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USER'S NEWS

21 Years of NUAA

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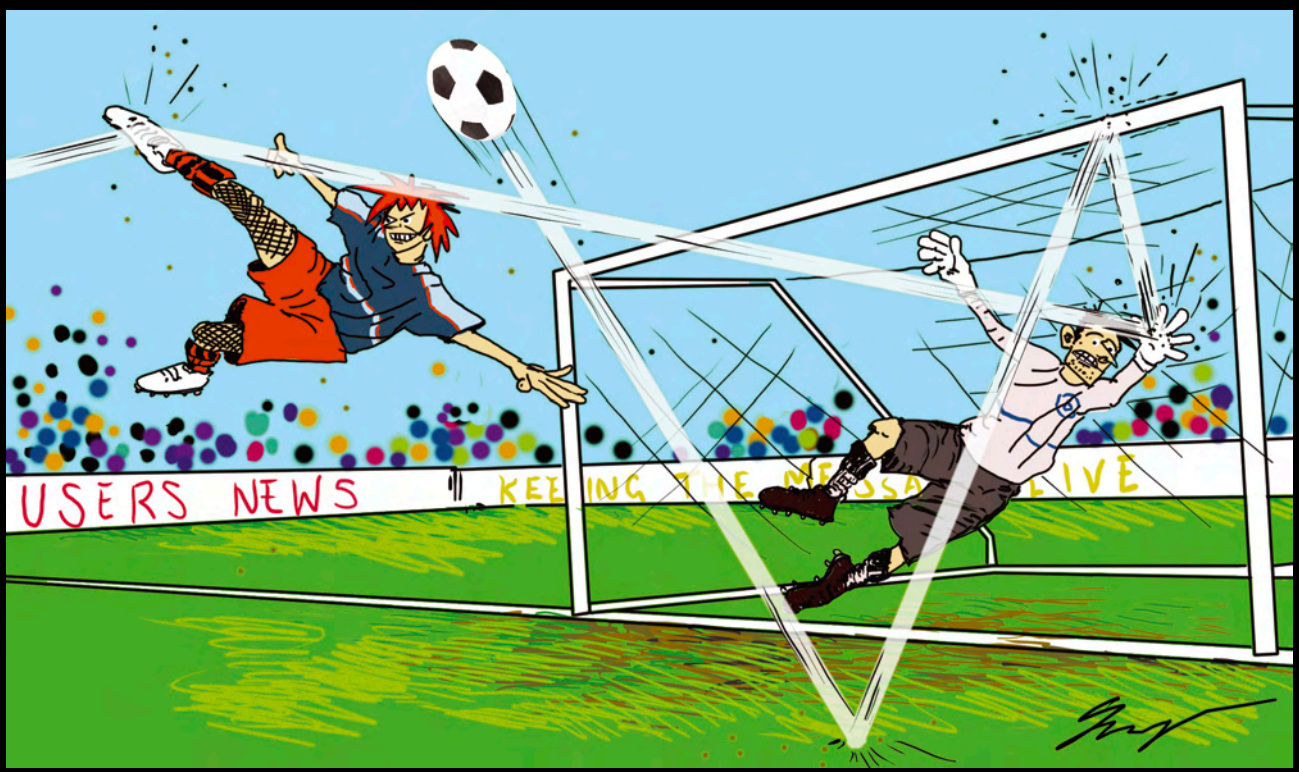

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Safe disposal means:

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

Safe disposal basics:

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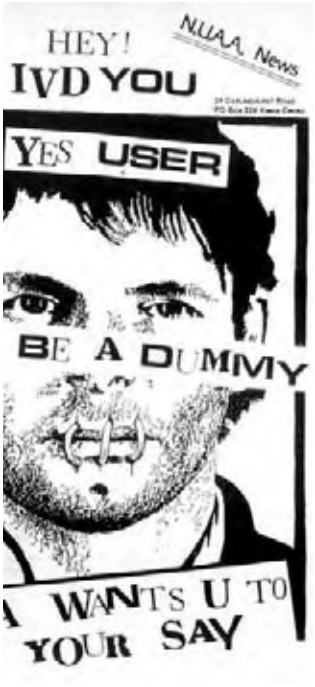
- Dispose of your used equipment at your local NSP or in a sharps bin
- If you can't get to an NSP, put securely contained fits into the household garbage as this is better than dumping them (but never put them in the recycling waste)



USER'S NEWS #62

PO Box 278
Darlinghurst NSW 1300

p (02) 8354 7300 or
1800 644 413 (toll free)
f (02) 8354 7350

e usersnews@nuaa.org.au

Editor Gideon Warhaft

Cover Bodine

Illustrators Bodine, Ursula Dyson, Rose Ertler, Tony Sawrey, Glenn Smith

Layout Mathew Bates

User's News Editorial Board Ursula Dyson, Lissette Flores, Alicia L. Lecroix, Brett Millar, Gideon Warhaft

User's News and NUAA Website Advisory Group Max Hopwood, Annie Madden, Tony Trimingham, Gideon Warhaft, Alex Wodak

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The Next Big Thing

editorial

As part of its 21st anniversary this year, NUAA recently held an event in the historic Jubilee Room at NSW Parliament House to celebrate its achievements and to thank those who have supported the organisation over the decades.* The event was made possible by the generous assistance of NSW Greens MP Ian Cohen (and his staff), who has supported NUAA since its early days.

While Cohen will not contest his seat at the state election next March, the Greens are expected to pick up seats. Nationally the Greens have picked up their first ever Federal lower house seat, formed an alliance with Federal Labor to help it form government and will hold the balance of power in the Senate from next July. So with the Greens enjoying unprecedented policy leverage nationally, and potentially soon in NSW, it's timely to examine the party's drug policy.

While the Australian Greens do not support the legalisation of currently illegal drugs, they do state that harm minimisation is the best way to deal with the problems surrounding drug use and supply. They argue that "the regulation of personal use of currently illegal drugs is best addressed primarily within a health and social framework, with legal support", and that imprisonment for personal drug use alone is "not an appropriate solution to drug dependence." Most importantly, they want policy and programs to be "evidence-based and subject to continuous evaluation."

Their wish list includes establishing a Drugs Policy Institute for research and review of policy and treatments, providing free youth-targeted information on substance use, and establishing more NSPs and supervised injecting rooms. They also want to launch a "rigorous scientific trial" of prescription heroin along the lines of the junked 1996 ACT government heroin trial.

The NSW Greens drug policies include "ending criminal sanctions for personal drug use" and more funding for treatment, rehabilitation and counselling.

The trouble for the Greens is that during any State or Federal election, the tabloid media and politicians from all sides launch blistering smear campaigns portraying the party's drug policies as extreme and dangerous.

In the Daily Telegraph in 2007, Piers Akerman wrote: "In the truest expression of lunatic libertarianism [the Greens] want illicit drugs permitted for personal use, they want to ban the use of sniffer dogs and even the use of helicopters for the detection of drug crops."

During the recent Federal election campaign, Family First leader Senator Steve Fielding, fighting unsuccessfully to retain his seat, said: "the Greens are up to their old tricks with their plan to stick heroin injecting rooms on street corners across the country." It was sadly predictable, but the media's failure to examine the Greens' actual policy in the light of his rant was negligent.

Victorian Labor strategists, debating how to confront the "problem of the Greens" winning inner-city electorates, are considering trying to expose the Greens as purveyors of "extreme left policies", using their backing of supervised injecting rooms as an example.

The Greens' drug policies are mild by any measure. Their support for such "extreme" proposals as injecting centres is shared by NSW Labor, who last month announced plans to make Sydney's MSIC permanent.** And the principle underpinning the Greens' drug policies – that they should be evidence-based – is simply common sense.

NUAA has been part of some great changes to drug policy over its 21 years, notably the introduction of the needle and syringe program and the injecting centre in Kings Cross. But in the last few years drug reform has stalled. Both major parties share a unity ticket in supporting the status quo, no matter what evidence is presented of its failures.

We now have an opportunity to encourage the Greens to push for drug reform with their newly-won influence. The public is ready for leadership on this issue and few politicians on either side of politics genuinely believe the current approach is effective.

It's up to those who support drug law reform to lobby the Greens. With work and a little luck, it won't be another 21 years before the next big thing in drug policy reform. We're living in a "new paradigm", we're told, where politicians cooperate with one another to find solutions to problems. A bit of prodding and the Greens might help ensure that their sensible drug policies become part of the mainstream.

Gideon Warhaft

* See our 21st Anniversary feature on pp. 11 - 22

** See MSIC article on p 8

Big House Blues: Studies Show Inmates Re-offend Earlier, More Likely to Contract HIV

The prison system costs the taxpayer a fortune every day, but it may turn people into worse criminals, according to a study released by the NSW Bureau of Crime Statistics and Research.

The study compared 800 people convicted of assaults, half of whom received prison terms. It matched offenders by age, gender, criminal history and bail status, and found those who did stir were likely to commit another offence sooner than those who didn't.

The study describes prison as "a very expensive form of crime control". The cost of prison is over $200 per inmate per day.

The bureau's director, Don Weatherburn, said that while prison stops very dangerous people and habitual offenders, there is "not a lot of value in short prison sentences".

Meanwhile, the United Nations Office on Drugs and Crime (UNODC) states that prisons worldwide are breeding grounds for HIV.

Sex between inmates, injecting drug use and tattooing are the main causes of the spread, but overcrowding, corruption and poor access to condoms and anti-HIV therapy are major factors.

Around 30 million people are imprisoned worldwide. HIV infections in prison are significantly higher than in the wider community (in the US, prison infection rates are five to seven times higher).

Back home, the NSW opposition plans to cut the state's prison population by one fifth if it's elected.

A Liberal/National state government would reduce sentences for minor drug offences, minor assaults, theft and fraud. It would also remove prisoners with mental health problems from the criminal justice system.

At the current rate of imprisonment, NSW will have to build one jail every year.*

Sources: SMH, AFP, aidsinfonet.org

MSIC to Be Permanent

The NSW government will shortly introduce legislation to remove the trial status of the Medically Supervised Injecting Centre (MSIC), making it a permanent facility**.

Established by Uniting Care in 2001, MSIC caters for around 200 injections per day.

According to Family Drug Support's Tony Trimingham, "More than 3500 overdoses have been managed there without a fatality and more than 4000 drug users have received a referral for treatment. It is an unqualified success."

NSW Opposition Leader Barry O'Farrell has yet to support the centre publicly, but has stated he will allow coalition MPs a conscience vote on the legislation, which is expected to pass.

Sources: SMH, Blue Mountains Gazette

The Unseen War: Soldiers, Post-Traumatic Stress and Drugs

The suspected overdose in May of an Australian soldier in Afghanistan has prompted a Chief of Defence Force commission of inquiry, which will examine current mental health services for soliders in the theatre of war.

The commission of inquiry coincides with a University of NSW study into COPE, the therapy system that treats post-traumatic stress (PST) and substance use together.

Over 100 Australian civilians with PST who used alcohol, prescription medicines or illicit drugs were treated using COPE in the world's first randomised control trial of the system. The patients showed substantial improvements in anger, guilt, control over substances and social function.

Statistics of drug usage amongst returned soldiers with PST are hard to find, but up to 84 per cent of Vietnam War veterans with PST in the US have a substance use disorder. On average, 18 US veterans commit suicide each day.

Source: SMH, Army Times

HIV: A Goal and a Warning from the UN

Michel Sidbe, executive director of the Joint United Nations Programme on HIV/AIDS, has called on Sydney to aim for a zero infection rate of HIV by 2015.

At a reception at Slide nightclub in September, Sidbe said: "I want you to take that as your new motto

* See letter "Recidivism vs. Rehabilitation" on p 6

** See MSIC article on p 8

and your new goal. If we can make it zero that will demonstrate that we have a city free of new HIV infections and that it's possible."

Sydney's HIV infection rate averages at one person a day. Sidbe believes that a zero infection rate would make Sydney a global model for eliminating new infections.

Earlier at the Advance Global Health conference in Melbourne, Sidbe warned that worldwide government and private funding into HIV prevention is declining.

"We have been able to break the conspiracy of silence about AIDS. We're not translating that into political choices. I am scared."

Sources: The Australian, SSO

Hep C: Light on the Horizon

A new anti-hepatitis C drug has been tested which could improve cure rates by almost 30 percent.

Telaprevir, one of a range of new drugs currently in trials, effectively cures 75 percent of patients when used with existing treatments. This compares with a 44 percent cure rate using currently available drugs. The new drug may be available in the US as early as next year.

Source: The New York Times

Vienna Declaration: The Tide Is Turning

The 18th International AIDS Conference was held in Vienna in July. Its official declaration effectively called for the end of the War on Drugs.

The declaration states that criminalisation of illicit drug users is fuelling the HIV epidemic and has caused overwhelmingly negative health and social consequences. It calls for "a full policy reorientation" toward harm reduction and other science-based strategies.

"The evidence that law enforcement has failed to prevent the availability of illegal drugs, in communities where there is demand, is now unambiguous", states the declaration.

Toronto became the first city in the world to endorse the Vienna Declaration in August. Other endorsements have come from Nobel Laureates and former heads of state.

Sources: The Australian, The Globe and Mail, viennadeclaration.com

Ganja No Gateway?

Researchers from the University of New Hampshire have found that marijuana may not be the gateway drug it's often assumed to be.

A study of over 1200 under-25-year-olds in Florida showed early marijuana use only led to other subtances when more important factors came into play, such as early trauma, education problems and unemployment.

The study's authors believe its results may have implications for US drug policy. Lead author Karen Van Gundy said "over-criminalising youth marijuana use might create more serious problems if it interferes with later employment opportunities."

The study came less than a month after Germany declared it plans to legalise medicinal marijuana. German Health Minister Philipp Roesler said that German law does not need to change for the introduction of legal medical ganja, only government policy.

Sources: Los Angeles Times, cbsnews.com, Deutsche Welle

India: Dangerous Sources for Ganja, Rise in Youth Use

Large supplies of marijuana are being smuggled into New Delhi from new sources: the eastern Indian states of Orissa, Bihar, Assam and Jharkhand.

These strife-torn states are under the influence of the Naxalites, a Maoist insurgency group with a military strength between 10 and 20,000. Clashes with Indian security forces have claimed over 6000 lives since 1967.

