virus into your mix.



B. One container filled with full strength bleach (at least 5.25% sodium hypochlorite and check the use by date) for soaking / bleaching your syringe.

C. One container filled with clean, cold tap water for rinsing the bleach from your syringe.

Wash your hands in warm soapy water before you start.

Illustrations: Elisabeth Bischofer

Cleaning Process

Remember there are three separate steps to this process: rinsing, bleaching and flushing. They all have to be done for the right amount of time in the right order.

A. Rinsing

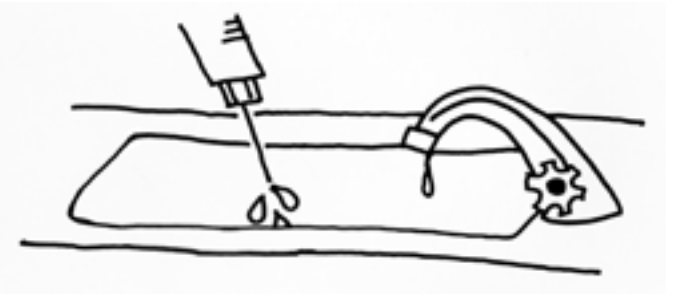
- Draw up detergent water or plain water from the first container (A) to fill up the syringe.
- **Squirt the water into your sink**
- Repeat at least 5 times.
- Empty the container of used water down your sink.

B. Bleaching

- Take the syringe apart and put it in the second container (B). Make sure it is completely covered by bleach (don't forget the cap). You may have to put something on top to hold it under the bleach.
- **Soak for at least two minutes.**
- If you can't soak it, draw the bleach up into the syringe and shake it for at least 30 seconds. Put the cap on first to prevent bleach getting on clothes or in eyes.
- **Count slowly** to make sure the bleach has enough contact time with any virus present. Counting "one thousand, two thousand" up to "thirty thousand" is a good way to measure. Try not to rush.
- Squirt this bleach into sink.
- Repeat at least once, and
- Discard used bleach from container down the sink.

C. Flushing

- Draw up fresh water from the third container (C). This should be the only filled container left.
- Squirt the water out into the sink.
- Give the syringe a shake while flushing,
- Repeat this process at least six times.
- Don't forget to rinse the cap.



Why use detergent in the rinsing process?

Detergent helps clean any residual blood or mix out of the syringe more effectively than just water alone; it helps bind the blood together with the detergent particles and becomes easier to wash out.

Why Bleach?

Other methods of trying to clean used syringes have been researched, e.g. boiling, microwaving, and rinsing with alcohol swabs. None of these has been shown to be useful. Boiling destroys your syringe – it melts. You can't microwave metal and the process is not effective anyway. Bleach is the best and only real option we have at present.

This article is based on the Guide to Cleaning Used Syringes pamphlet produced by The Australian Injecting and Illicit Drug Users Leage (AIVL) in 2009.

HEALTHY LIVER CLINIC

hep C medical and support service

user friendly!

Every Tuesday morning at KRC

Make an appoinment or just drop in!

A Doctor, Nurse and Counsellor are available

to discuss hep A, B and C, hep C treatment, liver health, testing and care.

Kirketon Road Centre

Above the Darlinghurst Fire Station, enter Victoria Street

tel: 9360 2766

WHAT WILL HAPPEN WHEN I VISIT THE HEALTHY LIVER CLINIC?

Do I need an appointment?
The Kirketon Road Centre (KRC) Healthy Liver Clinic is open every Tuesday morning. You can make an appointment by contacting KRC reception on (02) 9360 2766. You are also welcome to just drop in on the day.

Do I need to use my real name?
No. KRC is an anonymous service, so you don't need to give us your full name or your real name. But if you decide to use a different name, please remember the details for return visits!

Do I need to bring anything with me?
No. You do not need a Medicare card, referral letter or any medical documentation.

Do I have to pay?
No. ALL of our services are FREE!

Can injecting drug users get treatment for hepatitis C?
Yes!

I am considering hep C treatment but I don't think I'm ready.
You don't have to have hep C treatment until you are ready. However, monitoring the health of your liver and staying in touch with a doctor or nurse can play an important role in staying healthy when you have hep C. They can also help you to decide if and when to start treatment.

I've had hep C treatment before but it didn't work.
Hep C treatment has improved a lot over the past few years. The doctor or nurse will be able to discuss future treatment options with you, refer you to the hep C specialist and/or refer you for a fibroscan.

What's a fibroscan?
A fibroscan is a new device (like an ultrasound) that checks the degree of liver damage (i.e. fibrosis, scarring) through a measurement of liver stiffness – the stiffer the liver, the more likely that fibrosis exists. The Healthy Liver Clinic doctor can refer you for a fibroscan.

Do I have to have a liver biopsy?
No. A liver biopsy is no longer a requirement for hep C treatment.

I have a hard time finding my veins. Do I have to have a blood test?
You do not have to have any blood tests during your appointment. You are welcome to come in and just speak to our doctor or nurse. If, however, you decide you want more information on the health of your liver, you will need a blood test (our doctors and nurses are very good at locating those hard-to-find veins!).

If I have a blood test done will I get my results immediately?
Some results only take a few days but others may take a week or two. The doctor or nurse will tell you when you need to come back in.

Can I get hep C treatment if I'm homeless?
It is preferable to have stable housing when you undergo hep C treatment. A counsellor is on hand if you need help with housing. The counsellor is also available if you need any other hep C support or information.

How long will the appointment take?
The appointment may take from 15 to 45 mins – it depends on what you need.

Overcooked, Undernourished, *Underbelly*

In a rare gamble, the Nine Network commissioned a mini-series in 2006 based on John Silvester and Andrew Rule's "Underbelly" series of true-crime books, specifically 2004's *Leadbelly: The Inside Story Of An Underworld War*. Screening in February 2008, *Underbelly* was a ratings triumph, and the smartest move the Nine Network had made in years.

The original series played three draw-cards to entice viewers: the dramatisation of events that were simultaneously reported by news media during the criminal trials of Melbourne mobsters Evangelos Goussis and Tony Mokbel (with the added spice of an injunction placed against the series in Victoria); nudity, drug-taking and profanities on the usually pensioner-friendly Nine Network; and a chance to see *TV Week* icons like Madeleine West, Alex Dimitriades, Dieter Brummer and Martin Sacks, performing radically different roles to the suburban types that made them familiar to the public.

Subsequent series have dropped in quality until what we have in the latest series, *Underbelly: The Golden Mile*, has been trashy melodrama that borders on the ludicrous.

Set in Kings Cross, the series concentrates on nighclub owner and key Cross 'identity' John Ibrahim, showing him as a canny, ambitious operator who moves up the ladder by luck and sheer hard work. Given Teflon John's nebulous involvement as an advisor, and the ever tighter legal restrictions on the writing and production of the series, it was foolish to expect something more interesting. *The Golden Mile* ends up as a fantasy of cheap glamour, simplistic motivations and plot holes, stitched together with narration and soap opera-quality dialogue.

Commentators from award-winning journalist Chris Masters to former police detective and inmate Roger Rogerson have described *The Golden Mile* as fantasy. NSW Law Reform Commission chief James Wood has described its glorification of crime figures as "disgraceful".

It hasn't stopped the viewers. *The Golden Mile's* first two episodes attracted over two million viewers each, settling down to a comfortable million and a half by the series' end.

Why are audiences continuing to enjoy what is an increasingly fantasy-riddled story? It can't be the tired, borrowed devices of blurry jump-cut editing (*NYPD Blue*), snide female narration (*Desperate Housewives*) or improvised yelling (*Wildside*). It's not the cheap production design, surprisingly cheap for such a successful series (the most successful nod to period authenticity is the use of old paper currency). So what's the thrill?

A clue comes in what the series chooses not to show. Where are the users?

An open hand, palm up, accepting some pills. A faceless, hooded figure, limping off after a deal. That is the most you will see of the retail side of *The Golden Mile*. The show runners are happy to reveal the big boys getting high on their own supply, but the lives and activities of their source of income are ignored. Clearly, gruesome murder is an acceptable subject for the cameras, but "drug addicts" are just too distasteful to show. I mean, the Nine Network wouldn't want to offend anyone, would they?

