



# USER'S NEWS

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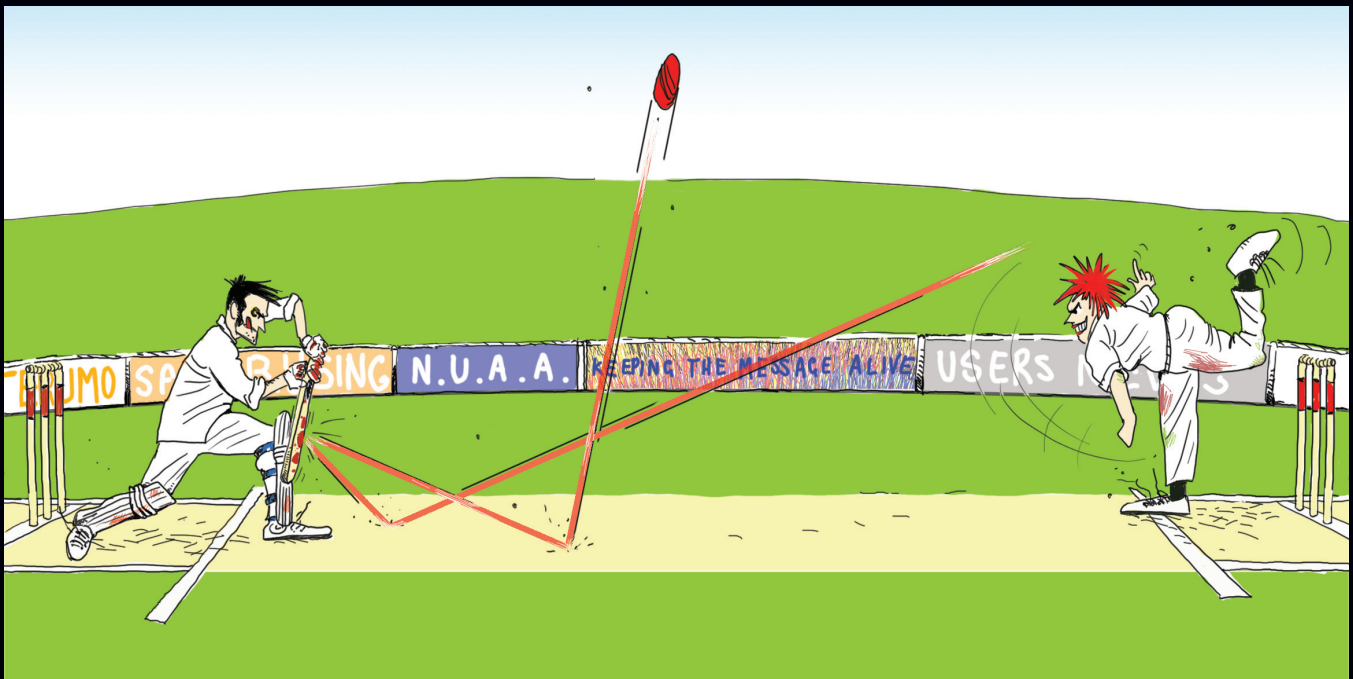


## Bad Pong : Drug Sniffer Dogs

**On The Road :**  
Safer Using When  
You're Away From Home

**Fingered By The Fuzz :**  
Police Searches And Your Rights  
Stockholm's First NSP

# BE A MASTER NOT A ROOKIE



## EVERYONE CAN BE AN EXPERT AT BLOCKING HEP C

- If possible, always use new, sterile equipment
- If you can't access sterile equipment, always re-use your own, not someone else's
- Remember, "equipment" means spoons, filters, water and tourniquets as well as fits
- If you have to re-use your own equipment, always clean with bleach and cold water first





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**USER'S NEWS #64**

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** Tony Sawrey

**Illustrators** Bodine  
 Ursula Dyson  
 Rose Ertler  
 Tony Sawrey  
 Glenn Smith  
 Sophie Holvast  
 Chris Ubukata

**Layout** Mathew Bates

**User's News Editorial Board** Andrew Bellamy  
 Mathew Bates  
 Ursula Dyson  
 Lissette Flores  
 Gideon Warhaft

**User's News and NUA Website Advisory Group** Max Hopwood  
 Annie Madden  
 Tony Trimmingham  
 Gideon Warhaft  
 Alex Wodak

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## *Respect for the Law: The Other Casualty of the War on Drugs*

editorial

Lawmakers of Ancient Rome believed that good laws must be obeyed absolutely. They also believed that any law widely disobeyed by the people was a bad law; not only was it a waste of legal energy, it had the effect of corrupting the law itself.