Delhi's traditional ganja crop comes from neighbouring Haryana and the disputed western territory of Punjab. A series of organised crime arrests prior to this month's Commonwealth Games revealed the new trend.

Meanwhile, India's south has seen a rise in the use of "get-away" drugs – cannabis, alcohol and tobacco – in the increasingly affluent youth of Hyderabad.

Andhra Pradesh Police certainly hyped up the issue, reporting that the state's level of what it calls "addiction" to these drugs was almost 60 percent of teenagers – meaning basically that the majority of Hyderabad teens have had a beer, a fag or a spliff at some point.

Sources: The Times of India, Hindustan Times

Prison Letters Special

Time for NSPs in Prison

I am currently a remand inmate here at Long Bay Hospital, part of the Long Bay prison complex. I am writing to ask what the hell is being done within the NSW prison system to supply inmates with safer methods of using within our prison system? Like providing us inmates with clean syringes so that if an inmate does decide to use he has minimal risks of contracting any kind of blood-borne disease such as hepatitis C or HIV.

I have been in and out of prison over the past 23 years and have been a poly drug user for even longer. I am at a point in my life where I really want to change. But I would also like to see something done about the problem of no clean syringes in prison.

Let's face it: there is no way the Department of Corrective Services is going to stop the distribution of any illegal substance, whatever it may be, within our prison system. They have certainly failed over the past 23 years that I have been coming to jail. I have seen up to a dozen inmates use the same dirty syringe, one after the other. They apparently have no fear or concern of contracting a disease.

Over the last 15 months I have been on remand at four different NSW jails, I have seen inmates use some dead-set putrid syringes that have probably been used for few years, thrashed each and every single day. No wonder hepatitis C within the NSW prison system is so high. A large number of inmates don't even know if they are hepatitis C positive.

So why don't the people responsible for the health of inmates all get together and do something about cutting down the spread of diseases such as hepatitis C and begin some kind of program to issue clean syringes to inmates? The way it is now you'd think that they're trying to kill off inmates who inject drugs by letting us share dirty putrid old syringes. Are we that much of a burden that you want us to die?

OAB 2017

Stop the BBVs

I am currently an inmate of the Alexander Maconochie Centre, the prison in the ACT currently embroiled in a debate over whether a needle and syringe program (NSP) should be introduced, or at least trialled, in Australia's first and only human rights-based prison.

From what I can tell, this debate is being driven in by people who know very little about the subject.

As a drug using inmate and somebody who caught hepatitis C at 19 whilst in custody, I feel very strongly about this. Until contracting hep C I was absolutely pedantic about using clean equipment: fits, spoon, filters, swabs – the lot! But when I came into custody at 19, hanging out with a half weight put away, I faced the choice of either continuing to hang out, or using a fit that was so old that half the remand centre had used it. To me at the time, sick and with my judgement clouded and my mind screaming "use, use, use", it was a no-brainer. I held my arm out for somebody with the expertise to operate this particular fit (which was so thrashed that the plunger was a cotton bud wrapped in plastic from a bin bag, and the needle was in real danger of dislodging itself into my arm) and had my shot, contracting hep C in the process.

I have spoken to over a hundred inmates with similar stories of catching hep C in prison. But whenever it looks like somebody wants to introduce an NSP program in prison, the prison officers' union starts jacking up saying that the safety of officers could be at risk of being pricked by a contaminated syringe.

Do these people honestly believe that there are currently no syringes in jails already? And it doesn't take a genius to see that the risk of an officer being pricked by a dirty fit is much greater when it is "cut down" and stashed somewhere because it's considered contraband. Contrast this to inmates being able to safely dispose of their used fits in a sharps bin before getting a clean fit that can remain in its packaging and in clear view in a prisoner's cell

(for example, with his or her razors and other toiletries).

If I were an officer given the task of searching a cell, I know which of the two scenarios I'd want to be searching under. The introduction of a needle and syringe program in the AMC would greatly, if not completely, reduce the risk of both prisoners *and* officers contracting a BBV. It would also save the government, and ultimately the taxpayer, money by reducing the number of people being treated with Interferon and other hep C, HIV or AIDS treatments. It would reduce the trauma, depression and stigma experienced by people who have just learnt they've contracted a BBV, freeing up psychologists to do other important work rather than having to counsel those with BBVs. Being someone who's sat in a doctor's room and been told, "Sorry, you have contracted a BBV", it's a horrible, daunting experience – whether you wear blue or green…

Jason

Recidivism vs. Rehabilitation

I am amazed at the recidivism rates in Australian prisons. By most state governments' own admissions, 70% of prisoners have drug problems of one sort or another, yet they are doing little to help prisoners to address their drug problems. It's said that once a prisoner leaves prison they have a 75% chance of returning to prison within the first 12 months. In countries like Holland and Sweden the statistic is less than 20%. The Sir Joh Bjelke-Petersen "Nothing's too good for my prisoners, and nothing's what they will get" attitude never worked and never will work. Every time there is an election the politicians run the "let's get tough on crime" jingle, and sadly the public wear it like a bad suit. But the politicians never want to own the collateral damage these sorts of policies create.

The powers that be insist on following America's punishment system, even though their recidivism rates are worse than ours. The American states that practice the death penalty have higher murder rates than those that are opposed to capital punishment. The "three strikes and you're out" policy has done nothing to reduce the crime rate - again, violent crime rates increased in the states that have it.

European systems are more concerned with rehabilitation and reintegration. But Australian state governments are too reluctant to try them. They persist with the "treat them like animals and they will get out and act like humans" routine. The War on Drugs was lost in the 1970s, if not before, but once a week there is some policeman on TV standing in front of a few kilos of gear saying that they are winning the war (they don't say anything about the hundred kilos they missed though). The sad thing is the poor gullible public believe this rubbish. If the War on Drugs was a game of sport, the score would be Bad Guys 500, Good Guys nil at three quarter time but yet the coaches are trying to convince us we will win this game.

Rehabilitation costs money. But so does keeping people in jail all their lives. (You don't have to be a rocket scientist to work that one out.) In 2006 the Queensland government halted the Release To Work program. Since then there has been a 400% increase in prisoners re-offending on parole, so instead of bringing the Release To Work program back, they crack down on people getting parole. This is typical of the people who run our prisons. It is said that the definition of insanity is doing the same things over and over and trying to get a different result. So it would be fair to say there is a lot of insanity in our prison policies. Prisoners are incarcerated to be accountable for their crimes, but there is no accountability for what is done to them while they are in there. This approach is serving no-one. When you're in prison you encounter red tape at its finest. If the powers that be put their energy into trying to help people instead of tripping them over, we would be well on our way to lowering our appalling recidivism figures.

Every year governments slash education funds to prisons. At the same time we're told there is going to be a shortage of tradesmen in the next 20 years. Well, jails would be the perfect places to run apprenticeships. It would be a win-win situation. It would give the prisoner some

qualifications (helping rehabilitiation) and it would address the potential trades shortage.

There has been talk of prison reform since Jesus was a boy. Maybe it's time that the prisons were run by the Federal Government. This would at least create uniformity throughout the country. Victoria has the lowest recidivism rates and Queensland the highest. You have to ask yourself: why is there a difference in the figures? It's time for the voting public to pull their heads out of the sand and demand accountability.

Russell

Nurse Ratchet and My Decay

Here I am, really paying for my drug use: it's 4.37am and "Rage" and pain are my only companions here at the Glen Innes Correctional Centre, part of the NSW "Correctional" system.

Yes, my little jaunt up the Eastern Seaboard to escape the in-your-face heroin scene in Melbourne's Western Suburbs has seen me incarcerated now for just long enough to have withdrawn, cold turkey, so that I can suffer the whims of the prison medical staff (obviously not familiar with "increased pain threshold" after 17 years of opiate saturation, nor the Hippocratic Oath!).
To my "guardians" I am a selfish criminal junky whose crumbling, infected and obviously painful teeth warrant only six Panadol per day, accompanied by derogatory comments to wash them down for good measure.

So this is how Australia's penal doyen exacts retributive justice – my inability to access basic analgesia is New South Wales' "pound of flesh", just in case the loss of my liberty fails to cause enough turmoil and anguish in my black junky heart.

I acknowledge that in stealing to support my habit, stints in prison may result. In Victoria's maximum security Barwon Prison, I happily served nearly seven years for heroin-related aggravated burglary, but in Victoria the system only took only my liberty from me, never my basic human rights. Whereas Victoria accepts that incarcerating people costs a lot, NSW attempts to make money off its criminals via forced labour (I'm paid $22 per week in a mill that pumps masses of timber into the civilian economy, at a civilian price!) and by giving "junkies" like me even less than my drunk, domestically violent or professionally criminal fellow inmates.

All I can do is attempt to meditate the ceaseless, gnawing pain away, write this in the hope that it registers with someone, and smile through my puffed-up "cabbage patch" face. I can thank the "nurse" for my daily analgesia, as well as her concern at not "over-medicating" me. After all, as a "junky", I should be happy to be in a NSW prison rather than the putrid gutter from whence I was saved.

Shouldn't I?

Michael

Detail of Harley Davidson 'Information Vehicle' Tribes project 1995

Letters to the Editor

mail	PO Box 278 Darlinghurst NSW 1300
fax	(02) 8354 7350
e-mail	usersnews@nuaa.org.au

A Trial No More

It was an uneventful Tuesday in mid-September at the Medically Supervised Injecting Centre. We had our usual weekly staff meetings and in one of these meetings, we were informed that the NSW Premier, the Deputy Premier and Minister for Health were coming to visit the clinic the following day. While there was a whisper that the visit was something big, at that stage nothing was confirmed.

Later on in the evening we received a call from our Medical Director, Dr Marianne Jauncey, to say that there was indeed going to be an announcement by the Premier to overturn our trial status. A press conference was to be held in the clinic at 8.30 the following morning. After nearly a decade of successful operation, constantly being on trial and in the media spotlight, we were desperate to inform the rest of the staff. A barrage of text messages was sent out: "Breaking news!! Announcement being made re: the trial status tomorrow! Buy the *Sydney Morning Herald*". Messages came back – some overjoyed about the news, others worried in case it was an announcement to shut us down! Sarah and I talked on the phone, realising that we were going to be part of a historical moment. The anticipation and excitement was palpable. Neither of us would sleep too well that night.

Up at the crack of dawn, we heard the news on Sunrise: "Injecting Centre to stay." In at work at 7.30 we began to welcome the press and other visitors. Stage 3, the After Care area, had been moved around to accommodate the NSW Government banner, and there was a ledger placed for the Premier to make her announcement. People were arriving thick and fast. There was Tony Trimingham, Ann Symonds, Gideon Warhaft, Dr Ingrid van Beek, Tony Crandall, Dr Alex Wodak, and the Reverend Harry Herbert – all supporters of the service and instrumental in advocating for the work we do. We were meeting and greeting people at the door, everyone with enormous smiles on their faces, feeling so proud to be part of something so big.

Once everyone was in place, the Premier, Deputy Premier and Minister for Police arrived. They were ushered through the clinic and into Stage 3. We heard the Premier ask "Camera's on board?" and there it was – the official announcement that Sydney's MSIC was to be made permanent and would be no longer a trial. It was described as a "ground breaking initiative" and the reality of what we do as workers and as a service was eloquently summarised by the Premier: "This is a centre that saves lives, which reaches out to the vulnerable and most marginalised in society, to those who live on the edge."

For all the staff at MSIC, old and new, this was a momentous occasion nine and a half years in the making. Proof that all our hard work and dedication had finally been noticed, and that nearly a decade's worth of evidence counts for something. It was also wonderful to share the news with our clients who need this service, and to tell them that no longer would we be at risk of closure every state election.

It was a privilege to be working at the MSIC that day. It makes us remember that indeed it's a privilege to work here every day.

Julie Latimer, Nursing Unit Manager and Sarah Hiley, Health Education Team Manager

NSW Premier Kristina Keneally and Deputy Premier and Health Minister Carmel Tebbutt at MSIC, announcing its permanency. Photo: Richard Sulovsky

THE MONKEY ON MY BACK

I started using heroin when I was 17 years old (I am now 42). It's the same old story: a good kid on a self-destructive path. I have spent some of the best years of my life battling my addiction, with varying degrees of success.
I once had 12 years clean, but my monkey got stronger as I got stronger, and I was always aware of his presence. My monkey and I went everywhere together. When we were in Amsterdam he tried to convince me I could get away with a shot of ice and no one would ever know.
At the Love Parade in Berlin he tried to get me to believe that ecstasy tabs are just like multivitamins. In London he tried to lasso me with lines of cocaine.

The crazy thing was that none of these substances were my drug of choice. My monkey is a con-man and one of the best at that. He could sell ice to an Eskimo and saddle sores to a cowboy. My battle with my monkey was always going to be a war of attrition. My monkey is a commando of cunningness, always searching for cracks in my armour.

When I got to 12 years clean I could no longer hear my monkey and I thought I was cured. I thought I could have a "social drink". When I started to drink I could hear my monkey return and he was getting louder and louder. I was at the football one day nursing a bad hangover

Illustration: Glenn Smith

THE MONKEY ON MY BACK (cont.)

when my monkey made his move on me. A bloke walked past me displaying all the usual signs of someone on the gear. It takes one to know one so I pursued my new found friend. I gave him $200 for a $50 cap and $50 for a fit and I was instantly back on the chain gang. They say one shot's too many and a thousand shots are not enough. I used to rob banks to support my habit and I spent over 15 years in the "reject rehab" - prison.

At the time of my bust I had my own marketing and advertising business, I owned my own home and I had a young family. When I am clean I am a health fanatic and using drugs is a contradiction to what I believe in.

I got into a rehab on the Gold Coast. After about a week of being there I decided to do some exercise, when some big obese girl came up to me eating a doughnut, put down her coffee, lit up a smoke and informed me I would have to leave the rehab if I continued to exercise as I was displaying signs of "addictive behaviour". Well, my "addictive behaviour" problem eventually got me kicked out of the rehab. I've never been able to understand why rehabs are so anti-exercise. I have a drug problem, not an exercise problem. I don't get clean to have more money to spend on doughnuts. Two weeks after getting kicked out I was back in jail, pinched on two stick-ups. I had not only lost my freedom, I had lost my dignity and self-respect.