The moral equivalence in this story – crooks, bent cops, straight cops, they're all just trying to mark their territories – is cynical enough without portraying the real cost of the drug business.

For all the producers' claims that *The Golden Mile* is a morality tale, their contemptuous attitude toward the people who pay (and pay) for the drug trade of the Cross is demonstrated in this throw-away voiceover moment from the end of episode one:

> Most of us would never dream of carving out a life for ourselves in Kings Cross. It's a freak show; a fantasy to be enjoyed in small doses.

The fantasy is provided by Nine's lawyers as much as the writing team, but this "freak show" is a place where real human beings live. Where many of them are kept in poverty, exploited, often brutalised in order to keep the cash flowing.

Underbelly: The Golden Mile is a glorification of power. Ultimately, it doesn't matter if the events shown are real or fantasy, legal or illegal. We glorify the gangsters because they have power. We despise the users because they don't. Power, more than crime, is what's "sexy". How very Sydney.

Mathew Bates

CROSS-EYED IN THE NASTY NINETIES

In the early 90s I used to go up to Kings Cross with my mates to do laps in cars or walk around on LSD and look at the pretty lights. The Cross really wasn't my scene; I didn't really understand what the attraction to the place was. Yet I was just 15 when I first went up to the filthy rooms in Porky's and had my first shot of heroin. I didn't even know what was in the syringe; I just held my arm out and let some prick shoot me up. It's as if I was a marionette puppet on invisible strings being led into my own private hell.

My first user boyfriend was a real catch. A lad. We got about in hotties and did armed robs on any shop that had a till. I was a prop, a young girl to distract and confuse the situation. I didn't really feel out of place in a stick-up holding a double barrel sawn-off. Stupidly, he chose to do over shops that he knew, places he felt comfortable in, like his local video shop. They would recognise him and ask, "What are you doing? We know you." This lad was a greedy bastard, 'cause as quick as we got money he would spend the lot and leave me a few measly lines, then we'd hang out for days 'til we did another place over.

As tough as he acted he was losing his bottle, becoming lazy and weak. One day he asked me if I loved him and if I did, would I work to support our habit. Of course I loved him, or so I said, so I put on a black dress and high heels and went up to Darlinghurst Road and stood there looking lost 'til some guy tried to bargain with me. "Five hundred", I said. I was hanging out so bad I felt like puking all over his ugly mug as we went up to one of the seedy sex shop rooms. Just as this guy was about to make a move the cops kicked the door in, thank God. I told the cops he hadn't paid me and started to cry, so they felt sorry for me and let me go. I didn't tell my lad I had got money and kept it all for myself. I decided that the lad was a using prick. I knew I was better off alone.

I needed my own connections so I tried to score at the pool hall or at the cafés on the main but they said I looked too young. So I started to hang with some street kids. We lived in squats and we all scored from a man who drove a Jag. This man only liked boys and he gave them tick up until he saw the desperation in their eyes. He'd then pounce and make them service him. He'd use one boy up then move on to the next. The boys ended up working at the Wall or pimping their girls. They were all fresh meat for the predators that got around up at the Wall and at Forbes Street. I took the number plates from the cars they got into. I knew that their best clients were important people like high-ranking cops, lawyers, businessmen, restaurateurs – even on-duty uniforms used to go past and get their rocks off. And if the kids didn't take their humiliation in silence they'd either get locked up or beaten up. All these kids were bottom feeders, unwelcome in the Cross. Nobody cared if they lived or OD'd. A lot of them ended up dying right there in Green Park, alone and abandoned. They all looked like death warmed up even though none of them was over 16. They were bad for business in the Cross. This was all too sad to watch. Besides, I was hardly supporting my habit by taking number plates and just having a shot here and there.

So I went looking for someone to take care of me. It was hard work at first 'cause I didn't put out. The Cross' politics and hierarchy were bullshit and I just didn't get it. But I wasn't fazed and hung around the TABs and at the pubs near the pokies because I figured this was where the money was. Soon enough I hit the jackpot. I met a couple of old men who wore suits. To me they looked ancient and repulsive but I knew they had the gear. The old men thought they could either rescue me or use me, so they got me an apartment and set me up. All I did was stay in the apartment and wait for packages to be delivered and weigh them, divide them up and cut the gear.

It was all good 'til one day, when I was home alone, some very official looking men in suits came by to pick up money. They weren't supposed to see me because I was obviously under-age and badly on the gear.

CROSS-EYED IN THE NASTY NINETIES (CONT.)

I thought it was a bust. I told them that I was staying with my uncles. I was shaking uncontrollably, thinking "this is it, I'll be going to juvi for all the ounces that are stashed here." My fingerprints were all over everything. I was panicking; I didn't want to get locked up. I was tired of these old men putting it on me and since they were getting nowhere with me they were getting annoying and abusive. Although I had all the gear I wanted, shooting up by myself was boring and I wanted to get out and about.

One day as I was walking past Roslyn Gardens, Muscle Man called out to me so I stopped to say hello. He asked me why I hung around with the old men and he told me I should be his girl. Yeah, right. This guy was red hot; he wore tight lace shirts, white pants with funny shoes, he streaked his hair and he was too loud, but he put a few weights in my hand. I forgot about the old men, but not for long 'cause they came looking for me the next day. They told Muscle Man that if he wanted to sell in the Cross he would have to pay them rent. Muscle Man stood up and punched one of the old men straight in his teeth and said, "There's your rent, cunt."

So now I was back on the street but it was good for me. I was still getting gear but with more freedom. We were dealing near the back of a hock shop. We'd get all the goods the hock shop turned away 'cause we never asked for ID. But we didn't pay rent, so the D's started to harass us daily, coming past and taking everything: money, gold, all the cash and drugs we had on us. The first time it happened I said to Muscle Man, "Fuck, we should just go to the cop shop and tell them we're being robbed by the D's!" Can you believe how naïve I was? We were going backwards, on the verge of getting seriously busted, then one day a uniform crash-tackled me by the throat. I swallowed everything I had on me. Muscle Man got set up on dodgy charges and he stayed away from the Cross for about a week, long enough for me to move on.

So I moved in with the next idiot. He worked out of a budget motel, dealing gear and coke to the working girls. They were good customers, working day and night, 24/7 straight out of their skanky rooms. They'd go downstairs, do a job and then come straight to our door to get on again and again. It was cosy just staying in our room and having the customers pick up. But nothing that good could last for long. The idiot started shooting up way too much coke. Hell, I started to use coke too; I hardly slept for months. I was caught in a coke vortex – we were shooting up coke every hour on the hour. I didn't leave the budget for over nine months, the idiot missed his rent to the bosses and the motel and the debts were mounting. He thought he was untouchable but at the same time he started sketching out and barricading the doors and windows. You couldn't make the slightest noise when he was having his shot. He was really losing it. One day we got a call from the front desk telling us that the Special Operations Group was on its way up to raid us, so I jumped out the back window from the second floor. I limped away and didn't look back. I never saw the idiot again, and I never shot up coke again.

Out on the main street things had changed – a lot. There were new faces in town, a good change for me: I found me a bigger man, a real boss. He was always busy organising his people, including his helpers and around 50 teenage runners. He had rented rooms everywhere so his runners could pack the caps and reload. He never got his hands dirty, not ever. He paid off the people directly at the top, he took care of his business and his people, he fed and clothed his runners. Shit, he even went to church and sang in the church choir. Everybody knew him in the Cross; we'd have dinner together and people greeted him with respect and treated me like I was special. Problem was, he only dealt in coke, and even though in the beginning I got all the drugs I wanted, he wanted to save me and to control what I used and when I used it. He got all preachy: "You can only have one shot a day! You should get clean!" He blacklisted me from all dealers in the Cross so they wouldn't sell to me. What a headache!

Illustration: Bodine

I thought that being with the boss was gonna get me more gear, but apparently I had to keep up appearances. I found myself scrounging for shots and I started to take a cap here and there to sell so I could get on. Eventually he found out what I was up to – it turned out that he had his boys keeping tabs on me. I was asked nicely to leave. I felt really bad for what I did behind his back. I made us both look like fools.