Why? Because when a particular law is routinely disobeyed by large numbers of people, laws in general become relative, leaving the test of whether a law is reasonable or not up to the individual.

That's how the last couple of generations have responded to drug laws.

'It's against the law' was once a notion that most people respected. "Who cares if it's against the law?" is often the response these days. Surveys and research demonstrate time and again that a significant proportion of Australians use illicit drugs (with nearly 40 per cent reporting that they had used illicit drugs, according to the 2007 National Drug Strategy Household Survey), many on a regular basis and knowingly breaking the law. In doing so they call into question whether the law is reasonable in the first place or even if it serves a useful purpose. In the process the absolute rule of the law is eroded.

This is most apparent in our relationship with the police, whose task is to uphold all laws – good or bad.

For many people, fear of the police, or even contempt, can be directly sheeted home to drugs. Most people's engagement with drugs is not related to mugging people, bank robbery, or organised crime; they simply enjoy a smoke after work or a line on the weekend. In doing so they are breaking the law and are therefore motivated to avoid, fear and lie to the police. This undermines any positive attitude they may otherwise have to police and their work.

Take for example the use of sniffer dogs outside train stations, nightclubs and music festivals. (Surely I'm not the only one who sees this as redolent of SS officers seeking out "undesirables" in Nazi Germany?) To what

end does this encroachment on our civil liberties serve? The dent in the "drug problem" is miniscule, at best, and the tiny minority of drug users who are unlucky enough to get caught with a gram of pot or a couple of pills are far less likely to feel remorse than rage at being unfairly singled out (not to mention the often debilitating consequences of a criminal record).

Then there is the dinner party test. If a friend or acquaintance were to mention the pill they'd popped at a club on the weekend, it would pass without comment. But most people don't go around bragging about the wallet they pinched, the handbag they stole, the guy they bashed, the chick they date-raped. It's not simply a matter of drug taking being considered a victimless crime; it's the lack of it being considered a crime at all. The fact remains that most people – even if they don't approve of drug taking themselves – accept it as a relatively normal activity in today's society.

This is why drug laws are bad laws; widely ignored, they appear neither reasonable nor to serve an identifiable purpose. As the Ancients pointed out, the flouting of one set of laws calls into question the validity of laws in general.

Many commentators lament that Australians no longer respect authority as they once did. But when governments use that authority to enforce something more honoured in the breach than the observance, it can only serve to erode the public's faith in the rule of law generally. And drug laws, as the least obeyed laws, are the most damaging to the law.

This is my last issue of *User's News* for at least a year. I'm taking some time off to pursue other things. It's been a privilege editing this unique magazine. I want to thank all of our readers and all of you who have contributed with your amazing stories, letters and articles. It is your incredible contributions that make *User's News* so well loved. Keep them coming!

*Gideon Warhaft*



### UN Calls for Change in Russian Drug Policy

The United Nations human rights chief has called for the Russian government to legalise methadone.

UN High Commissioner for Human Rights Navi Pillay visited Russia in February, where she spoke with President Dmitry Medvedev, government officials and around 60 activists. During her visit, Pillay asked the Ministry of Health to cease withholding treatment such as methadone from people who inject drugs.

Russia, whose chief doctor calls methadone “just another narcotic”, puts no government money into harm reduction programs such as substitution or needle and syringe programs.

One million Russians are HIV positive.\*

*Source: Reuters*

### Here Come the Mexicans: Cartel Enlists Local Help

Mexican drug cartels have moved into the lucrative Australian cocaine market.

Their local presence was confirmed after the murder and mutilation in June 2010 of a Mexican criminal whose cover was blown in Sydney whilst overseeing distribution of a large cocaine importation.