In the 12 years I was clean, I had regained the respect of my family, peers and the community in general. The mayor of the town I was living in once told me I was an asset to my community. By the time I got to jail all that was gone. My monkey and I are two and a half years clean now. My monkey is as cunning as ever so I have made it my business to know to learn his game plan. He has kicked me, tricked me, fooled me and ruled me in the past. When I had my business I was once asked at a convention what was my greatest asset as a businessman. My reply was "my monkey". One common trait that most successful businessman share is obsessive compulsiveness. Most businessmen call it "drive". I call it my monkey. I directed the energy I used to getting on and running a habit into making my business work and it became a recipe for success. My secret weapon was my monkey. My monkey had me hooked on success.

Since I have been back in prison I have obtained some qualifications in what the obese girl at the rehab called "addictive behaviour". I've got my gym instructor and personal trainer qualifications, I doubt very much if I will have to do stick-ups to pay for protein powders or amino acids in the future and I cannot see how exercise will kill me (unlike doughnuts). If you are struggling with any sort of addictive traits, it's not all doom and gloom. Turn your monkey into an asset and not a liability and anything you do in life you will have success. Your monkey will give you an unfair advantage in anything you do. I think the objective is to keep your monkey focussed on your goals (positive ones) and things will work out fine for you.

I am due out of prison in nine months and I have no doubt my monkey and I will shine again. Our plan is to set up a boot camp-type rehab. We might even call it the Monkey Cage. You can put money on it that it will happen because my monkey is focussed on it. Just as he used to be focussed about getting on first thing in the morning. You never fail until you quit trying, so never quit trying.

Russell

Happy Anniversary

September 2010 marks the 21st anniversary of the NSW Users & AIDS Association. It was born in controversy and great peril. It has lived through two decades of resistance, doubt, animosity, opposition and patient support. Truly, it has come of age.

NUAA and its journal, *User's News*, by their longevity, demonstrate the Australian commitment to strategies of harm reduction that recognise the AIDS paradox. Paradoxically, the most effective ways to combat the spread of HIV involve reaching out to, and protecting, those who are most at risk of infection. This includes injecting drug users, who comprise one of the most vulnerable groups exposed to the virus. In some countries, injecting drug users are the most vulnerable and the most difficult to reach with messages essential to self-protection, and thus, community protection.

We, in Australia, took early and strong steps to engage with injecting drug users, including through NUAA and its journal. We owe a debt of gratitude to the far-sighted leaders of this country who embraced, implemented and sustained this strategy. At the outset, they included Dr Neal Blewett (Minister for Health in the Hawke Government from 1983 to 1990) and Professor Peter Baume (Shadow Minister from 1983 to 1987).

The result of their innovative and courageous steps, supported in due course by NUAA and other similar bodies, was to radically reduce the risks of infection amongst injecting drug users in Australia. This was important not only for the people at greatest risk of infection, but drug users themselves. It was essential for their partners, families and the community generally. If we have much lower rates of sero-conversion in the injecting drug users population in Australia than in many other countries, it is because of these strategies.

Now, other countries are seeking to learn from the Australian example. International agencies of the United Nations are striving to explain and communicate our experience and the changes in law, policy and social attitudes that it requires. In 2010, the Administrator of the United Nations Development Programme (UNDP), Helen Clark, established the Global Commission on HIV and the Law. I have been appointed a member of that Commission. Its first meeting will be held in Sao Paulo in October 2010. The objective of the Commission will be to identify those provisions of national laws, policies and practices that need to be changed if the world is serious about reducing the spread of HIV. Self-evidently, this will require attention to the strategies necessary to reduce infections amongst injecting drug users. In this way, the experience we have had in Australia may be of use to other countries where, so far, punitive and coercive measures have been imposed, generally without beneficial results from either a human rights or disease control perspective.

I congratulate NUAA and all those who have stayed the course in the enterprise of harm reduction. Not only is this a course that involves respect for the human dignity of those greatly at risk. It is also the only course that carries a real prospect of reducing the spread of HIV.

One day, HIV will be conquered by human scientific inventiveness. In the meantime, there is much work to be done. And, in the course of engaging with injecting drug users, society may outgrow demonisation of drug use and discover more effective strategies to promote the avoidance and reduction of the use of dangerous or addictive drugs.

Michael Kirby

Member of the UNAIDS Reference Group on HIV and Human Rights

Member of the UNDP Global Commission on HIV and the Law

Gruber Justice Prize 2010

Michael Kirby is a former Justice of the High Court of Australia, serving from 1996 to 2009

Happy Anniversary (cont.)

Since spending a revealing night in the late 1980s with a needle exchange van in Darlinghurst I have had enormous admiration for all those who with rugged determination and often at considerable personal cost have advocated and supported such programs. From the beginning we recognised that the challenge of HIV and AIDS could only be met by reaching out to, taking into our confidence, and working with those at greatest risk from the disease. NUAA responded to that approach. To represent the cause of those considered by many to be beyond the pale in our society requires great courage and NUAA has displayed that over the 21 years of its existence.

Difficult tasks still face those representing the interest of drug users, as society debates and negotiates a way forward on drug policies. In congratulating NUAA on this anniversary I also wish it well in the challenging years ahead.

Dr Neal Blewett AC

Neal Blewett was the Federal Health Minister in the Hawke Labor Government from 1983 to 1990. He presided over the introduction of needle and syringe programs across Australia

We are so fortunate to have an association representing people who use drugs. NUAA is 21 years old and I salute it for all the good that it has done for society. A punitive approach towards drug use has never worked and we can do better: better with the public debate and better with the policies that should flow from such a debate.

People like Alex Wodak are heroes – he started needle exchange programs when such things were against the law. He got away with it and helped establish a practice that is now mainstream and helps to save many lives.

The Howard government had awful rhetoric on drugs but nevertheless some great things occurred under it – particularly an increase in NSP funding (a testament to how effective the program is). So, while the public received an awful, destructive and ineffective message, good things were happening quietly. Now we have to ensure that those gains are built on - our friends who use drugs deserve no less. It beats me that those who support religions based on forgiveness, tolerance, acceptance and love should be so punitive when it comes to drug use. Just as the Medically Supervised Injecting Centre has saved lives, so to have harm reduction programs. Yes - drug use can be destructive but the real criminals are not the people who suffer most - the users and those who support them. People who use drugs are also people we know and mix with - the girl or the man next door or a member of our own family. It would be great if we could help drug users and leave the punishment to the "big" criminals.

We must continue to be in the business of helping people, and NUAA shows us one way of doing this well.

Peter Baume AC

Peter Baume was a Minister in the Fraser Coalition Government from 1980 to 1983. After Bob Hawke defeated Malcolm Fraser in 1983, Baume became Shadow Health Minister, during which he supported the introduction of NSPs across Australia

For centuries churches, governments and other organisations who should know better have conspired in policies that demonise people for their sexual preferences. More recently, they've criminalised drug users – until societies can't build prisons fast enough. And only a moment ago in history religious bigots welcomed AIDS as God's punishment for the sodomites. Put all this nonsense together and you get a pile of dangerous and contemptible social policies – laws that intensify the problems they pretend to tackle.

In this world of hypocrisy, humbug and stupidity it's hard to find places, spaces where rational objections can be raised. Certainly not in commercial radio or tabloid press, where shock-jocks and rabid pundits, with their love of moral panics, peddle fear and prejudice. Certainly not in our houses of parliament where,

across the political spectrum, MPs are desperate to avoid the issues.

Which makes NUAA such an important organisation and outlet – for informed debate, scientific knowledge, tolerance, compassion, common sense and common decency. I hold NUAA in the highest regard and salute this significant anniversary.

Phillip Adams AO

Phillip Adams is a broadcaster, writer, film producer and social commentator. Adams hosts the ABC radio program *Late Night Live* and is a columnist for *The Australian*. Adams is currently on the Advisory Board of Wikileaks

As part of its 21st anniversary, NUAA hosted an event in the Jubilee Room at NSW Parliament House, with the assistance of Greens MP and long-time NUAA supporter, Ian Cohen

It was a great pleasure to host NUAA's 21st birthday celebrations in the Parliament and catch up with so many old friends. The sitting day and the intensity of events meant that I could but drop in and out. It was indeed an interesting synchronicity that the House was in the throes of an often heated debate over same sex adoption.

As I write we see a significant milestone with the announcement of the Premier that the 10 year "trial" of the Medically Supervised Injection Centre in Kings Cross is to come before this Parliament to give it a deserved permanent status.

These issues closely interrelate and similarly cause great angst to the so called "guardians of morality". As a counterbalance, activist organisations stir the passions of not only those who are directly affected by social issues of great weight but also the vast numbers in our population who can see through the cloistered vision of moral traditional values and look after those that are the most vulnerable members of society. Hence we have the often angst ridden debates and conscience votes of the major parties to move society's tolerance level an incremental step forward.

As a member of parliament for 16 years and an activist for a similar time prior, I marvel at the social pressures that lead to the eventual break out of humanity by way of such legislation in Parliament.

I rejoice in the occasional Parliamentary win which comes about as a result of the never-ending efforts of organisations such as NUAA. You provide strength to the efforts of reforming MPs. You change society for the better and together we can transform the world. In doing so one must not lose sight of the fact that the efforts, dedication and passion to overcome huge, seemingly immovable, objects comes from on activist organisations like NUAA.

In consideration of the importance of the 21st birthday bash in Parliament, to quote that renowned nineteenth century activist Emma Goldman, "I don't want your revolution if I can't dance."

Ian Cohen

Ian Cohen is a Greens Upper House MP in NSW Parliament

Congratulations to NUAA for 21 years of work representing and advocating for drug users, and protecting your community from AIDS and other health risks.

Drug use should be treated as a health concern, with drug dealing the focus of policing and the justice system. We should be finding effective and compassionate solutions to prevent disease and harm, and to help people who have a drug problem get back on their feet.

The voice of drug users and their families were vital at the 1999 Drug Summit, educating Members of Parliament and smoothing the way for the most significant reforms for some time. A key outcome was the Medically Supervised Injecting Centre in Kings Cross, which I moved be established following the Summit. The Centre keeps people alive long enough to get help, and I welcome the NSW Government commitment to continuing this service as long as it's needed.

Happy Anniversary (cont.)

My personal experience with friends who died from AIDS complications in the 80s meant I had a strong conviction for early action to prevent HIV transmission and support those with the virus suffering exclusion and discrimination. The effectiveness of our response to HIV is largely a result of affected communities engaging with Governments to make sure policies and services meet their needs.

I encourage NUAA and your members to continue working with allies and supporters to achieve further reform and ensure services that meet future needs. It's vital that these voices are heard in the community debate about drugs and HIV, and I hope that NUAA will continue to play this important role.

Clover Moore

Clover Moore is the Lord Mayor of Sydney and independent Member for Sydney in the NSW Parliament

I was so pleased to attend the gathering at Parliament House to celebrate 21 years of NUAA.

What a wonderful group of people who showed the courage two decades ago to establish a service to provide care, advice and support to people whose lifestyles needed the promotion of particular health programs.

It's good to recall that this organisation, which was originally funded by government, continues to receive the acknowledgement of its value by ongoing financial support from successive governments.

I like to think that as well as the health programs and advocacy of NUAA, this special organisation promotes the right to dignity and respect of all our citizens, whatever personal choices they make.

I wish NUAA well for its continuing work.

Ann Symonds

Ann Symonds was a Labor MP in the NSW Parliament from 1982 to 1998. She was Chair of the Inquiry into The Trial or Establishment of Safe Injecting Rooms in 1997 and is currently vice president of the Australian Drug Law Reform Foundation (ADLRF)

The people of NSW should be very proud of NUAA. It is one of the oldest and also one of the largest government-funded organisations of drug users in the world.

Even more critical, NUAA has made an important contribution to keeping HIV prevalence among injecting drug users low in NSW (and the rest of Australia) for over two decades. That has benefitted injecting drug users, their families and the whole community. Governments of diverse political views have continued to support funding NUAA (and other drug user organisations in other jurisdictions) after being briefed on the savings to the community from keeping drug users involved in the design and implementation of HIV prevention strategies. Sometimes the same politicians who agreed to fund NUAA when in government had previously criticised this funding while in opposition.

It seems perverse to think that the HIV epidemic may have had some benefits for the community. But it did. One of the great positives was teaching us that working in true partnership with groups like injecting drug users and sex workers, previously severely demonised and marginalised, had huge benefits for the community. We now realise that unless and until these groups are treated as true equals and their human rights scrupulously protected, HIV prevention and treatment will suffer. The right of free association, a fundamental human right, means that drug users should be allowed to have their own organisations to advocate for their people but also to make sure that scarce government resources allocated to drug-related concerns are spent wisely and effectively.

The people of NSW should also be very grateful to the staff of NUAA. It must be no easy matter for these brave people to align themselves with such a demonised population. This is a great occasion in our history.

Dr Alex Wodak AM

Alex Wodak has been Director of the Alcohol and Drug Service at St Vincent's Hospital since 1982, and is currently the president of the Australian Drug Law Reform Foundation (ADLRF)

High Times of a Drug User Movement

The injecting drug scene in Australia in the 1970s was a different world. The community, such as it was, was small, concentrated and well beneath the radar of public scrutiny. Users deliberately withdrew from society, both for protection and as an act of political defiance. Police tended to turn a blind eye – unless there was a buck in it for the corrupt ones.

"Back then, the cops were selling, we all knew it", states Jude Byrne, former president AIVL, Australia's peak drug user organisation. "We were getting beaten up in police cells, it was pretty bloody ugly.

"You certainly couldn't get needles", she continues. "You'd go to medical suppliers and buy those glass 'blue ladies'. And we just shared all the time. There'd be one fit between 20 people."

"You had to share", adds former NUAA co-ordinator and current AIVL executive officer. Annie Madden. "You had no choice."

What we now call "peer education" was all but non-existent. Rumour, folklore and superstition were widespread, but very little reliable information was available.

"Everyone had hep B", says Byrne. "You just didn't worry about it, you just assumed you were going to get it. We didn't talk to anybody outside our circle, we certainly never told our doctors. If you got a dirty shot, you assumed it was because the dope was dirty, not the syringe."