Everything was falling apart in the Cross. A lot of the people I knew were losing it on coke, dropping on the gear or getting locked up. The girls were going onto the streets or into the clubs to work. When a close associate got knocked off by the higher powers I high-tailed it and went looking for greener pastures around Cabra. I stayed out of the Cross 'til 2000. By then everything had changed. No one paid rent, everyone was a rip-off merchant, the drug scene was drying up, the girls looked weathered and worn, and the only money makers were the strip clubs.

Once in the winter of 2001 there was a bunch of about a hundred users all waiting to get on at the entrance of Kings Cross train station. Someone said there was a bloke coming to Green Park. Everyone ran down to meet him,
we all handed over our money and we all got ripped off. Gyprock in foil. That bloke must have made off with at least 20 grand, the arsehole. That was the last time I tried to score gear from the Cross.

These days when I go past the Cross I don't even recognise the place. It's nothing but a yuppie hang-out, a place to be seen for the all the posers in Sydney. I don't think they could imagine what used to go down there in the 90s.

Anonymous

User's Story

tripping on hampstead heath

Hampstead Heath is a big chunk of common land slap bang in the middle of London. To look at it you'd think nothing ever happens there. It has always attracted poets, intellectuals and wastrels who have whiled away their hours among the trees and flowers. It is said that you are never more than 20 metres away from somebody getting either fucked or fucked up in Hampstead Heath.
My first trip to the Heath involved sighting my first flying pink elephant and having an encounter with the fairies.

One summer in the 1980s somebody was hammering loudly and relentlessly at 7am on my grotty bedsit door. I fell out of bed in shock onto an Everest of washing the height of the bed. I thought I was being busted.
It was my friend Jo, who eagerly thrust an invite into my hand. I, meanwhile, was simultaneously trying to smoke my breakfast spliff and hold my very short T-shirt down so as to cover things up. The card read "*Evolution* magazine is having a party on Hampstead Heath.
No fires, camping or electric music."

A few minutes later I was on the train with a beer in one hand, a slice of toast in the other, bird's-nest hair, still desperately trying to pull on my clothes. I looked like a jumble sale.

Seven pints, a few lines and a number of big doobies later we finally made it to our destination. We climbed the hill to where my two friends were jumping up and down while gesticulating madly.

If you put a group of toddlers in veal crates and force-fed them fairy bread until they barfed simultaneously, you'd get a rough idea of the colour scheme Cozmic Kev was wearing. He was an ageing hippy acid casualty from the 1970s. Still, he always had a great stash. "Come into my hollow tree, little girls", chuckled Kev with an unnerving laugh. You could fit six people inside the bowels of the tree. Its inside was polished with years of wear and you could see every line, knot and fold of the wood. Kev tossed us some spotty skins and we started a small spliff production line.

It's amazing what the sun brings out in England. People were showing up at the Heath in droves. An assortment of saggy-titted fairies, toothless crusties, kids with mud, jam and snot on their faces, fire eaters, Raëlians, Trekkies, ancient hippies, witches and a whole Diaspora of the dispossessed. The Krishnas had even shown up with vast bubbling pots of prune-flavoured wallpaper paste. The drummers were drumming and cheap white lightning cider was flowing. A guy who looked like Max von Sydow's Jesus was preaching the Sermon on the Mount and chucking slices of white bread at people.

I was lying in the grass enjoying the sun on my face when suddenly I remembered I was due into work that day. The partying was getting louder and wilder by the minute. The only phone box I could see for miles was right beside about 200 people beating the hell out of their bongos. When I went to call my beleaguered boss, 200 drummers were in full swing. I told her that I wouldn't be into work that day because I had a banging headache. My mates were in the phone box when I told her this and they laughed so hard they all fell over in a heap. (I still managed to keep my job, incidentally.)

Illustration: Tony Sawrey

While giggling in the grass Kev, the high priest of hallucinogenics, placed a trip on my tongue, the way a vicar would place a communion wafer. It was the first trip I'd ever taken, so obviously I had many questions after the fact. All he would tell me is that you don't see pink elephants. He slapped a beer in my hand and declared, "With the power of ale you will not fail!"

The trip came on and the acid mania swelled inside. I decided that we should all go on an adventure. I was on fire.

Over the hill where the grass was much greener, we came across the London Philharmonic Orchestra, nestled on a big stage, performing Vivaldi's *The Four Seasons.* In front of them were about 3,000 glitterati, lords and ladies and other posh people in black tie and evening dress, fanning themselves, eating caviar and drinking Bollinger on cashmere blankets, making polite conversation – until we invaded their peace like bulls in a china shop. Quite a lot of them stopped mid-sentence and stared at the gate crashers. Kev smiled awkwardly and offered one fat bird in a fugly frock some peach Lambrusco. She shrank with distaste. We sat in the middle of the posh hordes and tried to look inconspicuous. We became quite the talk of the party.

During a discussion about where we were going to sleep that night, I spotted a big roll of red carpet behind the stage. I had the master plan to "procure" it. I said we should prepare for our mission in the adjacent forest. I slapped mud on Kev's face and we ended up having a big mud fight. I stuck leaves and twigs in everyone's hair. Like some weird platoon of hippy commando Keystone Cops, we tiptoed behind the stage and the four of us grabbed the roll of carpet. For the next hour we played hide-and-seek with the real cops and security guards in the woods. Every so often one of us would run off and rustle some bushes as a diversion while the others moved the carpet and stood it horizontally behind a tree. It was so hard not to laugh but we had to keep very quiet or they would catch us. They gave up and we set to work building. Kev insisted our crap teepees have wall-to-wall carpets, unfortunately at the expense of roofs.

The night was young and I was still vertical. Jesus from earlier had puked and passed out beside a big bonfire. A semi-naked, gnarly crow man was stealing the limelight while the drumming grew in intensity. He was dressed in a top hat with a crow's wing in its band , black panda eyeliner and a pair of crusty grey jocks. He had a sinewy body like Iggy Pop and was writhing and gesticulating in a frenzied dance around the fire. The light reflected from the mirrors into the crowd to great cheers. I was off my face when I got up to join the dance and many others joined in and stripped all their clothes off.

After a while I wandered back to find the hollow tree. Nearby was a pond. Somebody had put a white ice machine on the opposite bank to where I was standing and it was rippling ethereal smoke across the water. It was then I looked up, and there was a huge cheer from the crowd beside the fire. Hovering metres above was a huge flying pink elephant. I grinned at the irony of it. Kev looked at me and winked as if he'd had something to do with it!

When we were coming down later that night in the shitey wigwams I was so stiff and cold I thought I had died and rigor mortis had set in. The dark mania of nightfall gave way to a gentle morning. I awoke to shafts of sunlight bursting through the canopy of trees and for a nanosecond I could have sworn I saw the fleeting spectres of fairies dancing among the dying leaves. I stood among the broken parallelograms of sunlight on the forest floor as small rabbits gambolled past the wigwams. It was poetry in its purest form, a fleeting glimpse of heaven.

Many times I have gone back to the Heath, looking for the hollow tree and the fairies I saw when I was tripping that weekend. I tried to find the place we built the wigwams and the pink elephant. I never ever found them. I left a piece of my innocence behind on the Heath that night. Perhaps the fairies ran away with it.

Heather

User's Story

Hammer in the Himalayas

This is Kathmandu. Weed is smoked as a religious privilege and it grows everywhere. Even the air smells like wet weed. If you have problems locating it, find a Jogi, Baba or Sadhu (there are plenty of them in Nepal), hand over 20 rupees as an offering and they will give you the weed as prasad (a gift). And where there's weed there's plenty of hashish as well.