The 240 kg importation, worth at least \$83 million, was seized in June by Australian authorities in its fifth largest cocaine bust ever. The Mexican man, linked with the powerful and brutal Sinaloa cartel, fled before the bust, but his remains were found in the boot of a car in Mexico.

According to the United Nations, Mexican cartels have cut a deal with Australia’s notorious arm of the ’Ndrangheta, linked with east coast Australia’s drug trade for decades.

Antonio Mazzitelli, head of the UN’s Office of Drugs and Crime in Mexico City, said “’Ndrangheta, with its big diaspora, branches over the world and in very promising markets like Australia, offer an ideal partner for drug entrepreneurs in Mexico.”

Australian law enforcement has downplayed the link. A spokesperson acknowledged that police discovered links between the ’Ndrangheta and Mexico, but “not very many”, and that there is “no international cartel in place.”

Meanwhile, Mexico’s youngest police chief has been fired for abandoning her post.

As reported in User’s News no. 63, 20 year-old student and mother Marisol Valles Garcia was appointed police chief of “Mexico’s most violent town”, Praxedis Guadalupe Guerrero, last October. Hailed for her bravery and her crime prevention approach, Valles was granted a week’s leave of absence to travel to the US in early March and failed to return.

A relative stated that Valles had received “received death threats from a criminal group that wanted to force her to work for them”, and was now seeking US asylum.

*Sources: The Australian, SMH, AFP*

### HIV Anti-Retroviral “High” Makes a Deadly Low in South Africa

A new drug cocktail introduced by South African drug dealers contains anti-retrovirals used in HIV treatment.

The drug, with the street name “whoonga”, blends ARV drugs, rat poison and detergent powder, and is sprinkled by users into joints and bongs.

AIDS activists emphatically state that there is no evidence that ARVs create or intensify a high. Nevertheless, criminals are reportedly stealing from patients infected with HIV.

Smoking whoonga can cause ulcers and internal bleeding. Health experts are worried that false perceptions of an ARV high may jeopardise HIV treatment programs, only now starting to overcome the long denial of its link to AIDS.

Meanwhile, the South African Medical Journal has called for the legalisation of “soft” drugs like marijuana.

Managing Editor JP van Niekerk states that the War on Drugs has failed in South Africa. “It makes no sense

\* see letter on p 5

to legalise the use of alcohol and tobacco, but not the less dangerous substances like marijuana”, he said.

Sources: *Afrik News, Independent Online*

### **Aussie Drug Syndicates Target the Underdog for Mules**

Gamblers with large debts are being targeted by Australian drug syndicates to work as drug mules.

Australian Federal Police have charged 77 people for importing drugs by internal concealment since December 2008.

Superintendent Stephan Obers said that some couriers died and others were left with long-term health problems as a result of mule work.

“Syndicates are constantly on the lookout for options”, said Supt Obers. “They will deliberately target people with large gambling debts.”

Source: *The Daily Telegraph*

### **Obama: US Drug Policy Needs Change**

US President Barack Obama called for greater public health focus in US drug policy during a YouTube live forum in January.

“I am not in favour of legalisation. I am a strong believer that we have to think more about drugs as a public health problem”, Obama said.

He stated that it was “entirely legitimate” to debate whether the US War on Drugs was working.

Despite his views, the US Federal Drug Budget Request, issued a month later, allocated only 40 per cent of its drug control resources on harm reduction.

Sources: *Reuters, The 420 Times, stopthedrugwar.org*

### **Liberal MP Says String ‘Em Up**

Victorian Liberal MP Bernie Finn has called for capital punishment to be re-introduced for “drug lords”.

His comments were criticised by families of drug overdose victims, as well as by the president of the Law Institute of Victoria.

Finn’s comments followed fellow Liberal MP Andrew Elsbury’s maiden speech supporting capital punishment.

Source: *Herald Sun*

### **Look Out, Wattles, Your Days Are Numbered**

Popular garden plants such as wisteria, angel’s trumpet and many native wattles may be banned from cultivation by proposed legislation from the Federal Attorney-General’s department.