Users who wanted to enter methadone programs faced an almost impossible ordeal. Programs were tiny and usually filled by people on enforced programs after arrests or convictions on possession charges. Applicants required both a social worker and a psychologist's assessment, and you had no chance of getting on a program without detoxing first. Sex workers were forced to choose between being on a methadone program and continuing their profession. Partners were forbidden from going on programs simultaneously.

Everything changed forever in 1981. Suddenly gay men in Los Angeles were dying of rare or usually harmless diseases. Dozens were diagnosed, all male, all gay, all with compromised immune systems. Cases were soon diagnosed in the wider community. Whatever the disease was, it was blood-borne, it destroyed the body's immune system, it was incurable and it didn't care if you were queer or straight.

In May 1982 an American gardener visiting Sydney was diagnosed with the syndrome at St Vincent's Hospital. He returned home and died the following March. AIDS had arrived in Australia.

It would not be until 1986 that the scientific community reached a consensus on the cause of the syndrome – the Human Immunodeficiency Virus. In the meantime, panic grew.

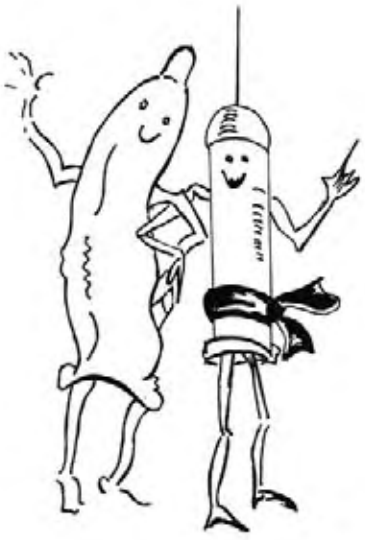
Both the gay community and the sex worker community had already established grass-roots movements to fight discrimination and to assert their rights, so they were quick to organise the fight against HIV. In 1983, the AIDS Action Committee met at Paddington Town Hall and by 1985 the Committee was fully funded and incorporated as the AIDS Council of NSW (ACON). Through the Women's Electoral Lobby, sex worker activists Roberta Perkins and Julie Bates pushed the growing sex worker rights movement into a more stable and organised front, the Australian Prostitutes' Collective, specifically to tackle the terrifying new disease. They too received funding from NSW Health.

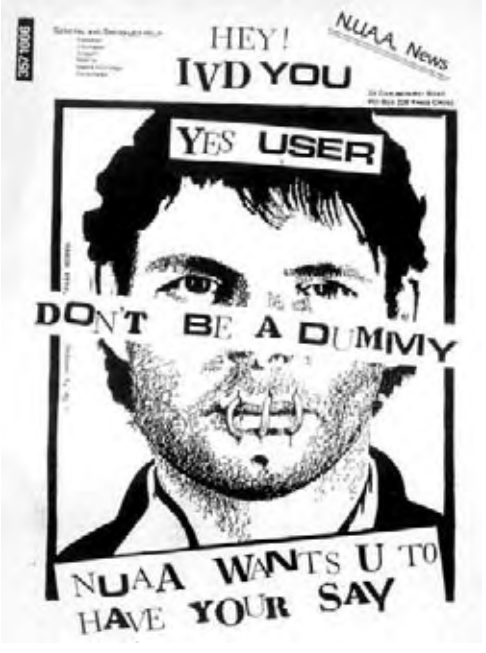
Injecting drug users, however, were left out in the cold. And the deaths from HIV started mounting.

"Drug users were dying, and they were dying very quickly", says Annie Madden. "When dependent drug use is your coping mechanism, and when things are really bad – such as a diagnosis of HIV – a lot of people just spiral. HIV-positive users were living very hard and messy lives, living on the street, doing sex work. They were therefore dying very quickly from complications, from malnutrition."

"And no-one gave a fuck", adds Jude Byrne.

Into this environment stepped Dr Alex Wodak. A specialist in drug and alcohol treatment, Wodak returned to his native Australia in the early '80s after a stint at London's King's College Hospital. There was





NUAA Campaigns from the early 1990s –

High Times of a Drug User Movement (cont.)

a prospective job for him at St Vincent's Hospital, Darlinghurst.

"I arrived at Kings Cross station and started walking to St Vincent's Hospital. A thin young woman in a grey singlet with extensive track marks on her arms approached me and asked me if I wanted to have a good time. What I really wanted was a good interview. Encountering this young woman made me feel that this was a hospital where I might actually be needed."

Wodak's appointment as Director of St Vincent's Drug and Alcohol Service in 1982 came at a crucial time. Wedged between the gay community of Oxford Street and the sex workers and injecting drug users of the Cross, St Vincent's suddenly dealth with a flood of cases. Wodak immediately realised the dire implications for injecting drug users, and began working within the community to push for change.

At St Vincent's Rankin Court clinic he held a community meeting for drug users in cooperation with three important figures: David Cook, an education officer at Darlinghurst Community Health; Julie Bates, a volunteer at the Australian Prostitutes' Collective; and Detective Sergeant Frank Hansen, then the Intelligence and Liaison Officer with the Drug Squad.

Bates recalls Hansen's involvement: "Frank was a senior cop. He realised that there was the potential amongst injecting drug users for the virus to spread. He gave us the moniker 'ADIC' – AIDS Drug Information Collective."

Hansen was appointed by the Commander of the Drug Squad to shed light on how the police could look at the drug problem from another perspective. "The emergence of HIV/AIDS focused our interest", he recalls. "The Commander encouraged my interest in managing the problems drugs present from a public health perspective."

"All of this", he adds wryly, "should be seen in the context of Alex's unrelenting nagging."

While Wodak pushed the NSW government for implementation of a needle and syringe exchange program, advocates such as Alan Winchester and John Berry worked hard to educate and assist users in and around the Cross. Further advocacy came from the Narcotics Anonymous-supported user group Injector Services. Without structure or funding, however, the movement's progress was slow and difficult.

Bates remembers ADIC's early proposals to NSW Health. "We were writing submissions to get funding. ACON got funding in 1985, the Australian Prostitutes' Collective got funded about nine months later. Users were left hung out to dry." Frustrated with the process, Bates returned to Melbourne for a year to help the Prostitutes' Collective of Victoria establish a needle exchange shop-front in St Kilda and to coordinate Australia's first sex worker conference.

Wodak too began to suspect he was being "played around with". He decided to risk not only his reputation but his freedom by opening a free needle and syringe service, an illegal activity that carried a penalty of up to two years jail.

The Federal Minister for Health, Neal Blewett, realised that the spread of HIV could not be contained without a national, bipartisan strategy that worked with people in the firing line. With the cooperation of his opposition counterpart, Dr Peter Baume, Blewett implemented a massive education campaign. NSW Premier Nick Greiner was quick to jump on board.

Wodak lured Bates back north from Victoria. At Rankin Court they worked with Alan Winchester, ACON president Gray Sattler, Injector Services' Bill Robertson and Rankin Court social worker Steve Coady to assemble a new funding proposal to the AIDS Bureau. The proposal was accepted – but the organisation couldn't incorporate until it changed its name.

"We named the organisation NUAA - New South Wales User Advocacy Association", remembers Julie Bates. "We were a user rights' advocacy group. The problem was, for ongoing government funding, we needed to remove the word 'advocacy' with all its connotations. So we became a 'service' organisation. But I don't think we should deny that we were really about reforms, advocacy, social justice."

The change of name and focus worked. The NSW Users and AIDS Association was incorporated in October 1989, with Alan Winchester its founding President.

Shoot clean.

This project is funded by NUAA through NSW HEALTH.

NUAA's "Shoot Clean" Poster from the early 1990s

High Times of a Drug User Movement (cont.)

Moving away from Rankin Court, NUAA found new and independent lodgings above what was once the Tabou nighclub, next door to the Bourbon and Beefsteak. It quickly became a busy workplace. Its haunted past as a brothel was exorcised by the Sisters of Perpetual Indulgence, but the sheer volume of users, often desperate and burdened with severe health problems, meant that NUAA's advocacy goals often had to take a back seat to urgent service provision.

Administration coordinator Cecilia Gore, who'd joined the organisation as a volunteer when it still ran from Rankin Court, remembers the rush. "A couple of outreach workers were employed and the first NUAA newsletter coordinator was employed. There was a front-of-house needle exchange worker appointed. And as the organisation got a few runs on the board, the Health Department released more money into the education area.

"The biggest expansion of the organisation came with Tribes. The first of the Tribes projects had been run by NSW Health. When they were first successfully evaluated, they said 'give them to NUAA to run'".

The Tribes program found subcultures across the state who might otherwise fall under the radar of user advocacy – skateboarders, bikies, people into tattoos and piercings. Originally funded through the AIDS Bureau, the program fell under NUAA's wing in its second year.

"RaveSafe was a famous project," Gore continues. "It was right in the early days of raves, around safer ecstasy use. The Redfern mural, around the station, was done by 'The Mob', a group of young Aboriginal people. They designed the mural, painted it. It was done over 10 years ago and it still hasn't been touched. It's respected because it was done by the local community."

NUAA helped establish Badlands, an emergency residential shelter in Surry Hills for HIV-positive drug users. Later known as Foley House, the centre was a vital harm minimisation initiative for positive users in inner Sydney.

Kings Cross Street Voice was a job placement and training program for young injecting drug users experiencing homelessness, Federally funded by the Department of Housing and Regional Development, and run by NUAA.

NUAA's work in the Cross was a full-time operation. But as a state-wide organisation, NUAA was responsible for spreading safer using mesesages to a far wider constituency. And that meant handing over the crisis services and leaving the haunted Tabou.

"Once we got to Bondi Junction, there was much greater opportunity to do advocacy," says Ceclia Gore, who became NUAA's Education Coordinator. New programs included a community services program for methadone users, the production of a complaints pack that educated users in their rights, and a series of outreach programs that reached out into regional NSW.

"The first project was called the Rural Outreach Workers (ROWS). Then we expanded it to metro areas as well, so we called them METROWS. Then it became CROWS – Community Resource Outreach Workers. That was the heart of it for me. Fantastic networks in Broken Hill, Nimbin, Nambucca, who had already been doing needle exchange and peer education, unfunded and unrecognised. That's how we sold it to government: you don't need 'nice users', you don't need a sanitised message. You need people who their peers respect. They've got fantastic ideas, and what they need is resources."

In the midst of this progress, another insidious threat, far less publicised than HIV, emerged: hepatitis C, once a mysterious virus known as "non-A, non-B hepatitis", was identified in 1990. Yet again, a potentially fatal, blood-borne illness with a long incubation period was threatening to decimate the drug user population of NSW.

Despite the progress of NUAA and other user advocacy groups, the late 1990s saw a cooling down of law reform. In August 1997, Prime Minister John Howard overruled his own Health Minister and stopped a proposed prescription heroin trial in the ACT. In November of that year, he launched a new anti-drugs campaign, "Tough On Drugs", which steered the federal Government's illicit drugs policy to one of zero tolerance. New drug initiatives seemed unlikely any time soon.

In January 1999, the Sun-Herald ran a front-page photograph of a youth in Redfern in the process of injecting. This was a tipping point for NSW Premier Bob Carr.

High Times of a Drug User Movement (cont.)

Energised by the findings of the Wood Royal Commission into police corruption, he vowed to hold a non-partisan parliamentary drug summit if he was re-elected. He kept his promise: the five-day NSW Drug Summit was held in May of that year.

The Summit's opening was pre-empted by The Wayside Chapel's audacious act two weeks prior of opening a safe injecting room, the "T-Room". This act of civil disobedience was organised by the Reverend Ray Richmond, pastor of the Chapel, to force the idea of a safe injecting centre onto the Summit's agenda. The fact that the "T" in "T-Room" stood for "tolerance" did not stop condemnation of Reverend Richmond's decision by the Prime Minister and a number of radio "shock jocks".

Although the Summit was firmly committed to the prevention of illicit drug use, it also acknowledged the failure of purely punitive strategies and was determined to try something new.

Only two representatives of the drug user community were invited to participate in the Summit: NUAA's co-ordinator Annie Madden and NUAA's advocacy co-ordinator Maureen Steele.

"We connected with many politicians on a level we'd never connected before", says Madden. "Those relationships – not all, but some – have been sustained in the 10 years since."

The major outcome of the Summit was the Medically Supervised Injecting Centre in Kings Cross, which began operating on a trial basis in 2001. It was the first – and last – significant development in drug policy since the introduction of NSPs.

When asked what the catalyst will be for the next round of reforms, Annie Madden offers a dark prophecy: "Overdose rates. You talk to user groups in many states and territories, and they're losing people again. It's little clusters, but it's happening. Governments get nervous about that. The last time we had any talk about the need to do something was when the overdose rate was climbing. Also, HIV infection rates amongst new prison entrants, and amongst Aboriginal and Torres Strait Islander injecting drug users. The numbers are small but the percentages are dramatic. It's a trend and it's growing."

Dr Alex Wodak remains optimistic, keeping a close eye on developments overseas. "In the late 1980s, I thought that drug law reform, in the way we talk about it now, was never going to happen because it was just too difficult politically.

"Outside Australia, intellectual support for global drug prohibition has collapsed while support for drug law reform is slowly growing. Half a dozen countries in Western Europe and another half dozen countries in South America have reformed their drug laws. The changes have worked."

Cecilia Gore believes a new approach is required: involving community groups that aren't normally associated with drug reform. "No one has greater enthusiasm than a convert. Drug user activists have worked under siege for so long that we only trust the people that we always work with. But all that does is solidify people in a dichotomy. You're either 'for' or you're 'against'.

"What needs to happen is that those in the 'for' need to reach out and convert. That sometimes means getting into bed with strange bedfellows, but it's the only way anything's ever going to change. The Country Women's Association captures attention. Politicians fully expect AIVL and ACON and NUAA to say they're in favour of drug law reform. They don't expect to hear it from the CWA or the AMA."

NUAA, its members and its supporters have much to be proud of over the last 21 years: only a handful of drug user organisations anywhere have lasted nearly as long, and the results from harm reduction initiatives NUAA has been central to are envied globally. But it can also seem like slow going. It's hard to make great inroads when the world is so hostile to you. Perhaps the greatest difference between NUAA's early heady years and today is that, with the logic of the War on Drugs inexorably crumbling under the passage of time, we now have more and varied friends. Who knows? Perhaps in another 20 years we'll be celebrating with the CWA.