Things changed rapidly in Nepal while I grew up there. We suddenly had access to new things: the internet, fast cars, clubs. I didn't handle these things well and started experimenting with drugs. It wasn't that hard to upgrade from weed to hard drugs. Being close to India, heroin was plentiful and cheap. Five grams of heroin costs 4,000 rupees, or about $60. I used to travel to the Indian border and get ounces of heroin, smuggling it back to the capital and selling it in bags. That was how I funded my habit. Even though I was absorbed by the whole drug culture, I knew I didn't want to live this way all my life. I was depressed, unhappy and wanted to get help for my addiction.

Nepal doesn't have government-backed awareness programs and many people don't know the first thing about where to get help. I was lucky; my brother-in-law gave classes at a rehabilitation centre. I finally asked for his help and checked into rehab, but during home outings I used with other clients. The rehab found out about it and we were forced to stay longer. In any case, my first treatment ended with me relapsing immediately after discharge.

By now my family were aware of my problem. A year later I opted to detox, but this second attempt lasted less time than the first. I was living a druggie life and my education and health were both suffering. I had daily fights with my parents for money and when I didn't get any cash I sold anything that I could. I was on the verge of suicide.

Nepal had a methadone program but due to political instability it closed as soon as it opened. Public opinion about methadone was not favourable and those brave enough to try it were ostracised. You could only get it from one hospital and the queues stretched out into the street. There was no privacy and nobody wanted to be seen waiting in the queue to be dosed.

My parents took me to a private clinic where I was medicated and discharged after a few days. The medication was pretty hard and I was out of it all the time. A counsellor heard about my condition and persuaded my mum

Illustration: Rose Ertler

to send me to rehab one more time. I was so out of it that I didn't even realise what was going on. But as I gained consciousness, I knew this was the last throw of the dice and I wanted to make it work. After three months I was discharged. With the help of my family, support from Narcotics Anonymous and my fellow brothers and sisters, I celebrated my first drug-free anniversary.

I was happy but I didn't feel complete. One day I got sick and took some cough medication. The buzz it gave me made me feel alive. I kept taking it after I got better. Two months later I quit my job and was using again. But this time I had a support group and recovered very quickly and was clean again.

There are so many drugs in Nepal that foreigners have made it their drug shopping pit-stop. During my time there I met so many users from different countries. When I think about them I feel sad for both them and their families. There are non-government agencies working with drug users in Nepal, but corruption is rife and there aren't many resources left by the time they get to the users. Nepal needs far greater transparency and accountability, and attitudes toward drug users must change.

Max

USER'S NEWS №62

User's News **needs your stories, articles and letters.**

Everybody loves a good story,
but before we can publish them
we need you to write them!

So pick up your pen, pencil, quill or keyboard (perhaps not your mobile phone...) and start writing today.

Topics you can write about include:

Fun times, bad times,
experiences with methadone or bupe,
tips on safer using, ridiculous moments,
memorable experiences,
discrimination, problems you encounter being a drug user.

And remember: we pay 13 cents per published word!

Send your story to:
User's News, NUAA,
PO Box 278, Darlinghurst NSW 1300

Fax it to us on **(02) 8354 7350**
or **email** it to us at **usersnews@nuaa.org.au**

Don't forget to send us your contact information!

(Please note that we usually publish stories using the first name of the contributor. If you wish to be published under another name, please state this in your submission.)

THE PLAN: HIT THE CITY. FIND THE HOTEL. EAT. SHOWER. MAKE SOME CALLS. SCORE SOMETHING PURE+BROWN. GET FULLY-FUCT-UP STONED... GET STONED AGAIN. AND AGAIN..! THEN RECOVER ON THE LONG TRIP HOME...


I PROPOSE: A TOAST !!
O.K.!
6:41pm
TO AMSTERDAM ! AND TO THE FULL SUCCESS OF OUR MISSION . . . !


HI. A STRIPPER TOLD ME THAT YOU'LD KNOW WHERE I CAN BUY SMACK...
NAW. THE GUY YOU WANNA SEE JUST NOW LEFT. SORRY...
8:42
BUMMER.


EXCUSE US, MATE; WE WANNA... SCORE SOME...
No?
SORRY.
10:12


THANKS. BUT WE'RE LOOKING TO BUY... SMACK...
11:52
I CAN GET IT FOR YOU.


BUT I DIDN'T KNOW HE WAS GOING TO RIP YOU OFF...!
12:07.
THAT... WAS ALL THE CASH WE HAD...!
. . .
SO PISS OFF !


LADIES + GENTLEMEN... THIS IS YOUR CAPTAIN SPEAKING... I'M SORRY, BUT WE'RE HEADED FOR BAD WEATHER ~ SO WE HAVE TO TAKE A SHORT DETOUR - TO A NEARBY AIRPORT WHERE WE CAN SIT IT OUT...
YOU LUCKY PEOPLE WILL BE ABLE TO ENJOY A SHORT STOP - - OFF... IN PENANG ! - OVER AND OUT.
WHAT DID HE SAY ?!
PENANG ?


No !
- LA ENDÉ -
THANKING YOU FOR YOUR RAPT ATTENTION! BO

User's Story

RUN SILENT, RUN DEEP

It was a Thursday night. I had been at Glebe House for three days, having just finished doing a "spin" (that's five years to those of you who don't know the prison slang). I was finding it hard adjusting to my new freedom. Yeah, I was institutionalised. Everything seemed small and dirty. People at crowded road crossings would walk straight into you. If you did that in prison you'd a chance of ending up with a piece of steel sticking out of you.

Life in Goulburn Prison, known as the Gladiator Yards, was tough. From the time you stepped out of your cell you were on your toes. Most of the guys would "book up", which meant placing books around your mid-section, keeping them in place with a bandage or torn sheets. And everybody was "carrying", meaning that you had a shiv (knife) made from sharpened steel or bits of burnt and sharpened wood, or even a ground down toothbrush. That was the way it was then. I saw more than six people carried out from the yards or from their cell to hospital. Half of them were dead on arrival.

So life at Goulburn was meaner than any back street of Redfern where I was born and bred. And here I was, free, laying on top of my bed in Glebe House. I had $27 in my kick and I was waiting to pick up my first dole cheque. When you do that long in the fridge, most friends you had when you went in are either married, on the run or in prison. Some had in fact had gone to England, only to end up in some gloomy pommy nick (and I can tell you that our prisons were holiday homes compared to some of the nicks over there).

I was nearly 21 and for the first time in my life I wanted to get a job. So I went over to the Painters and Dockers' yards in Balmain. You were a better chance of getting a start over there with a record than without one, so after a bit of who-do-you-know *etc*., I got a start at the island.

That was the first time in my life I had been inside a submarine, and I noticed my prison cell was bigger than its sleeping quarters! The sub was being refitted at the yard, and I was just the go-get-it guy. But the money was good.

After a week I got my first pay, nearly a grand. I had enough to move out of Glebe House and get myself a little flat, so on the weekend I got the paper and went flat hunting. In Annandale I came across a one-bedroom place that seemed suitable so I asked the landlord, who lived upstairs, if I could have a look around. He said fine and left me with it.

The place was clean and somewhat furnished, though you had to buy your own manchester. In the kitchen was a small bar fridge and I opened the freezer section. Fuck the king of spades, right at the back was this little bag containing either Rinso, speed or hammer. I put my finger in and gave it a taste. It was fucking heroin and there were more than 10 grams of it! I walked straight out the front door to the chemist to see if they sold fits. Yep, my luck was in: not only fits but water and spoons – the whole shooting match (if you'll pardon the pun).