Nursery owners and gardeners have been outraged by the proposal, which could have some hobbyist gardeners charged under drug laws. The list of proposed prohibited plants may include sources of hallucinogens mescaline (many commercially available cacti) and DMT (many wattles and Common Reed, which is used to fight soil erosion).

April Hamilton, Secretary of the Cactus and Succulent Society of NSW, said “probably 50 per cent of our members are 50 or 60 years of age. We grow these plants because we love them. Some of our members are worried that they are going to end up going to jail over this.”

The Attorney-General’s department defended the proposal in January, stating that implementing the ban was important to stopping the drug trade across Australia.

Sources, *SMH, The Northern Star, online opinion.com*

### **Customs Catches Fewer**

Australian Customs’ implementation of “intelligence led, risk-based” screening procedures has led to a 25 per cent drop in the amount of drugs seized.

The procedures replaced a mass x-ray screening program and resulted in 35,000 fewer shipping containers being examined.

1140kg of drugs were seized by Customs in 2009/10, compared to 5275kg in 2008/09.

Source: *The Daily Telegraph*

### Harm Reduction in Russia

*The following letter was written to the United Nations High Commissioner for Human Rights, Navanethem Pillay, by Irina Teplinskaya, a Russian drug reform activist.*

Madame High Commissioner!

My name is Irina Teplinskaya, and I am the coordinator for the Andrei Rylkov Health and Social Justice Foundation and also a member of the Steering Committee of the Eurasian Harm Reduction Network.

But my life also has another side to it, about which it is difficult to speak in my country if you don't want to immediately be labelled a pariah. I am 44 years old, and for 30 of those years I have suffered from chronic opiate drug dependency. I have had several unsuccessful attempts at treatment in different clinics, but continue to return to drugs. According to the World Health Organization (WHO), drug dependency is a chronic illness – I have spent a total of 16 years in prison for acquiring and possessing drugs for personal use – in other words, for showing the symptoms of my illness! I have acquired hepatitis C and HIV through unsterilised needles. During my last prison stay in 2007, my HIV transitioned into AIDS, and I caught tuberculosis. In order for me to receive the life-saving treatment for HIV that should be guaranteed to me by the state, I was forced to go on hunger strike and cut open my veins. My fate is a reflection of the fate of three million people. Tens of thousands of young Russians die every year because the law in this country forbids the use of substitution therapy with methadone or buprenorphine, as recommended by the United Nations and successfully used in all the world's developed countries. These programs help to stabilise the lives of drug-dependent people, improve their health condition, and help prevent HIV infection and lower crime rates.

Recently in Russia, implementing needle and syringe exchange programs has become impossible – a key component of effective HIV protection programs among drug dependent people, as recognised by the UN General Assembly. Even speaking here, I am putting myself in danger, as even scientific debates about methadone, a substance that the WHO calls life-saving, is a breach of Russia law and seen as “drugs propaganda”.

Because there is no opioid substitution therapy in Russia, drug dependent people are not able to receive treatment for HIV and TB, as they are forced to spend whole days acquiring money in a criminal way so they can buy drugs. As a result, they begin treatment too late, when it's already impossible to help them.

Russian drug treatment standards do not provide for any treatment during pregnancy. Drug dependent women are forced either to have an abortion, or to continue taking street drugs right up until the birth. In countries where substitution therapy is available, drug dependent women can give birth, feed and raise their children just like everyone else.

In October 2010, I filed a complaint with the UN's Special Rapporteur on Health Rights, with a request to call on Russia to offer substitution therapy as a treatment for drug dependency. I am preparing complaints to the Russian Constitutional Court and the European Court of Human Rights. The International Committee on Economic, Social and Cultural Rights is also looking into the issues of the right to healthcare for drug dependent citizens of Russia.

The approach to drug treatment in Russia is based on force, degradation and aggression. Not long ago the country was shocked by the City Without Drugs Foundation, whose employees forcibly detained and locked up drug-dependent people, fixed them with handcuffs, starved, beat and tortured them. The majority

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of people support this kind of method of fighting drug addiction, and there was not a single critical statement from Russian human rights workers – in fact some of them even supported them. The stigma associated with drug use in our country is so great that even human rights workers often don't take us for human beings who have rights along with the rest of society.