Mathew Bates and Gideon Warhaft

21 Years: How Much Has Changed?

Celebrating NUAA's coming of age, I've been reminiscing about how much has changed for users over the last 21 years.

I am thrown back nearly 30 years ago, to when the hunt for clean fits was ongoing and always risky. I think of me at 17 or 18, going into a suburban pharmacy in Brisbane and asking for a fit (pretending to be a diabetic, of course) and the chemist whisking a gun up from behind the counter, training it on me, spitting out with great rage for me to get my scummy junkie-ness out of his shop. Then there was the time I used a stolen diabetes card to get a 100 box of fits, making me queen of my set: I was befriended by every user within a five kilometre radius. My father-in-law was a scientist and fair game with his boot full of large gauge lab syringes and needles. You can look at my husband's veins today for a quick lesson in why stealing those fits was a crazy idea.

In those days, just having a fit on your person with no medical justification was a crime. I remember a close girlfriend trying to avoid custody by performing fellatio on a gentleman of the constabulary after he found an unused fit in her hand bag. Another mate, who after a police shake-down on Christmas Eve revealed a still-wrapped fit, was kept until January in a local lock-up with no other charge, and beaten daily until, close to death, was driven to a back alley and pushed from the car. And if you were caught with drugs? My then boyfriend did five years in Boggo Road for the end of a joint. The police considered users anathema. But if you had a selling amount, they were happy to shake you down for a cut and let market forces prevail...

Another daily danger was overdose. I have never dropped, touch wood, but my husband tells of being left in an abandoned house dumped in a corner with several old mattresses piled on top of him. He luckily survived but, on another day, his best friend did not, his body left in a park. Many more friends and lovers died from overdose. People were just too scared to call an ambulance in those days. A close friend, with a using mum my age, tells about how at age five she and her overdosed mother were dumped in an apartment car park, finally rescued by a parking tenant alerted by her screams. People in those days didn't dial 000. Even if you did, it was common for the police to arrive, ignore the person in trouble and arrest everyone else. The ambos rarely turned up at all.

Then there are friends who have died from AIDS, or who are living with HIV or hepatitis C. My husband is immobilised by hep C, which has drained away his energy. My ex-husband, an artist with dimming eyesight, requires dialysis each day. Had we had NSPs and a bit more knowledge, we could have been spared much of this damage.

I would never have imagined then how different things would be now. The user movement in Australia has achieved so much. Its pioneers have been willing to come out, identify as users (often at great personal cost) and help roll out an NSP program that is funded and supported by the public. Without these people handing out equipment and teaching and encouraging people to use it, HIV would have got a foothold in our community and we'd all be worse off as a result.

Of course we have been helped significantly by our friends, people in positions of power who go out on a professional limb to improve health and safety for users and redress the injustices many users experience. Yes, there will always be the Judge Judy's (who memorably stated that junkies should all be left to die from AIDS, overdoses and poverty). And yes, many still think this way. However, for all of this opposition, we have been blessed with supporters who put science and evidence before fear and discrimination. They grasp that the user movement is essentially a human rights movement. We are backed by politicians, doctors, researchers and policy makers who not only understand that users must be on board to stop the spread of blood-borne viruses for the sake of the health and well-being of all Australians, but who firmly believe in the health and well-being

21 Years: How Much Has Changed? (cont.)

of users, too. They believe in our intrinsic value: our brights, our smarts, our hearts.

We need to work hard to retain the advances we have made – all the evidence in the world can't always trump those who resort to fear. We need to be pushing evidence over emotion. Pushing a need for improved access to those things that work: fair and financially equitable access to pharmacotherapy (the most reviewed medical intervention of all time!); heroin prescription; supervised injecting centres; expanding NSP equipment to include the provision of butterflies and pill filters. Speaking out against those things that clearly don't work: dogs at train stations; static funding for treatment services; prohibition full stop.

We also need to focus on human rights and help overcome discrimination based on fear and stereotypes. We need to keep solidarity with our fellow users overseas who often suffer dreadfully under brutal regimes and zero-tolerance governments.

We users must continue to inject our views into the policy process, pushing for change.
For us, solving the problems around issues like clean fits and fair access to pharmacotherapy is not about improving a policy, ticking boxes or making a point.
This is about us, our lives, who we are and what we deserve.

Alex Wodak, an admirable supporter of the user movement, once told me the trick was to complain loudly, complain often and complain to whoever will listen (and to some who won't). I am going to take that advice. And I hope you do too.

Leah McLeod
Former president of NUAA

Illustration: Tony Sawrey

New England Health

VENDING MACHINES IN THE NORTHERN HUNTER REGION

Accessible 24 hours a day, 7 days a week

Tamworth

Tamworth Rural Referral Hospital/Tamworth Base Hospital
Outside the front of the Emergency Department
Johnson Street, Tamworth

Armidale

Armidale Hospital
In car park at back of Hospital (Western Car Park)
Entrance via Barney Street, Armidale

Inverell

Inverell Hospital
At Entrance of Emergency Department
Moore Street entrance, Inverell

Moree

Moree District Hospital
Outside Emergency Department
Footpath on Victoria Terrance Road
Right hand side entrance of Emergency Department, Moree

NEW!

Secondary Outlets - <u>All Equipment</u>

Armidale Neighbourhood Centre
129 Rusden Street Armidale
Monday - Thursday 9 am - 4.30 pm.

Coledale Community Centre
2b Kenny Drive Coledale Tamworth
Monday - Thursday 8.30 am - 4.30 pm
Friday 8.30 am – midday

Mental Health Department, Pius X Aboriginal Medical Centre
Anne Street Moree
Monday - Friday 9 am – 4.30 pm

For more information, contact the Harm Minimisation unit on 0427 851 011

1989

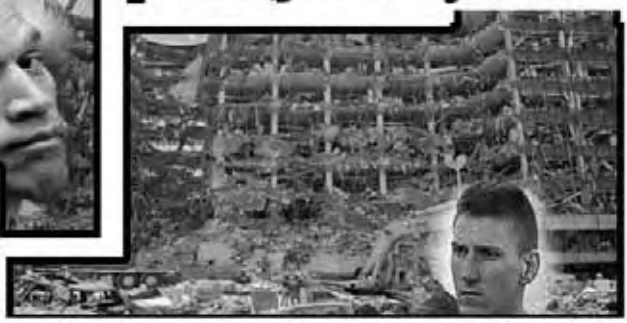
So many of the events in this world

and so much is

tragic beyond w

Kurt Cobain's troubled

Drugs, guns and threats; and then he disappeared



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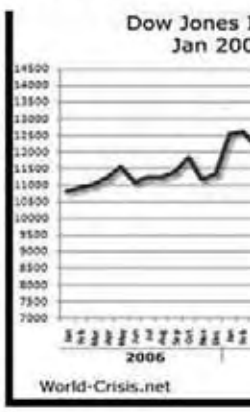
Good news travels slowly



can seem remote and beyond our control

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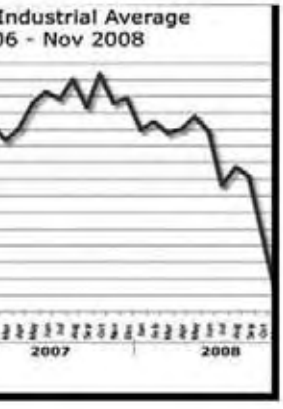


to stay the course

Injecting Oxycontin

While the quality of heroin in Australia remains questionable, opioid users will continue to inject pharmaceutical opioids such MS Contin, fentanyl buprenorhpine, and of course, oxycontin, as they are cheaper and the purity is consistent. Unfortunately, there are many problems with injecting pharmaceutical pills such as oxycontin that need to be addressed.

Oxys are designed to be swallowed, not injected. They contain a lot of additives including chalk, glue and other fillers that are harmful when injected. Only a very small portion of the tablet is actually oxycodone, the active ingredient in medications such as Oxycontin and OxyNorm. The main problem with injecting oxys is that it can be difficult to separate the active ingredient oxycodone from the additives. These additives can damage and block your veins, which can eventually lead to ulcers and even gangrene and loss of limbs. Injecting pills also puts your liver and kidneys under extra strain, which can lead to very serious health problems. This is why, if you must inject, filtering is so important.

While the risks involved with injecting oxy can be reduced, there is no 100% safe way to inject these drugs. The safest way to take them is to swallow them (crush them up first and they will take effect faster). If you still decide to inject, you need to take the time to prepare your shot using some of the following tips. Your veins will thank you for it.

Remove the coating

Remove the coating from each pill with a new swab. Hold the pill and rub the coating off, but not so much as to make the pill go soft. Some people also scrape the coating off using a sharp knife or razor. Be very careful if using this method. Don't stick the pill in your mouth and suck the coating off!! You will coat the pill in bacteria and could give yourself a dirty shot.

Crush the tablets

Crush the pills as finely as possible.

Most people find this to be the best procedure: take two spoons, one large (like a tablespoon) and one small (like a teaspoon). Swab both spoons. Put the pills in the large spoon. Put the smaller spoon on top of the large one so it fits inside the bowl of the spoon. Rock the top spoon from side to side, applying careful pressure, to break up the pills. Keep gently grinding and crushing the pills with the small spoon until you have a fine powder.

If you find using spoons is difficult, put the pills between two new, clean sheets of printer paper and rest on a table. Carefully roll a glass bottle or a rolling pin over the top piece of paper to crush the pills in between. Then tip the powder into a spoon.

If you are injecting a lot pills you might find a spoon is too small. Use a teacup or a small bowl to catch the powder, but make sure it is first properly washed and rinsed. When it's dry, use some swabs to clean out the inside of the cup before you crush the pills.

Add water

Add sterile water to the mix. There are numerous opinions among oxy users about how much water to use, but it will depend on the number of pills you are mixing up, and this will depend on the strength of the tablets that you have. Obviously, if you have 80mg oxys then you will need to use less water than if you have only 20mg or 40mg tablets. The amount of pills used will also affect whether you use a 1ml insulin syringe or 3ml or 5ml barrel and tip. Users have different opinions about how many pills can fit into a 1ml insulin syringe. Some users say they put two pills in a 1ml fit (i.e. 60-80 units of water) while others say they can manage up to five pills in a 1ml syringe. You need to find out what works best for you.

"Mull up" with the swabbed end of the plunger or fit. Try to squash up as much of the powder as you can so it dissolves.

Allow the mix to settle for at least five (preferably 10) minutes.

To heat or not to heat?

There is a lot of contention over whether to heat the mix. Most people tend to heat up the mix rather than spend time waiting for the mix to separate. Some users say their shot is stronger if heated, others say it makes no difference.

Oxycodone is water soluble and OxyNorm is easy to dissolve. But Oxycontin is made differently, so it's **harder to break down.** The glue, chalk and other fillers are not soluble. When heated, it will melt into a gluey mess. It's this "glug" that can cause so many problems if injected.

If you must heat the mix, only use a small amount of heat. Turn your lighter down to the lowest setting. Hold the flame 2-3cm under the spoon and heat until the mix thins out. If you see bubbles begin to form then you are overheating it. You will see the fillers congeal into a solid mass floating on the top of the spoon or into a few lumps.

While the mix is still warm, place the spoon on an ice cube. The sudden decrease in temperature will further separate the fillers from the active solution.

Filtering - the most important part

There are a few different methods for filtering depending upon the equipment you have available and amount of pills you are using.

Wheel filters

Micron or "wheel" filters are hard to obtain, but get them if you can – they filter most particles out. Some users think they lose some of the active ingredient when they use wheel filters, but research suggests that little of the active ingredient is lost if it's filtered carefully.

Up to eight pills can be filtered using a 1.2 size filter. You will need to use a 3ml or 5ml barrel when using a micron filter.

Put the mix into a barrel. Pre-wet the filter by putting sterile water into another barrel. Then attach the filter and push some water through the it.

Now attach the filter to the barrel with your mix. Put a tip onto the filter. Take an empty barrel, put the tip into it, and push the mix very slowly through the filter into the new barrel.

If you are really diligent, you can start with a larger filter such as 1.2, then move down to a 0.2 size filter, which will take out bacteria as well.

Cotton wool

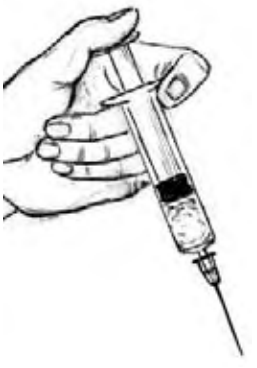
Swab your fingers and make a filter about 8mm-1cm in diameter and drop it onto the edge of the mix (away from the solidified matter). Put your tip onto the cotton and slowly draw the solution through the cotton wool. Be careful to avoid any solid matter. If you can, repeat this process.

Cotton wool will take out particles larger than 50 microns.

The 3ml barrel and cotton wool method

This is a useful method to use when you are using more pills than will fit into a 1ml insulin syringe.

Take the plunger out of a 3ml or 5ml barrel. Swab your fingers and roll a wad of cotton wool about 2cm in diameter and drop into the barrel.



Force the cotton wool into the end of the barrel by replacing the plunger and squashing it down. Take the plunger out again. Carefully tip (or squirt from a syringe) the mix into the barrel onto the cotton wool. Replace the plunger (which can be a bit tricky) and gently squeeze the solution through. Repeat the process if you can.

Inject safely

Now your shot is ready. Stay safe!

Maureen Steele

Illustrations: Renata Pari

THE NUMB ARM OF THE LAW

I could tell the cops weren't very nice people pretty much from the word go. But I used to think they would ultimately do the right thing. Now, however, I can't imagine going to the cops for help.

One sunny day I was walking down Glebe Point Road when a few feet in front of me a tall young guy snatched a middle-aged lady's bag from her shoulder and bolted.

There's no way I could've caught him and even if I could he would've punched me to the ground. It was a fairly busy day and there were plenty of people around, including a couple of workmen. They saw the whole thing too but did nothing.

The poor woman seemed slightly shocked, mostly I think at the surrealism of the situation: getting robbed in broad daylight in front of about 40 people, yet not one person doing a thing! I told the woman I'd get the cops. I'm fairly familiar with Glebe, so I knew the cop shop was just around the corner.