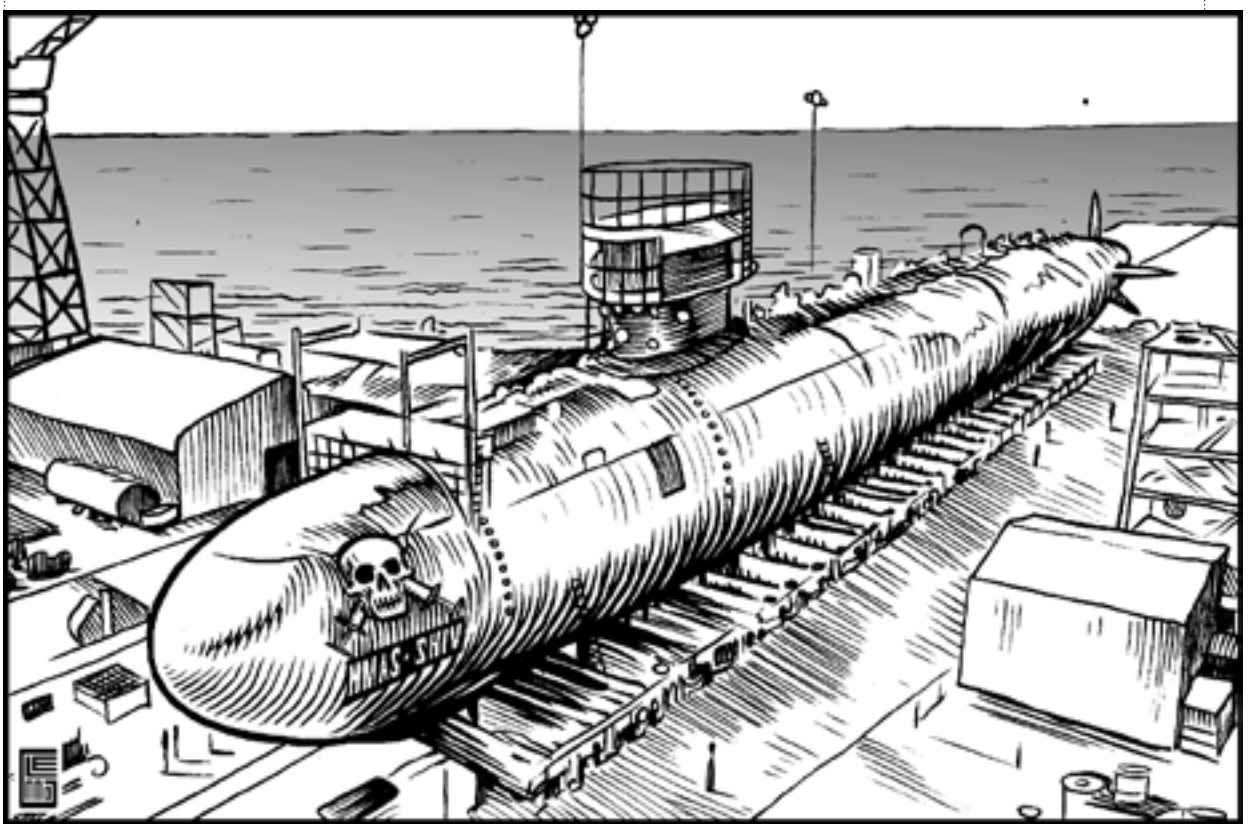
I got back to the flat quicker than it took me to get up to Johnston Street.

I locked the door, just in case the landlord came down to have another gig. I was ready to go in 20 seconds. I told myself that this shot was only to see what the gear was like. I mixed up about half a gram and put about half of that into the fit. It nearly put me on my arse, but after about half an hour and I had the rest of what was in the spoon.

This was only to test it, I kept telling myself…

Over that weekend I moved into the flat. I paid two weeks' rent in advance and bought sheets and towels. Of course I used all weekend, but come Monday I was off to work. I took my lunch and I put a loaded fit in a glasses case. (Good lunch.)

I never sold one deal. In fact I never even made one deal up. I was going to use, but I wasn't going to get a habit. I was too smart for that. Only weak cunts and those other fools got habits. I was a hard cunt and I had it all worked out.



The hammer lasted me two weeks. It ran out about the same time I stopped getting up at six to go to work.

I was fucked and fucked with a capital F. It was sometime during the next 24 hours that I knew, right down in the pit of my soul, that I was running on borrowed time. That feeling of dread, that you have no control over your life. I could smell the phenol they use everywhere in prison. I could smell the fear that reeks from first-timers fresh off the streets. I could smell the jism that guys leave after masturbating in the slot.

My guts turned over. Fear, real fear, ran right through my being.

You can tell yourself time and time again that you're not going to walk the track you have worn out. You know where it leads, yet you keep walking.

It had taken me nearly three weeks to use the gear. I told myself it was only a little habit, that two or three days and it would be over.

I heard a knock at the door. I got off the bed and opened the door. I thought it might be the landlord.

The guy looked like a cop; there was that square-head look about him. I said, "Yo mate, what can I do for you?" He kept staring at me, then looked around before asking, "Are you by yourself, buddy?" I said, "Sure am."

In a fucking instant I had some sort of gun in my face. "Move back into your room. Don't worry, I just want to get something."

It was then that I really started to worry. Straight away it came into my head this guy owned the fucking hammer that I found in the fridge. This was going to be great.

I said, "Hey mate, if you're looking for the hammer it's up the Warrick." He replied, "What?"

I told him I didn't have a clue who owned it, that I was fresh out of prison and had used it.

The dude replied, "Fuck the heroin, if that's what you're on about." He walked me into the bedroom and told me

Illustration: Glenn Smith

RUN SILENT, RUN DEEP (cont.)

to get down under the bed and look for a tear in the carpet. It took me a few minutes to find it. It was done real good. I said, "Yeah brother, I have it." He replied, "I'm not your brother. Pull the carpet back", which I did. There were floorboards but I could see they were cut. He passed me a set square, one of those plastic gizmos you used at school, which I used to prise open the floorboards.

Two boards came up and I felt him pass me a torch. I turned it on and I looked down into the underside of the floor. There was an airways bag inside. I hauled it up; it had a bit of weight in it. I passed it out to him, then put the floorboards back and got up.

The dude unzipped the bag and poured a whole heap of cash onto the bed. There was about 10 or 12 bundles of it. They looked like they were all hundred dollar notes. I reckon it was close to 70 grand, maybe more.

The guy asked me, "Do you use the shit?" I replied, "Yeah, every now and then." He smiled and said, "I'll fucking bet you do."

He peeled off about 10 notes and put them in my hand. He stared at me and said, "I was never here." It was better than one of those spy fucking movies. I thought about trying to take the gun off him but he looked pretty fit and he did have the 45 cocked and I was nearly on the third snezze of the day (hanging out). Take luck how you find it, I thought to myself. You've got a grand, the hammer was a freebee.

He put the gun in his coat pocket and told me to sit down while he left. Just as he closed the door he said, "Look up in the laundry crawl space." I replied, "Where the fuck is the crawl space and what's there?"

He laughed, saying "It's not money but there should be about another 10 grams up there." He told me a crawl space is where wiring is done. I knew what he meant now, the fucking manhole. He must have been a rich kid. In Redfern it was a manhole in the ceiling; in Annandale it was a crawl space.

I never even saw him go out the front door. I was pulling a chair up to the manhole, but the chair wouldn't reach. So I pulled the table over and opened the manhole. I could not see a thing, but just in case I got up into the manhole. I looked everywhere with the torch. Nothing. The dude had geed me. But I did have a grand and I had one hell of a party with the hammer.

Over the next four days I was sicker than three dogs and a kangaroo with no tail.

After about six days I started to come good. I was weak but I forced myself to eat and drink.

It was Thursday night when one of the guys from my team at the yards said I could get at least three weeks' work. They had the sub in drydock at Cockatoo Island and it was getting a full rewiring and steam clean. I told him that I would be there Friday. He told me there was weekend work too if I wanted it. At time and a half and double time on Sunday, it was good money.

I was about a week into the job when this guy in a Navy uniform came onto the sub. He wasn't the captain but I think he was pretty high in rank. Something was familiar about him. Then it hit me like a Mack truck: this was the guy that had stuck the 45 in my face.

I did everything I could to avoid him as so many things ran through my head. Is this how he got the hammer in? Do subs go through customs? Even if they do, there are a million places to hide things. Fuck, it all seemed like a James Bond movie.

I never saw the guy again. In fact I ended up back in prison after a few months for shoplifting. I think I got six months. It was a drunk's lagging.

I was nearly 20 when this went down, over 40 years ago.

Ernie

Poem

RUNNING

It's 5am on a Thursday morning
Been up all night
But I'm still not yawning
With my eyes beaming brightly
And my brain frantically racing
I begin to wonder
Is this really what I'm chasing?