Russia has a huge influence in the whole post-Soviet region. Even today, Russia's influence has a tragic effect on the health of drug-dependent people in Ukraine. The Interior Ministry, supported by the Russian Drugs Control Agency, started a campaign in January 2011 whereby over 6000 patients of substitution therapy programs live in daily fear that the state at any minute could pull them out of normal life and send them in search of street drugs, thus criminalising them.

Madame High Commissioner! In October 2010, the General Secretary of the UN, Ban Ki Moon, during his trip to Cambodia, demonstrated to the whole world that opioid substitution therapy should be available to drug-dependent people. Drug-dependent people received methadone from his hands. We are also people and we have the right to live. I am appealing to you to bring two key recommendations to the leadership of Russia:

End the legal restrictions on substitution therapy and start pilot programs in Russia, and offer financial and political support to needle and syringe exchange programs, as an integral part of HIV prevention and of bringing medical help to drug users.

Everyone has the right to healthcare without discrimination!

*Irina Teplinskaya*

**Taking Action on the War on Who**

My friends and I couldn't agree more with Mark's letter, "The War on Who?", published in the last edition of *User's News* (no. 63, p5).

In the past I've organised petitions and gathered thousands of signatures for a couple of causes and I'd be happy to do it again over the legalisation of pot.

A handful of people can't achieve that much.

But as Mark wrote, if every reader and person who cares about this wrote to both the Prime Minister and the Premier the message might get through.

I have written to my local member and like Mark I urge every reader to do the same. If every person who thinks these ridiculous anti-pot laws are wrong took action, something might be done. Please write or email – it could ultimately save you from a fine (or worse).

*Linda*

*Ed. – If you want to write to your local State or Federal member, you can find their addresses on the parliamentary websites:*

*Federal Parliament: [www.aph.gov.au/whoswho/](http://www.aph.gov.au/whoswho/)*

*NSW State Parliament: [www.parliament.nsw.gov.au](http://www.parliament.nsw.gov.au)*

*To find your Federal electorate, call 13 23 26 or visit [apps.aec.gov.au/esearch/](http://apps.aec.gov.au/esearch/)*

*You can find your State electoral district by calling 1300 135 736 or visiting [www.streetlist.elections.nsw.gov.au](http://www.streetlist.elections.nsw.gov.au)*

*Remember that a posted letter, either handwritten or typed, is often more effective than an email.*

**Letters to the Editor**

mail PO Box 278  
Darlinghurst NSW 1300

fax (02) 8354 7350

e-mail [usersnews@nuaa.org.au](mailto:usersnews@nuaa.org.au)

# THE EMPEROR HAS NO CLOTHES

Two blokes walk into a nightclub to sell some ecstasy. They send out a text or two, a car park's involved, the magic pills are produced. Everyone is happy. But the police are watching and a strike force arrests the hapless duo. All over NSW strike forces are making similar busts, trying to disrupt supply to drug users, the result of some 1.7 million extra dollars dedicated to that peculiar institution, Prohibition.

When is it okay to make a profit from selling drugs? Whatever gains in public acceptance Australian drug users have made in the last 20 years, hating drug dealers is still fair game. And it's often drug users themselves who draw a moral distinction between drug dealers who use and those only in it for the money.

Whether these blokes are cashing up or just putting together their weekend stash can't make one bit of difference to their customers. The next generation is way ahead of us on this. They couldn't care less who sells them their drugs. Mood-altering drugs are now so commonplace they're just one more commodity to be traded. Most drug users, of course, don't want to be dealers, and they pay the premium to cover the dealers' risks, which is mainly getting busted. It is Prohibition that made these blokes into criminals, ones which we now associate with the bank-robbing, gun-toting variety.

*Police Ethics*, a book written by Seumas Miller, John Blackler and Andrew Alexandra and used to teach ethics at the NSW Police Academy at Goulburn, unwittingly highlights the ridiculousness of our approach to drugs. On drug use, the book says:

When a person uses a recreational drug they do not, simply in virtue of that use, violate the rights of anyone else (hence drug use is often referred to as a "victimless crime"). Secondly, preventing someone from using a drug of their choice, or penalizing them when they do so, actually seems to violate a fundamental right of the user, the right to autonomy.