Well, as luck would have it, I saw two uniformed cops just after I rounded the corner. I told them what had happened and I was completely gobsmacked when they totally ignored me! So I repeated it louder but once again I was ignored. Now I felt like I was in a surreal picture.

I felt so sorry for that lady. I thought she must've felt like everyone had let her down. I felt I'd let her down. But what was I to do?

In such situations we shouldn't be useless bystanders. It could be our sister, our aunty, our mother. Are we all really that jaded?

The only time the cops have been decent to me was when there was something in it for them. When I was 16 the Vice Squad picked me up for soliciting. This was back when Darlo Cop Shop was still going. We pulled up outside the police station and sat in the car and talked.

I'd given them a false name and said I was 18. Then I started freaking out a little and told them I was only 16. They told me to stick to my story. And that they knew it was hard for a young girl like me and that we could help each other. They wanted me to pay them to work on the main drag.

It was then I got a job in a parlour.

Stella

Illustration: Rose Ertler

BRINGING HOME THE ROCK

During 2000, good smack got harder and harder to find, and by late 2001 it was damn near impossible. Coke, on the other hand, was plentiful, easy to score and good quality, depending on where you went. Luckily for my partner Karen and I, our dealer still had a good smack connection and while others were getting ripped off, we were getting stoned. But with the easy availability of good quality coke it wasn't long before we were spending $600 plus a day on the stuff, and within six months up to $2000. Don't ask me how we managed it – I would go days on end without sleep, spending each and every hour making money to feed our habits!

Although by now we spent at least three times the amount on coke, we still loved our smack and kept our dealer close to our hearts. But our coke intake was becoming bigger and bigger. The problem with coke, even good coke, is that it only lasts around five minutes or so. No sooner are you coming down from rushing than you're either mixing up your next shot or scheming to get more cash. It's a never-ending circle of sleepless nights getting cash, high as a kite from dawn 'til dusk and rort after rort in between. Actually enjoying the shot was only a 10 or 15-minute part of a day. Late at night we'd have some gear to help us come down off the coke.
Then the next day we'd start the whole cycle again: finding cash, scoring coke, getting high again and again. The more cash we got the more we spent. Day in, day out. Month in, month out.

After almost 18 months of this we were both going batty from using so much coke, and we realised that if we didn't do something soon to stop, we would wind up in some nut house somewhere. By this time we also both had court cases to go to. So we came up with a plan to leave Sydney for Queensland, a desperate bid to escape justice and save our sanity!

I hatched a plan to buy a cheap car so we could start our new life. I parted with $200 and for that I got an unregistered heap of shit with a noisy exhaust but an engine that could make the distance. So we packed what we could, bought a gram of smack and some petrol and headed for Lismore, our first stop, where we had organised to pick up our methadone before continuing on our way to the Sunshine State.

By the time we made Lismore we were out of gear and feeling pretty sick. After making the clinic we encountered paperwork problems (of course) and decided to stay a couple of days while we organised our 'done for Queensland. That couple of days stretched out to over three years. Lismore was now our home and after being arrested a couple of months later, we told our story of leaving Sydney to get away from our drug problem and try and get our lives' back.

Believe it or not it was a cop who took pity on us and referred us to the MERIT (Magistrates Early Referral Into Treatment) program. After two days in lock-up I was on bail and had all my court cases sent to Lismore, as did my partner. Unlike city cops, these ones gave us a chance. We did our best to get on top of things, did well on the MERIT program and escaped prison sentences.

Within a year we were living in a two-bedroom unit in one of the best spots in town. By now we had been clean for 18 months. We decided to give an old friend a call to see how they were going and also to check on how the gear was there. They told us that they had the best they had had for a long time.
Damn we wished Sydney wasn't so far away!

With that, we began to form a plan: we could catch a return train, 12 hours each way. That would be one hell of a trip just to get some good rock.

The first thing was to make sure we had enough cash to make the trip worthwhile, and at $500 a gram it wasn't going to be easy. We first had to make sure our rent was up to date and that we would have enough for our grocery shopping for the following fortnight.

We worked out that after these little things were taken care of, we would have enough to buy a gram and a half and still have a little money left over.

Booking our seat on the train from Lismore to Sydney was the easy part. Getting back on the other hand would be a bit of a problem. It was bloody Schoolies week, so we'd have to go by bus (and then only to Ballina; we'd have to make our own way to Lismore).

With all the bookings organised we left on a Friday night on the 11.30pm XPT from Lismore, due to arrive in Sydney at about noon the next day. Twelve-odd hours to reunite with a pearly beloved friend, good old juicy white rock!

Within an hour of reaching Sydney we had the rocks in our pockets. Since we would have to stay overnight until our bus was due to leave the following afternoon, we decided to camp at my brother's. We waited until we arrive before we had our first shot, and boy did we get a pleasant surprise! The gear was better than we expected and it took only a tiny bit between us to be in the land of Nod!

The next day we left for Lismore, and by the time we got home we had used nearly all the gear save for half a gram to wake up to the next morning. Boy that was one hell of an adventure just for the simple pleasure of getting high! The good part was that we didn't have a habit and there was no smack around Lismore. Well, none worth getting anyway!

By the next year we had refined our round trip: take the 11.30pm Thursday train to Sydney, arrive late the next morning and leave five hours later, making it back to Lismore early Saturday morning. It was one hell of a round trip to put some rocks in our pockets, but more than worth our while!

So would begin my lonely missions to Sydney, while my sexy woman would wait anxiously for me to bring home the rocks, gateway to the land of Nod!

Anthony

Illustration: Glenn Smith

Tried My Best...

I am 24 years old and currently serving seven-and-a-half years for aggravated armed robbery and malicious wounding - all drug-related crimes.

I never laid eyes on drugs until I turned 14, which was when my life changed and not for the better - don't get me wrong, I had had some good times and that, but it wasn't the life I wanted.

I was at a mate's house one day on a weekend, havin' a few bongs and drinking and that, and there were a few older boys there as well, having shots. Not long afterwards I was asked if I wanted a shot, and I thought you only live once, why not? After I found out it was heroin I umm'd and ah'd before an old mate was telling me to extend my arm to put the needle in. He did what he had to do and I said thanks. A few seconds after the shot I tasted it in my throat, then started the power spews, hugging the toilet. I then sat on the lounge on the Murray Cod for a few hours and asked my mate how much it cost and if he could get some more.

Every day after that I'd visit my mate's house and wait until he came back with the goods. Not once did I drop! One night I slept at his place. I woke up the next morning not feeling well, not knowing that it was from the gear. I told my mate and he explained that I was crook, and that I needed a shot to come good. We had no money, and I didn't feel like going out to make some dollars but I knew I had to.

I got ready and off I went. I was walking around for a good hour or so before I spotted my chance to get what I thought would be easy enough. Well, it didn't turn out to be so easy. There was a bloke at an ATM. I walked up to him, stood right behind him and said, "I want all your money and you will not get hurt". I thought he was going to co-operate when he kept punching in his PIN. He tried to turn around to get a look at me. I ducked, grabbed him by the scruff of the neck and told him to hurry up and to pull no shifty shit, otherwise he would get hurt. He then handed over $1000, the highest limit he could withdraw. After he handed me his money I was about to let go of him to take off when he started to scream and lash out at me. Everyone heard the screams, and a few hero citizens came to his aid.

I let go of him and he ran. I started punching on with a bloke when another tackled me to the ground, and he was no small bloke. I tried my luck anyway. I wasn't going down without a fight.

But there was no way I was getting up as two of them were pinning me down. The others were on the blower to the coppers, who soon arrived and hauled me away to the Jack Shop. I was bail-refused and off to juvie, ending up with three months with no parole.

I finished my sentence but from then not much was going to change for me. Within hours of my release I was at my dealer's joint getting gear. After a few months I found myself locked up again, and again for only a few months. I was lucky when I was a kid with short sentences – I always kicked at court. I ended up in and out, in and out 'til I turned eighteen.

Three weeks after my eighteenth birthday I was locked up again, doin' 10 months. When I got out that time, I was in that mindset that I was gonna try to do all right for myself. I found a nice girl and I was doin' all right. So I thought I'd have one shot - and one shot only… And here I am now doin' nearly eight years for armed robs!!

Anonymous

Illustration: Ursula Dyson

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:

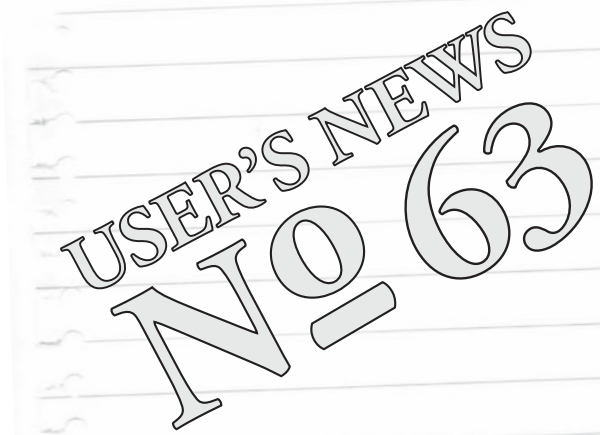
Cocaine is difficult to detect after 24 hours.

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.



How's Your Year Been?

For the Christmas/New Year's edition of *User's News*, we want to hear how you've spent 2010.

Some ideas you might want to write about include:-

- Successful ways you've managed your drug use
- Good experiences with pharmaco-therapies such as methadone or bupe
- Stories about how you managed to reduce or stop using when the time was right
- Fun times and memorable experiences with drugs
- Ridiculous moments and other funny anecdotes

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.)

Spring Clean

After 20 years or more I am finally off methadone. 140mls year after year after year. It's a miracle for me – I never gave myself a hope. Halfway through my using I lost my daughter, then mum, dad and my best friend. Plus some really ugly deaths of other people I knew. I was sad for years. Then something happened in my head and I thought that when I die, I want to die clean.

I could feel my daughter and it was like she was sad because I was so unhappy. I was really not sure what happened. But I gave it a go, slowly o ever so slowly did it feel but I did it. I am on 4mg of Suboxone and it won't be long now.

But something else amazing has happened. I had also smoked bongs ever since I was 13 and really liked my pot – I always made excuses that it wasn't doing me any harm, even convinced myself it was good for me. My son, who was 24 and had been smoking since he was 14, came home one day and gave it up. Just like that. I was amazed at him. I thought it was great he didn't have to do it for work or a girl. He just wanted to change. I loved him for it.

So I started smoking in the bedroom and would keep it away from him. But when he came home from work I would be sitting in front of a dirty, full ashtray and could not put a cigarette down. And one afternoon it was like I came out of my body and saw what he saw and hated myself. That is what made me think it was time to stop. Stop the pot, stop the cigarettes, stop it all. But how was my body gonna let me give up the smoko?

Someone told me to go and get hypnotised. I did and it worked; $150 I paid, which I would spend in one week on pot, let alone smokes. It got me off both. And I did not feel any withdrawal. It's amazing – had my last pot smoke and ciggy on the 21st of May, and I feel great. I feel like a different person and I'm sure my daughter is so happy for me.

I have people talking to me now who never wanted to know me before. I really like being this person – it's so different. So I would like to tell everybody, don't give up. If this feeling can happen for me, it can happen for you too. Just start to like yourself. I am not my past mistakes and I am not the person I used to be.

Daisy May

Illustration: Rose Ertler

Poem

The Cycle of the Game

I've lived this way
Now I can't stop
Hands on a ball
I just can't drop
Done evil deeds
I'm ashamed to nod to
Not 'cause I wanted
But 'cause I had to

Keep chasing the demons
That eat at my soul
Got arms worth houses
But it's taken its toll
Twenty-four years old
Spent a third in a cell
Haven't died yet
But experienced hell

Where it's survival of the fittest
So I did what I had to
Feel love for some
But only hate for blue
For what I've lost
I feel sorrow and pain
But not ready to repent
'Cause I love the fast lane

It's easy for them to say
"Work for your bread"
But why not live my way
And make ten times instead
And while it always ends
In darkness and doom
It's all roses and rainbows
When the rock's in the spoon

Then go on the nod
To a beautiful dream
And wake up in handcuffs
In a cell wearing green
But only the lucky ones
End up in strife
While those less fortunate
Pay with their life

In one sense it's all
A close end to the one gauge
With obituaries and the court list
Both on the same page

Jason

The Social Networks Survey: What We Learned

Some visitors to NUAA might remember a survey that took place there between December and March involving yellow coupons, called the "Social Networks Survey". Here's what it was all about, why we did it, what we found out and what it means for you.

The Social Networks Survey was a study looking into a new way of recruiting people for research studies, called "respondent-driven sampling". We hoped to learn more about whether this recruitment method works in Sydney, and about the people that we can reach by using this new sampling method.

Usually, the way a typical survey works is that anyone who walks into a service like NUAA or the Kirketon Road Centre (KRC) is asked to participate in the survey. But the way the Social Networks Survey worked is that five people were chosen to start the survey. These five people were given three yellow coupons to pass on to people they knew who might be eligible for the survey. If these people came in to NUAA with their yellow coupons, they were asked to complete a questionnaire and were then given three coupons to pass along, and so on. By doing the survey this way, we hoped that we might be able to access people through their social networks, who might not normally show up at places like NUAA or KRC. We wanted to find out more about these people and about how best to meet their needs.

After about three months of the survey, we reached our goal of getting 260 participants. Of the five people who started the survey, two of them recruited only one other person, while two others resulted in recruitment chains of nine and 39 people. The fifth person was very successful. In fact, most of the sample came from this fifth person, who led to the participation of just over 200 people!

Of those who participated in the survey, more than half (59%) reported that they had not been to NUAA in the past month. This is good news for us, as it shows that we may indeed have reached a group of people that might not normally have participated in a typical survey of people who inject drugs. This study also demonstrates that there are dense social networks of people who inject drugs in Sydney, which means that this method of sampling can be used successfully in this city.

Of those who participated in the survey, 67.8% were aged 35 years or older. Almost a quarter (22.5%) were women, and 13% had Aboriginal or Torres Strait Islander origins. Based on what we found from participants' responses on the survey, roughly 10% of the survey participants did not know of a place in their area where they could get help for their drug use (if they wanted it) or of a place in their area where they could get a test for HIV or hepatitis C. This is important information for organisations like NUAA to keep in mind when they provide services to people who inject drugs.