I know there's a void
A hole to be filled
But I just don't know how
So I go and get pilled
If not I'll get high
Or stoned or drunk
It really don't matter
I'll take any junk
So why do they bother
Continuing to try
To "save my life"
It just makes me cry

The guilt eats me up
Each and every time
Drugs are what I know
I'm totally fucking fine
As long as I can run and hide
Escape life and hopefully my mind
Then why would I stay
Bored and depressed
Day after day
My life such a mess

Everything is erratic
Always up and down
So how the fuck
Can you expect me to stay around?

Kylie

How long for a Clean Urine?

Going to rehab any time soon? Most rehabs require you to have no drugs in your system before they'll admit you. Many people choose to go to detox before they go to rehab, but if you're self-detoxing at home before you go to rehab, the following guide could be useful.

Alcohol	**8 – 12 hours**
Amphetamines	**2 – 4 days**
Barbiturates	
(short-acting eg. seconal)	**1 day**
(long-acting eg. phenobarbital)	**2-3 weeks**
Benzodiazepines	**3 – 7 days**
Cannabis first-time users	**1 week**
long-term users	**up to 66 days**
Cocaine	**2 – 4 days**
Codeine	**2 – 5 days**
Ecstasy (MDMA / MDA)	**1 – 3 days**
LSD	**1 – 4 days**
Methadone	**3 – 5 days**
Opiates (eg. heroin, morphine)	**2 – 4 days**
PCP	**10 – 14 days**
Steroids (anabolic) taken orally	**14 days**
taken other ways	**1 month**

Note:

Cocaine is difficult to detect after 24 hours.

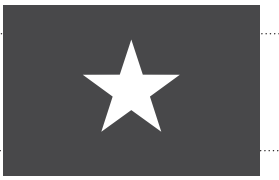
A special test is needed to detect Ecstasy, as it is not detectable in a standard test.

Testing for LSD has to be specially requested.

Monoacetyl morphine (confirming heroin use) cannot generally be detected after 24 hours, and it converts to just morphine.

The information here was drawn from drug-testing labs, medical authorities, and internet reports. It is intended as a general guide only, and cannot be guaranteed for accuracy. The times given refer to the standard urine test – other tests may be more specific and accurate. Detection times will vary depending on the type of test used, amount and frequency of use, metabolism, general health, as well as amount of fluid intake and exercise. Remember, the first urination of the day will contain more metabolites (drug-products detected by the test) than usual.

Vietnamese Cuisine



The fresh and lively aromas of Vietnamese cooking draw hundreds of people into restaurants every night, yet most many people are still too intimidated to take on Vietnamese cooking in their own kitchens. Vietnamese dishes may look quite complicated but in fact most dishes use quick, simple cooking techniques with minimal ingredients. It is the clever combinations of these fresh ingredients that make Vietnamese food stand out as one of the most excitingly delicious cuisines in the world.

Some key players in creating these imaginative flavours are nuoc mam (fish sauce), Vietnamese mint, coriander, lemongrass, chillies, basil and ginger. Having these ingredients on hand can turn any dish into a Vietnamese flavour sensation.

Not only is it one of the most delicious cuisines but it is also considered one of the healthiest too. Vietnamese food is very low in fat with minimal oil used in cooking. There is also extensive use of vegetables, herbs and spices, lean meat and seafood that together create a cuisine that has extensive health benefits including liver health.

A typical Vietnamese meal consists of:

- Individual bowls of rice
- Meat (beef, pork or chicken), fish or seafood that is grilled, boiled, steamed, stewed or stir fried with vegetables
- Stir-fried, raw, pickled or steamed vegetables
- Canh (a clear broth with vegetables and often meat or seafood) or other Vietnamese-style soup
- Prepared dipping sauce - fish sauce or soy sauce with chilli, garlic, lime and sugar added according to taste

All dishes apart from the individual bowls of rice are communal and to be shared. Meal times are very much a time to enjoy with family and friends.

Many people associate Vietnamese food only with summer and feel it is too 'light' to satisfy a hearty winter hunger. Think again! Nothing warms you up inside more than a fresh bowl of steaming pho (Vietnamese noodle soup) or the smell of sizzling king prawns and vegetables stir fried in ginger and coconut milk.

Due to the growing influence and popularity of Vietnamese cuisine, ingredients are now readily available in most supermarkets. However, sometimes it is cheaper to buy herbs and spices from Asian grocers or fresh food markets which are in abundance in any main city or coastal region in Australia. Don't be intimidated to enter your local Asian grocer as they are sure to have what you are looking for and may also have some useful tips!

Alison Grattan-Smith
Albion Street Centre

Beef Pho (serves 4)

This is a traditional Vietnamese beef and noodle soup that is truly good for both the body and soul. It is great to serve as either a starter before a meal or as the main meal itself. This recipe is very simple and is brought to life by the fresh accompaniments that each person can add to their own soup just before eating. It is a simple dish that looks impressive so is great for entertaining!

Ingredients:

1 litre beef stock
1 litre water
1 cm thick piece fresh ginger, julienned (sliced very thinly)
1 cinnamon stick
2 star anise
2 green cardamom pods, bruised
½ teaspoon coriander seeds, toasted
1–2 tablespoons fish sauce, to taste
250 g dried rice vermicelli
200 g piece beef sirloin, thinly sliced

Accompaniments:

120 g fresh coriander
50 g fresh Vietnamese mint
1 cup (75 g) bean sprouts
1 red chilli, sliced
1 lime, cut into wedges
⅓ cup (90 g) hoisin sauce

What you need:

- Knife
- Chopping board
- Large saucepan
- Heatproof bowl
- Colander to drain noodles and strain stock
- Large plate/platter to put accompaniments on
- Small bowl for hoisin sauce

Instructions:

1. Place the beef stock, water, ginger, cinnamon stick, star anise, cardamom pods, coriander seeds and fish sauce in a saucepan. Bring to the boil, reduce the heat to a simmer and cook for 10–15 minutes.
2. Meanwhile, place the noodles in a heatproof bowl, pour boiling water over them and allow to sit for 5 minutes, or until cooked. Drain.
3. Place separate piles of the herbs, bean sprouts, chilli and lime onto a platter or large plate, and the hoisin sauce in a small bowl.
4. Once the fragrant stock is ready, strain, then return to the pan and bring back to the boil. Place the meat into the hot stock, stir and remove from the heat as soon as it is cooked — this will happen quickly. Divide the noodles among four large bowls, piling the beef on top. Ladle over the hot stock. Allow each guest to help themselves to the accompaniments. Serve immediately.

Nuoc Cham

This is a traditional Vietnamese dipping sauce used with many dishes including fresh spring rolls, Vietnamese crepes, grilled meats or seafood. It is the most essential condiment in Vietnamese cooking. This recipe makes 2 cups which is great when entertaining and left-overs can be kept in the fridge for up to 2 weeks.

Ingredients:

5 tablespoons sugar

3 tablespoons water

1/3 cup fish sauce (nuoc mam)

1/2 cup lime or lemon juice (about 3 limes or 2 lemons)

1 large clove garlic, crushed, peeled, and sliced or minced

1 or more bird's eye or Thai chilies, seeded, and sliced or minced (mincing will make it hotter!)

1 shallot, peeled, thinly sliced, rinsed, and drained (optional)

What you need:

- Knife
- Chopping board
- Whisk/fork
- Bowl
- Small dish to serve

Instructions:

1. Whisk together the sugar, water, fish sauce, and lime or lemon juice in a bowl until the sugar is completely dissolved. Add the garlic, chili, and shallot (if using), and let stand for 30 minutes before serving.

Prawn and Vegetable Stir Fry (serves 4)

This is wonderfully colourful, aromatic dish that is also extremely healthy. This sauce is very versatile so the prawns can be substituted for any meat of your choice, *e.g.* chicken, beef, fish or pork. This dish is best served with rice or noodles.