We are still in the process of reviewing the information and plan to complete the analysis and report the results by next winter. The survey's findings will be used to get a better idea of the social networks of people who inject drugs in Sydney. Information about social networks will be useful in knowing how sampling methods like this one work in Sydney. We also hope this information on social networks is used in other ways, such as developing outreach programs that make use of social networks to provide resources or support to a broader group of people.

A big thank you to all who participated in making this survey a success. If you have any comments or questions, please contact Dana Paquette at dana.paquette@unsw.edu.au.

Dana Paquette

PhD Candidate
National Centre in HIV Social Research

Graphica Unkyjay

I am the junky. I am the sociopath. Outcast. Outlaw. Jilted. Beat.

I am forlorn and war-torn. Nothing left and seeking nothing more. Life has conspired against me, and won. I accept what I am and what I need. You agree. You disagree. I don't care. My only concern is my heroine. She is my medicine. She never hurts me. She finds me in the street of the long cold night – solitary, beat, ragged. And when no one else will even look at me, she takes me in her warm embrace.

I am a hustler of nowhere and this nothing surrounds me. The city is my playground and my hell. Heaven is – Heaven is – not here. Heaven is – unlimited heroin, no addiction, no disease, no death – you just get higher and higher above the clouds. But back to reality and a force called gravity. I am sick and the street beckons.

Devils of the underworld play their dirge. I'm neither alive nor dead. I just am. Death is a shroud that cloaks my existence. I run from it and embrace it at the same time. It is the shadow of my past and a window to my future. Lost, I am. Truly adrift. Forgotten to myself and to those who have loved me. Those who I have loved – a faint and fading memory. Time is nothing but a theory. I am ruled by the junk clock only. And it is always ticking.

I am a vagabond of the street. Fringe dweller. I not only know it, I embrace and nurture it. I am the embodiment of the ultimate disaffection from society. This is what I am. What I have become. There is no why. And I've long lost the luxury or desire to deny it. Just like the bus driver, the carpenter, the mayor. There is no anxiety to climb the social ladder. Society says I'm at the bottom, and truly, I don't give a fuck.

The normal things of life have slowly faded away as I envelop deeper into the darkness of this addiction.

I don't have time for relationships. Tax returns. Nine to five. Christmas. Mother's Day. Life for me comes in a little package. Powder form. It can be measured and titrated to the 100th of a millimetre, and dosed out when ready.

The little mundane horrors of life just seem to lose their significance in the opiate glow. There are bigger, weightier things. The monster must be fed. Shaving. Showering. New shoes. Rent. The David Jones Summer Collection. Heroin cancels all else out. My diet consists of stolen chocolate bars and macadamia nuts. Energy. Protein. But not before there's enough for what really matters.

An insane way to live?

You bet. I know it. I'm not silly . But as smart as I am – this is now my fate. I have backed myself into the darkest corner and right now don't possess the strength, will or desire to fight my way out. Heroin is necessary to live. Without it I will not die. But existence becomes worse than death. Death to me is a warm rush and as the world turns sideways, as I fall unconscious to the pavement beneath its power. Will I survive this? I'm doing it again.

I wake up amidst the fluorescent glow of the emergency department.

The sterile smell of a hospital.

Tubes. Beeping. People swirling.

A nurse swabs the back of my hand as she removes the cannulae.

The smell of isopropyl alcohol takes my thoughts to one place – that state of weightlessness where everything just falls away. The outer shell melts in warmth and the static of the world just disappears. Four walls crumble and the city only moans – a state of stillness and calm in the absence of motion. Just silence. And a simple beauty that everyone understands.

This is what keeps me coming back. Here lies the insanity that sees me repeat the same mistake – over and over. I'm out. The cold night howls through my being. Sirens rip in sonic echo. Jagged neon skyline lights my way. And I can't help but be drawn to it.

The faint taste hits the back of my throat and the babes don't cry tonight. No child goes hungry tonight. I walk on down the streets that choose me, knowing that it all is to be continued…

Harry

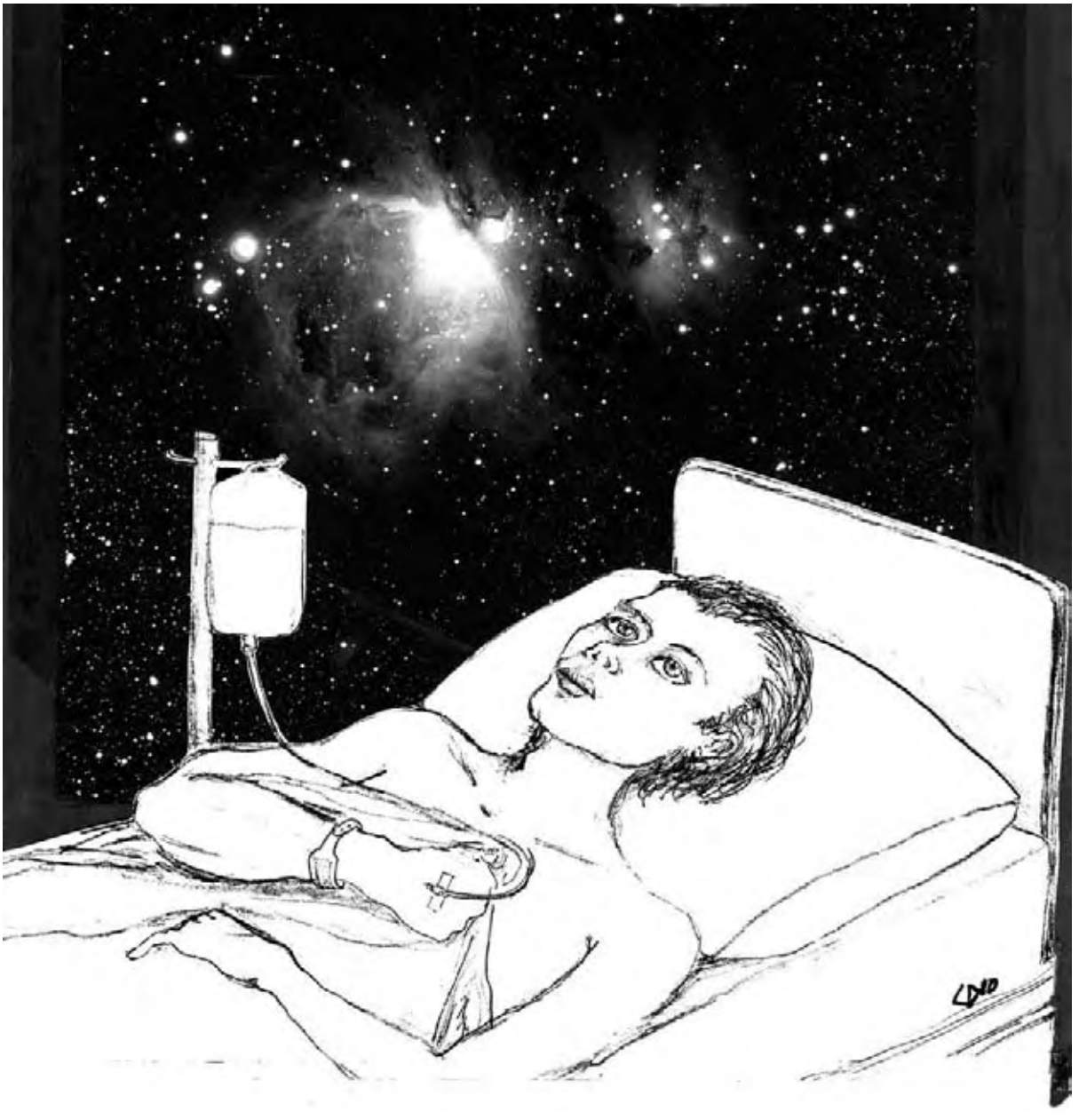
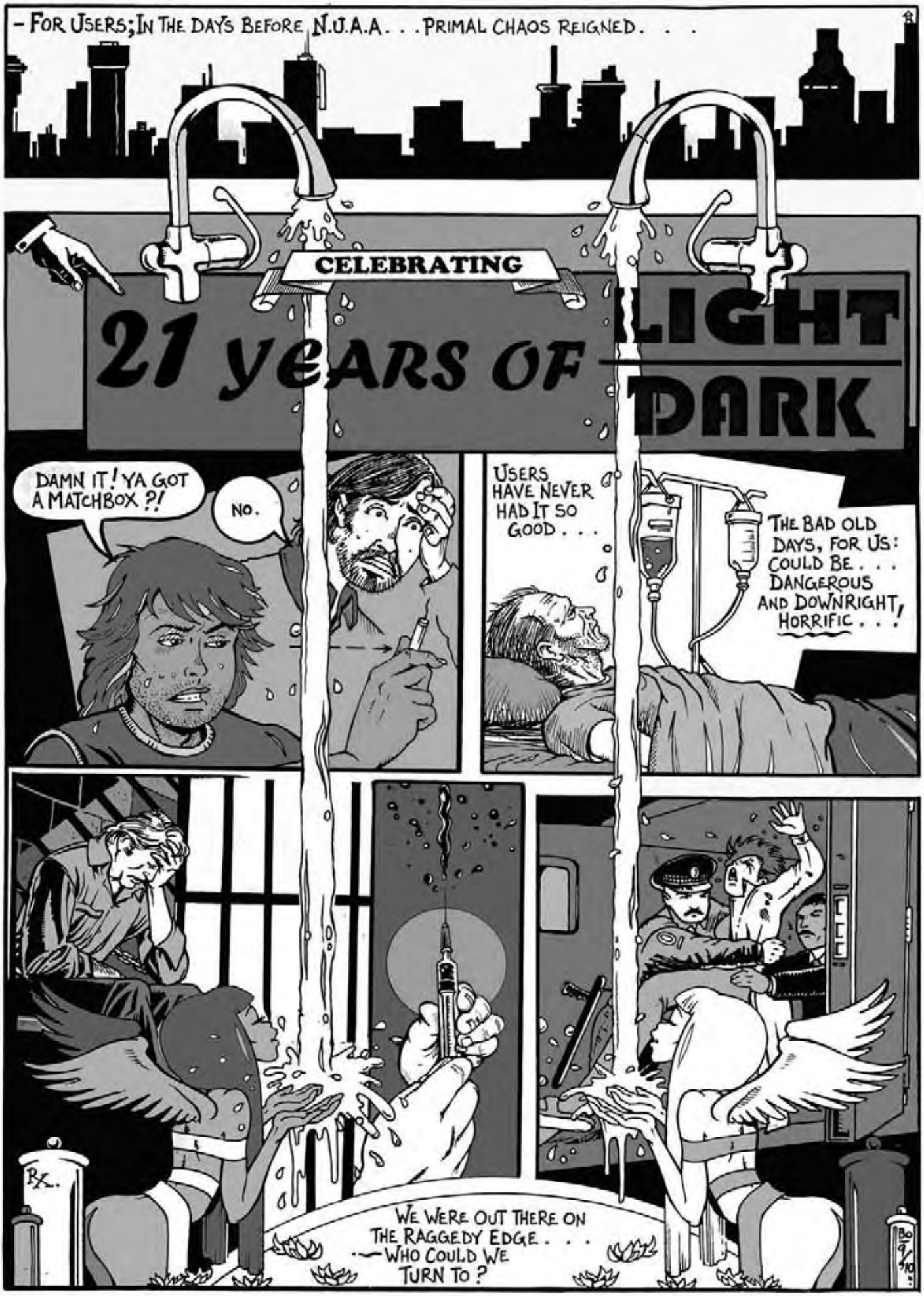


Illustration: Ursula Dyson


– FOR USERS; IN THE DAYS BEFORE N.U.A.A. . . PRIMAL CHAOS REIGNED. . .
CELEBRATING
21 YEARS OF LIGHT DARK
DAMN IT! YA GOT A MATCHBOX?!
NO.
USERS HAVE NEVER HAD IT SO GOOD . . .
THE BAD OLD DAYS, FOR US: COULD BE . . . DANGEROUS AND DOWNRIGHT, HORRIFIC . . .!
RX.
WE WERE OUT THERE ON THE RAGGEDY EDGE . . . — WHO COULD WE TURN TO?

FOR ME; IT'S BEEN 10 YEARS. THANKING YOU GUYS, FOR HOLDING MY RAPT ATTENTION. . . BO.

India on 1/2 an ounce a day

It was hashish harvest season in India. Sylvette and I decided to take a bus down the Kullu Valley and then proceed on foot to the more isolated villages that grew the best dope. Early one morning we began the beaten track to Malana, which produced the best hash in the world.

I'm a middle-aged Australian who's lived in France, Spain and Thailand. This story takes place when I was manager of a hostel at Manali in the Kullu Valley, part of the Indian Himalayas. The hostel had become a front for drug running.

I wasn't introduced to drugs until university, but from then it was a rapid rise to heroin trafficker. Stupidity and greed had hooked me up with a British smuggling organisation that had bribed a string of police and customs staff from India to Europe. They were a pack of pissheads; mad imitation mobsters who thought nothing of bumping off anyone who got in their way. Most had done time for manslaughter or worse. They were too dumb to learn Hindi or how to treat the locals, so they needed me alive. Sooner or later, though, they'd find another supplier.

My salvation came in the form of Sylvette, a dope smoking, Parisian academic who was also partial to opiates. She was officially a sociologist, but soon discovered that her status as a travelling academic enabled her to smuggle drugs with impunity. Her university supervisor had even unwittingly assisted her by sending her to study a remote society in northern Turkey which happened to produce good dope and where the locals smoked hash regularly. In the end her Turkish dealer got busted and things got too hot. So she decided to "study" the tribal peoples in northern India, found out where the strongest dope was harvested and took the next bus to the Kullu Valley.

After a side-trip down the valley to my old friend Bhagat Ram, who fixed us up with opium for the trip, Sylvette, my assistant Jindo and I trekked off to Malana. It was totally dark by the time we reached the village.

In those days the Malana people still kept to their ancient strict rules. Outsiders were not allowed near the houses or temples, we had to be careful not to touch certain sacred stones, and the elders had to be addressed with respect. Although they looked wild in their homespun woollen clothes, they were actually of a high Hindu caste. Anyone who did not respect their rules might find themselves shot through with musket balls – the villagers had maintained muskets over generations for winter hunting.