Ingredients:

1/3 cup reduced-salt soy sauce

3 tablespoons white wine

2 tablespoons cornflour

1 ½ teaspoons grated peeled fresh ginger

1 tablespoon vegetable oil

2 garlic cloves, finely chopped

500g large raw prawns, peeled and de-veined

250g broccoli florets

1 large red capsicum, cut into strips

1 large yellow capsicum, cut into strips

120g snow peas

100g whole baby corn

½ cup sliced water chestnuts

4 spring onions, cut diagonally into 5cm pieces

What you need:

- Knife
- Chopping board
- Bowl and fork to mix sauce
- Wok or deep frying pan

Instructions:

1. Mix 2/3 cup water, the soy sauce, wine, cornflour and ginger in a small bowl until smooth. Set aside.
2. Heat the oil in a large wok or large deep frying pan over medium-high heat until hot. Stir-fry the garlic until soft, about 2 minutes. Add the prawns and stir-fry until pink, about 3 minutes. Remove the prawns and set aside. Add broccoli florets to the wok and stir-fry until they are bright green, about 2 minutes. Add the red and yellow capsicum strips and snow peas and stir-fry until they are just tender but still crisp, about 1 minute longer.
3. Add the baby corn, water chestnuts and spring onions. Return the prawns to the wok to warm. Pour in the sauce mixture and stir-fry until the sauce thickens and boils, about 1 minute. Serve.

Help Lines

ACON – AIDS Council of NSW
1800 063 060
Sydney callers: 9206 2000
Health promotion. Based in the gay, lesbian, bisexual and transgender communities with a focus on HIV/AIDS.
Mon – Fri 10 am – 6 pm

ADIS – Alcohol & Drug Information Service
1800 422 599
Sydney callers: 9361 8000
General drug & alcohol advice, referrals & info. NSP locations and services etc. 24 hrs

CreditLine
1800 808 488
Financial advice and referral.

Hep Helpline
1800 803 990
Sydney callers: 9332 1599
www.hep.org.au
Mon – Fri 9am – 5pm
Info, support and referral to anyone affected. Call-backs and messages offered outside hours. Email questions answered.

HIV/AIDS Infoline
1800 451 600
Sydney callers: 9332 9700
Mon – Fri 8am – 6.30pm
Sat 10am – 6pm

Homeless Persons Info Centre
(02) 9265 9081 or (02) 9265 9087
Phone info & referral service for homeless or at-risk people.
Mon – Fri 9am – 5pm

Karitane
1800 677 961
Sydney callers: 9794 1852
Parents info & counseling. 24hrs
www.swsahs.nsw.gov.au/karitane/

Lifeline
13 11 14
Counseling & info on social support options. 24 hrs.

MACS – Methadone Advice & Conciliation Service
1800 642 428
Info, advice & referrals for people with concerns about methadone treatment. List of prescribers.
Mon – Fri 9.30am – 5pm

Multicultural HIV/AIDS & Hepatitis C Service
1800 108 098
Sydney callers: 9515 5030
Support & advocacy for people of non English speaking background living with HIV/AIDS, using bilingual/bicultural co-workers.

Prison's HepC Helpline
Free call from inmate phone for info & support. Enter MIN number and PIN, press 2 for Common List Calls, then press 3 to connect.
Mon – Fri 9am – 5pm

St. Vincent De Paul Society
Head Office: 9560 8666
Accommodation, financial assistance, family support, food & clothing.
Mon – Fri 9am – 5pm

Salvo Care Line
1300 363 622
Sydney callers: 9331 6000
Welfare & counseling. 24hrs

SWOP – Sex Workers Outreach Project
1800 622 902
Sydney callers: 9319 4866
Health, legal, employment, safety, counseling & education for people working in the sex industry.

Self-help & Complaints

NA – Narcotics Anonymous
(02) 9519 6200
Peer support for those seeking a drug-free lifestyle.
24 hr number statewide.

CMA – Crystal Meth Anonymous
0410 / 324 384
Regular meetings around Sydney. Call for times and locations.
www.crystalmeth.org

SMART Recovery – Self-Management & Recovery Therapy
(02) 9361 8020
Self-help group working with cognitive behavioural therapy.

Family Drug Support Hotline
1300 368 186
Support for families of people with dependency. 24 hours

NAR-ANON
(02) 9418 8728
Support group for people affected by another's drug use. 24 hours

Women's Information & Referral Service
1800 817 227

Anti-discrimination Board of NSW
1800 670 812
Sydney callers: 9268 5555
Mon – Fri 9am – 5pm

Health Care Complaints Commission
1800 043 159
Discrimination, privacy & breaches of confidentiality in the health sector.

NSW Ombudsman
1800 451 524
Sydney callers: 9286 1000
Investigates complaints against the decisions and actions of local government and NSW police.

Legal Services

CRC – Court Support Scheme
(02) 9288 8700
Available to assist people through the court process.

Disability Discrimination Legal Centre
(02) 9310 7722
Provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.

HIV/AIDS Legal Centre
1800 063 060 or
(02) 9206 2060
Provides free legal advice to people living with or affected by HIV/AIDS.

Legal Aid Hotline
1800 10 18 10
For under 18s.
Open 9am – midnight during the week
24 hours on weekends

Legal Aid Commission
(02) 9219 5000
May be able to provide free legal advice and representation. The Legal Aid Central office can also put you in contact with local branches.

The Shopfront Youth Legal Centre
(02) 9360 1847
Legal service for homeless and disadvantaged young people.

ASK! – Advice Service Knowledge
(02) 8383 6629
A free fortnightly legal service for Youth, run by the Ted Noff's Foundation (Randwick & South Sydney) in Partnership with TNF & Mallesons and Stephen Jaques Lawyers.

Medical Services

Aboriginal Medical Service, Redfern
(02) 9319 5823

Albion Street Centre, Surry Hills
1 800 451 600 or (02) 9332 9600
Free testing for HIV / hepC & other. Medical care, nutritional info & psychological support for people living with HIV & hepC.

Haymarket Foundation Clinic, Darlinghurst
(02) 9331 1969
Walk-in homeless clinic on 165B Palmer St Darlinghurst. No Medicare card required.

Mission Australia, Surry Hills
(02) 9380 5055
GP, dentist, optometrist, chiropractor, mental health. Medicare card required.

KRC – Kirketon Road Centre, Kings Cross
(02) 9360 2766
For 'at risk' youth, sex workers, and injecting drug users. Medical, counseling and social welfare service. Methadone & NSP from K1.

MSIC – Medically Supervised Injecting Centre, Kings Cross
(02) 9360 1191
A safe supervised place to inject. 66 Darlinghurst Road, Kings Cross opposite train station.

South Court, Penrith
1800 354 589
Medical service, sexual health & nurses. Vaccinations, blood screens, safe injecting & general vein care. No Medicare required.

Youthblock, Camperdown
(02) 9516 2233
12 – 24 years. Medical and dental available etc. No Medicare required.

Treatment Centres

The Buttery, Bangalow
Ph: (02) 6687 1111

Corella Lodge, Prairiewood
Ph: (02) 9616 8800

Detour House, Glebe
Ph: (02) 9660 4137

Gorman House Detox, Darlinghurst
Ph: (02) 9361 8080 / (02) 9361 8082

Hadleigh Lodge, Leura
Ph: (02) 4782 7392

Herbert St Clinic, St Leonards
Ph: (02) 9906 7083

Inpatient Treatment Unit, Ward 64, Concord Hospital
Ph: (02) 9767 8600

Jarrah House, Maroubra
for women
Ph: (02) 9661 6555

Kathleen York House, Glebe
for women and girls
Ph: (02) 9660 5818

Kedesh House, Berkeley
Ph: (02) 4271 2606

Lakeview, Belmont
Ph: 4923 2060

Lorna House, Wallsend
Ph: (02) 4921 1825

Langton Centre, Surry Hills (Outpatient Service via Sydney Hospital selective process only)
Ph: (02) 9332 8777