The men of Malana smoked dope and distrusted authority. They'd lived isolated for so long they considered their little valley an independent state, separate from India. The local police were too frightened to take them on. The villagers were almost totally self-sufficient, selling only a portion of their fine hashish to acquire weapons, radios or the odd delicacy like sugar.

We slept as custom dictated in the household of the sole low-caste family in the village, and in the morning we each swallowed a huge ball of opium along with a brown sugar joint. Eyes pinned, we went back to town to select the finest, freshest charas (hash) from the hundreds of pieces on offer. Half the town had turned out with their dope. We selected only the best before attempting a fast getaway, impossible with the constant chillums and chai on offer. I bowed so much to the elders that I had back pain – sufficient excuse for more powder joints once we got away.

The only other path out of town led down to the Parvati Valley – straight down! I was so off my face that I stumbled on a steep bend and nearly slid into a deep gorge and the icy current below. Facing the snow peaks, I thanked the gods and handed half my load to little Jindo Ram, who was already carrying most of our luggage. I felt a tinge of guilt but, shit, I was paying him and he was a local, made of sturdier stuff than us westerners.

We eventually made it down into the Parvati Valley proper and the next village, Chalal, which lay along

the riverbank. We could easily have bought the kilos we needed in just one of those villages, but quality not quantity had made our reputation. Better to buy just a few pieces each stop and take time to check each one individually. That method meant we kept good contacts everywhere and staying on the move made it difficult for the police to keep track of us.

A short stroll along the riverbank and across a bridge returned us to the road at Kasol. From there we took a bus up to the end of the road and the magic and mystery of Manikaran. Nowadays largely destroyed by road and dam projects, Manikaran then had a special vibe and a deep connection with Hindu and Buddhist mythology. The Parvati Valley is named after the Goddess Parvati, wife of Shiva, who lived in the valley for centuries.

Funny how the sacred valley grows the best dope, I thought, as we rounded the last bend into town. It was Sylvette's first visit and she was blown away. We looked across from the opposite bank of the Parvati River. The valley is practically a gorge with just enough

Illustration: Glenn Smith

India on 1/2 an ounce a day (cont.)

flat space for the tiny town. Temple spires and medieval roofs appeared and disappeared amid plumes of steam. Manikaran has many springs, and so much water shoots and boils up from the ground that the place exists in a perpetual vapour mist.

We crossed the bridge and, in desperate need of a scrub-down, headed direct to the hot baths inside the Sikh temple. We then rented a room from my old mate Rama, who ran a rustic restaurant and hangout. Rama was an alcoholic Brahmin who was usually too pissed to undertake his priestly duties but was always good for a laugh.

Next day we hit the higher villages of Barshani, Phulga and Tosh. Before the road ruined the vibe, it was a pleasant, peaceful stroll through fields full of resinous cannabis which few foreigners knew about. With our bags full of fine hashish we relaxed a while at Tosh before facing the madness and mayhem of the Indian towns below.

On our last day in the upper Parvati we slept all morning before venturing out for a meal of rice and dhal in the village "restaurant". The brown sugar had long gone but we had a couple of day's supply of opium. We'd just ordered tea to wash down our dose. Sylvette was trying to pry open the packet when she dropped it. It vanished. The proprietor baulked at us fumbling around on the floor. Then we noticed large cracks between the floorboards. I asked what was below. The stables! Shit! We raced downstairs, pushed donkeys and a cow aside and began our frantic search. It was insane. The dirt floor was a mass of rocks, rubble and animal droppings. It'd be covered in shit, I said to Sylvette. She kept looking, to no avail. One of the donkeys looked suspiciously stoned, but we couldn't laugh.

The junky's worst nightmare: strung out and miles from the nearest supply. We went back upstairs to take stock. Where was the nearest gear? Sylvette said she'd left a small packet of powder and some syringes in a bag back at Bhagat Ram's house. To get there we'd have to walk to Manikaran to catch the two-hour bus ride to Kullu, then change for a short ride to Bhagat Ram's. Jindo said that the last bus left about 6pm – in five hours' time. Fuck, it takes the best part of two days to walk up. But from Tosh it was downhill all the way. It's worth a try, suggested Sylvette. We'll be hanging like hell by nightfall, added Jindo, echoing all our thoughts.

We grabbed our bags and bolted. I could see Sylvette's determination as she stared straight ahead and went for it. We had trouble keeping up with her. Usually it was the other way around. Nobody spoke. Then the withdrawals began to set in. We were used to an opiate hit every few hours. Now we'd had nothing since sunrise and we did our best to ignore the aches and cramps.

After the village the path edged alongside a steep cliff to the rapids far below. I had an attack of diarrhoea. I couldn't ignore it and took to the bushes. I found a tiny stream to wash my arse. The others hadn't bothered waiting. I raced after them, still doing up my pants, and nearly got knocked into the gorge by an unseen mule train coming around a bend. The muleteer abused me for startling his steeds. I abused the mules. I eventually caught up. Sylvette barely acknowledged me. Hour after hour, it seemed forever. I was starting to feel really fucked when I realised we were crossing the tiny bridge that led up a small rise into Manikaran.

Three zombies approached town that arvo. But when we rounded a bend a kilometre out my heart almost stopped. A diesel engine sputtered to life in the distance. Total panic. We were going to miss the bus by minutes.

We screamed at them to wait in English and Hindi, even French. Jindo dropped his load and sprinted. I could hear the motor revving up when there were two more bends to negotiate. But it was still there! We made it! It was 7pm. They'd been delayed by a puncture. I thanked Parvati profusely.

We were all starting to get seriously sick. Thank the gods we had seats; by half way down the valley the bus was packed. Mine was an aisle seat. At each bend a local peasant was thrust into me. And the road was all bends – two fucking hours of them. We were all fidgeting in our seats and I was almost dry retching. Eventually we crossed the bridge at Bhuntar into the Kullu valley. I noticed two taxis near the bus stand. Fuck the buses! I didn't ask for the cheapest fare. I asked for the fastest driver! We were delivered to Bhagat Ram's gate. The 10-minute climb to the house was worse than scaling Mt Everest in the state we were in.

Our arrival caused total confusion. I'd never appeared out of the darkness at such an hour before. First the dogs started barking, then the kids started screaming. Oil lamps were lit one at a time. The whole family came out onto the verandah, freaking. They were sure it was the cops. Then came the hospitality: they wanted to cook us a meal. No thanks, I said abruptly. Just get Sylvette her bag from inside. She's very sick and needs the medicine urgently. The poor family just sat there staring in disbelief. It was true, of course, except that we were all sick. Panic returned when Sylvette couldn't find the heroin. She threw the bag down. Total freak out… until she remembered the new secret pocket she'd sewn inside. There was a little packet of brown sugar as well – Jindo wouldn't touch a syringe.

We all announced a sudden urge to shit. That gave us an excuse to knock off some water. The toilet was the forest, of course. We were beyond caring what they thought of the three of us going together. Then Sylvette stumbled on a stone and dropped the packets of powder. Jindo held the torch while Sylvette and I crawled in the dirt. We were still in sight of the house. "Bhagat Ram no look too happy, boss", said Jindo. We found the packets, still intact. We kept going until we found a spot sheltered from the breeze. Sylvette was trembling as she mixed up with a stolen spoon. Jindo was having serious problems trying to make a joint. Normally he took 10 seconds.

The fucking batteries on the torch began to fail. I lit up her arm as best I could while she hit up. She did the same for me but I was relatively inexperienced and couldn't find a fucking vein! The never-ending story. It took about 10 tries but I was determined. The orgasmic warmth rushed through my body, relaxing each tense limb and aching muscle in turn and blowing my mind. It was almost worth all the suffering to have a hit like that.

Ahead lay a lot of work: pressing, packing and concealing kilos of cannabis resin. And sometime during the journey I had decided I'd join Sylvette on her next run. Did I mention stupidity and greed earlier?

Paul

BREKKIE – DON'T SKIP IT!!

You may have heard it many times before, but it is worth repeating. Breakfast really is the most important meal of the day. Eating breakfast is the secret to staying healthy, especially important for those living with hepatitis C.

Why is breakfast so important?

It's a fuel for your body

By morning, your brain and body need new fuel for the day ahead, and even if you are not hungry when you first wake up, your body will still need the extra energy contained in a breakfast meal as its functions don't stop just because you go to sleep! Without breakfast, your body simply has no energy; like a car without petrol, it is running on empty.

Boost your nutrition intake

Breakfast is an ideal opportunity to get good nutrients in your diet that you may not find space for later in the day – fresh or canned fruit, for example, can help you achieve the "two serves of fruit" a day and also boost your vitamin C intake. Having milk or yoghurt at breakfast can boost your calcium intake, but things like wholegrain cereals or porridge can be a good opportunity to eat more fibre.

Super brain power

High fibre cereals such as Weetbix will give your brain fuel to enhance your concentration and improve your thinking ability. Skipping breakfast can make you grumpy!

Breaking the strain

If your bowels are sluggish, particularly for people who use or have used opiates, breakfast is the perfect time to get started. The keys to keep your motions regular are to consume adequate fibre, be active and drink plenty of water. So, choose high-fibre cereals, porridge or muesli and add dried fruits such as prunes .

Why do people skip breakfast?

Here are some of the most common excuses:

I don't feel like eating in the morning

If you are not hungry at breakfast time, check the time of your evening meal and any later snacks. This is a sign that you are eating too late in the evening and your body doesn't have time to digest the food and you still feel full in the morning. Try eating dinner by 7pm and not snacking throughout the evening. Leave about 1-2 hour before eating your breakfast if you simply have no appetite when you have just gotten up. Going for a walk before breakfast can help stimulate your appetite.

I don't have enough time

No matter how little time you have, breakfast is too important to miss. A bowl of muesli or cereals with milk and sliced banana only takes a few minutes to eat. You can even eat a slice of toast on the go or whip up a fruit smoothie to sip on.

I wake up in the morning, grab a cup of coffee, light up a cigarette and have "breakfast"

Who doesn't crave a cup of coffee in the morning? Coffee is a wake-up call that gives us some hydration and a jolt of caffeine. But while it may hold you over until lunch time, it is only the liquid that is filling your stomach and tricking you into feeling satisfied. It also takes away your appetite. For those of you die-hard coffee fans, what you could do is take a lesser amount of coffee in the morning. Drink tea instead. Remember to add some grains and fruit to your caffeine and nicotine breakfast!

Skipping breakfast will keep me slim

Some people skip breakfast in an effort to lose weight. Contrary to their beliefs, breakfast is a good friend! Enjoying a high-fibre breakfast can be quite filling so you are less likely to snack on sugary or high fat food during mid-morning.

What makes a good breakfast?

Your whole diet is important, not just what you eat for breakfast. But breakfast makes a significant contribution to your overall daily nutrient intake. Here's a checklist of the winning formula: wholegrain cereals or bread, porridge, fresh fruit, milk, yoghurt, smoothie, omelette and even meats like ham on toast. Fruit juice is a quick alternative with the same valuable vitamin C, but it has virtually no fibre.

So, tomorrow morning, fuel up with a healthy breakfast! Don't skip your breakfast anymore!

Cheese and herb omelette (serves 2)

An omelette is great for a weekend breakfast and for those who like savoury in the morning for brekkie. Add sautéed slice mushrooms to the omelette as well, if you like.

Time to make: 15 minutes

Ingredients:

4 eggs
2 tablespoons water
3 tablespoons chopped mixed herbs (parsley, chives, basil)
1 tomato, chopped
¼ cup grated cheese
¼ cup chopped ham
Spray oil

What you need:

- Knife
- Chopping board
- Bowl
- Fork
- Small frying pan
- Spatula

What to do:

1. Use a fork to whisk eggs, water and herbs until well combined.
2. Heat a frying pan over medium high heat. Spray with oil. Add eggs to the pan. Use a spatula to pull the edge of the omelette in from the side of the pan, allowing the uncooked mixture to heat and cook.
3. When the egg mixture is just set and the surface looks creamy, sprinkle on cheese, tomato and ham.
4. Fold the omelette in half to cover the filling. Carefully slide onto a plate. Serve immediately with hot wholegrain toast.

Breakfast smoothie (serves 4)

When you don't feel like eating in the morning, try this "breakfast in a glass". It's filling and is easy to make! Feel free to experiment with other favourite fruits as well.

Time to make: 5 minutes

Ingredients:

2 bananas, peeled and cut into chunks
1 breakfast biscuit such as Weetbix, crumbled, or 1/4 cup rolled oats
1 litre low fat milk
4 tablespoon low fat yoghurt
2 teaspoons honey

What you need:

- Knife
- Chopping board
- Blender

What to do:

Whiz all ingredients together in a blender. Pour into four tall glasses and serve immediately.

If you would like to see a Dietitian (free of charge), please contact the Albion St Nutrition Division for an appointment on (02) 9332 9600, or at the clinic at 150-154 Albion St Surry Hills.

Lia Purnomo
Albion St Centre

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	0427 851 011	
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.

EMILY & SAM'S STORY

Emily and Sam didn't start using together. For both that happened years earlier. But their heroin use was the reason for their paths crossing a few years back when they were involved in the same research study. The support they've given each other ever since, both in treatment and in life, has changed everything.

"I guess it started with Sam helping me," remembers Emily of a time when she was suffering through the after-effects of an unsuccessful treatment. **"I was pretty sick and messed up. We were in regular contact through that, just as friends."**

But over time their relationship blossomed. **"We got married last year,"** Sam says smiling, **"And our first child is due in three months."** In what can be a daunting time for any young couple, Sam and Emily are full of optimism, built around the stability of a strong relationship and their successful treatment programs.

Neither is in any doubt of the other's influence. Deep and unconditional support has made all the difference. **"We've both had less understanding partners in the past,"** says Emily. **"It's good to be around someone who doesn't discriminate against you."** Sam agrees and adds, **"In the past, drugs were a sore point, something you just didn't talk about or deal with. We're open about the way we feel, it's a lot less complicated."**

Clearly, their relationship isn't without its challenges. **"You have to be careful not to be competitive in your treatment,"** Emily warns. **"But for us there's no pressure, to come off or reduce or anything like that. We understand each other... we're in a similar place."**

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**

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.