Lyndon Withdrawal Unit, Orange
Ph: (02) 6362 5444

Meridian Clinic, Kogarah
Ph: (02) 9113 2944

Miracle Haven Bridge Program, Morrisset
Ph: (02) 4973 1495 / (02) 4973 1644

Nepean Hospital, Penrith
Ph: (02) 4734 1333

O'Connor House, Wagga Wagga
Ph: (02) 69254744

Odyssey House, Eagle Vale
Ph: (02) 9820 9999

Orana Outpatient Withdrawal Management Service, Wollongong
Ph: (02) 4254 2700

Phoebe House, Banksia
Ph: (02) 9567 7302

Phoenix Unit, Manly
Ph: (02) 9976 4200

Riverlands Drug & Alcohol Centre, Lismore
Ph: (02) 6620 7612

St. John of God, Burwood
Ph: (02) 9715 9200 or 1300 656 273

St. John of God, North Richmond
Ph.: (02) 4588 5088 or 1800 808 339

The Salvation Army Bridge Program, Nowra
Ph: (02) 4422 4604

South Pacific Private Hospital, Curl Curl
Ph: 1800 063 332

The Ted Noffs Foundation, Randwick
Ph: (02) 9310 0133 or 1800 151 045

The Ted Noffs Foundation, ACT
Ph: (02) 6123 2400

The Ted Noffs Foundation, Coffs Harbour
Ph: (02) 6651 7177

The Ted Noffs Foundation, Dubbo
Ph: (02) 6887 3332

WHOS – We Help Ourselves, Redfern
Ph: (02) 9318 2980

WHOS – We Help Ourselves, Cessnock
Ph: (02) 4991 7000

William Booth Institute, Surry Hills
Ph: (02) 9212 2322

Wollongong Crisis Centre, Berkeley
Ph: (02) 4272 3000

Ward 65, Concord Hospital
Ph: (02) 9767 8640

This list includes detoxes, rehabs and counselling services.
This is not a comprehensive list. Ring ADIS on (02) 9361 8000 for more.

Where to Get Fits

NSP Location	Daytime No	Alternative No
Albury	02 – 6058 1800	
Auburn Community Health	02 – 9646 2233	0408 4445 753
Bankstown	02 – 9780 2777	
Ballina	02 – 6620 6105	0428 406 829
Bathurst	02 – 6330 5850	
Bega	02 – 6492 9620	02 – 6492 9125
Blacktown	02 – 9831 4037	
Bowral	02 – 4861 0282	
Byron Bay	02 – 6639 6635	0428 – 406 829
Camden	02 – 4629 1082	
Campbelltown MMU	02 – 4634 4177	
Canterbury (Repidu)	02 – 9718 2636	
Caringbah	02 – 9522 1046	0411 404 907
Coffs Harbour	02 – 6656 7934	02 – 6656 7000
Cooma	02 – 6455 3201	
Dubbo	02 – 6885 8999	
Goulburn S.East	02 – 4827 3913	
Grafton	02 – 6640 2229	
Gosford Hospital	02 – 4320 2753	
Hornsby	02 – 9977 2666	0411 166 671
Katoomba / Blue Mountains	02 – 4782 2133	
Kempsey	02 – 6562 6066	
Kings Cross KRC	02 – 9360 2766	02 – 9357 1299
Lismore	02 – 6622 2222	0417 489 516
Lismore – Shades	02 – 6620 2980	
Liverpool	02 – 9616 4810	02 – 9616 4809
Long Jetty	02 – 4336 7760	
Manly / Northern Beaches	02 – 9977 2666	
Merrylands	02 – 9682 9801	
Moree	02 – 6757 0222	02 – 6757 3651
Moruya	02 – 4474 1561	
Mt Druitt	02 – 9881 1334	

NSP Location	Daytime No	Alternative No
Murwillimbah / Tweed Valley	02 – 6670 9400	0429 919 889
Narooma	02 – 4476 2344	
Newcastle / Hunter	02 – 4016 4519	0438 928 719
New England North Regional Area (referral service)	0427 851 011	
Nimbin	02 – 6689 1500	
Nowra	02 – 4424 6300	
Orange	02 – 6392 8600	
Parramatta	02 – 9687 5326	
Penrith / St Marys	1800 354 589	
Port Kembla	02 – 4275 1529	0411 408 726
Port Macquarie	02 – 6588 2750	
Queanbeyan	02 – 6298 9233	
Redfern (REPIDU)	02 – 9699 6188	
St George	02 – 9113 2943	
St Leonards – Herbert St Clinic	02 – 9926 7414	
Surry Hills – Albion St Centre	02 – 9332 1090	
Surry Hills – ACON	02 – 9206 2052	
Surry Hills – NUAA	02 – 8354 7300	
Sydney CBD	02 – 9382 7440	
Tamworth	02 – 6766 8081	
Taree	02 – 6592 9315	
Tumut	02 – 6947 1811	
Tweed Heads	07 – 5506 7556	
Wagga	02 – 6938 6411	
Windsor	02 – 4560 5714	
Woy Woy Hospital	02 – 4344 8472	
Wyong Hospital	02 – 4394 8298	
Wyong Community Centre	02 – 4356 9370	
Yass	02 – 6226 3833	

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

TERRY'S STORY

Terry has seen it all. He first used heroin in the 60s when he was 13, after running away from an abusive home. Now 56, he's been on several different programs and felt the prejudice and scars of addiction more times than he cares to remember.

Yet even now Terry's pain and frustration seems far from over. After moving interstate just over a year ago, he's still struggling to access the treatment that works best for him. He knows it's there. He's been on it before.

But despairs at how hard the process has been, to find the support and information he really needs – and desperately wants.

Terry admits he's determined and doesn't give in easily. But fears for others who aren't. "You need what's best for you, not what's best for the group. Stand up for it."

Everyone's story is different.
To know more about opiate dependency treatment options ask your healthcare provider for an Options Pack or visit

www.mytreatmentmychoice.com.au

nuaa

NSW USERS & AIDS ASSOCIATION INC

PO Box 278 Darlinghurst NSW 1300 Australia
345 Crown Street, Surry Hills NSW 2010
t 02 8354 7300 or 1800 644 413 **f** 02 8354 7350
e nuaa@nuaa.org.au **w** www.nuaa.org.au

Monday - Friday 10:00 am - 5:30 pm
except Tuesday 2:00 - 5:30 pm

The New South Wales Users & AIDS Association (NUAA) is an independent, user-driven, community-based organisation funded by NSW Health. NUAA aims to advance the health, rights and dignity of people who use drugs illicitly; provide information, education, and support for drug users; promote the development of legislation and policies to improve drug users' social and economic well-being; and improve the quality and standards of services available to drug users.

NUAA relies on a strong & active membership - people who support the work & aims of the organisation. NUAA membership is free, confidential, and open to anyone interested in the issues affecting people who choose to use drugs illicitly. You can become a member of the association (receive voting rights, stand for election, and receive *User's News*) by sending a completed form (below) to NUAA. You can use the same form to be placed on the *User's News* mailing list. Copies of *User's News* are posted free of charge in a plain envelope.

To join NUAA - or just receive *User's News* - complete this form and post it to NUAA

Inmates, please give MIN number:.....

Name: .....

Address:.....

City / Suburb:..... Postcode:.....

Phone:..... Mobile:.....

Email:.....

☐ **Please send me information about NUAA.**

☐ **I want to be emailed NUAA's monthly newsletters.**

☐ **I am already a member of NUAA / on the mailing list, but am updating my details.**

☐ **I want to be a member of NUAA *AND* I want *User's News*.**

I support NUAA's aims and objectives. I want to receive User's News and information on NUAA events and activites. I am allowing NUAA to hold this information until I want it changed or deleted. (If you want to be a member, but don't want User's News, tick here ☐ .)

☐ **I want *User's News ONLY*.**

I don't want to be a member, but I want to receive User's News and information on NUAA events and activities. I am allowing NUAA to hold this information until I want it changed or deleted.

Signature..... **Date:**.....

Personal Information Statement:

We collect this information to add you to our database and/or notify you of information and events relating to NUAA. We store this information either in hard copy or electronically or both. Access to your information is strictly limited to staff who need it to act on your behalf. Your information will not be passed on to any other organisation. You can access and correct your personal information by contacting our Privacy Officer on (02) 8354 7300 or freecall 1800 644 413.