But when it comes to dealing, the book takes a different tack:

On the other hand, drug sellers are themselves engaging in activity which harms others, so there is no in-principle objection to using the full force of the law to stop them from doing this, and to punish them for having done so.

But hang on. If the use is a victimless crime then how is the seller harming the willing buyer? This is precisely where the crazy lady in my head starts to get her bonnet out to hold all the bees in. User/dealers would then be both victims and perpetrators of the harm. No wonder we want drugs.

What about other species of drug dealers? Do we permit *some* people to profit from drug dependency? Absolutely we do. In the safe drinking rooms we call pubs, a piece of legislation called Responsible Service of Alcohol, aside from keeping screamingly whammed people off the streets, stops hoteliers installing the local winos in rockers in the front bar for 12 hours a day. Doctors are drug dealers we like and they make a profit. Pharmacists with their dispensing fees for drugs of addiction make a profit. Private methadone clinics turn a profit. Registered clubs *really* profit.

It's time for the next step: if we accept that there will be drug use and drug users, then where do they get their drugs from? I want my child, should he choose to use, to buy his drugs at a shop, in daylight, from a person who won't have their kids taken away for serving him. And I don't care if they make a profit - good luck to them.

Pleasure, recreation, entertainment, fun: most people's drug experience. Prohibition is like some trick Boris Badenov cooked up, planting 50 bucks on the footpath for Bullwinkle to pick up so Natasha can brain him with a bat when he's not looking. Are we so short on criminals in NSW that we need to make more? Prohibition is a unique harm creation device. And more people than ever are ignoring it.

*Kerri*

# Straight to the Bottom

The other night I was watching the TV show *Border Security* about people bringing drugs through the airport and watched how the security people laughed as they found drugs on a this kid. He was just a young boy, but they laughed like they'd hit the jackpot.

Do these people think they're better? How proud one of the fellows looked, so excited to bust this kid. I know too well much of straight society is like this. Because I've been doing drugs for so long I don't even remember being a kid. When you grow up poor, I don't know if you even get the chance to ever be a kid. And the people I have had the worst time with have been the self-righteous ones, those who think this place was made only for them: anybody who wears different coloured socks or doesn't have their pockets lined with \$100 notes is not worth a look in.

People must know before they even touch their first drug that there are people ready to exploit them, ready to laugh at them and tread all over them.

And how rotten it feels when you can't get your drugs. All the dreadful hoops you have to jump through.

I was at the chemist this Saturday picking up my Suboxone as the doctor was going away for Christmas and had changed the date of my appointment with him. I usually see him on pay day. But it was Saturday and pay day was four days away. So I needed four days' credit. There was no way I could go somewhere else: my chemist had my take-aways and I have been going there for some time. I was made to explain my life away and felt like a useless bitch: without my drugs I do feel like shit. And I had no way to get the money other than knocking it off. I tried asking the doctor to give me a note helping me to explain to the pharmacy. But no way: he didn't give a fuck.

As it happened I did get my four days credit and I was ever so grateful, chanting "thank you" in my head all the way home.

People have a problem with power. Whenever they can assert authority they do so with glee. So please, if there's anyone out there who has not tried drugs, unless you

are prepared for a life of abuse and negativity, don't even have a smoke. Don't do it to yourself: you will come into contact with the most unsavoury people (most of whom are straight). You will not be able to walk down the street again with the outlook you once had – it changes everything.

Stop and ask yourself when your friend hands you your first joint or shot: do I want to lose my control to this stuff? And I'm not just talking about the gear. I'm talking about every mean, selfish prick you will have to deal with once you get involved with drugs.

Between the people you have to score off and the straight society you have to deal with it's no wonder so many of us leave this world. It becomes that ugly. Anybody who says different has not hit bottom. And you will hit bottom.

*Daisy May*



*Illustration: Glenn Smith*



# If I'm a Junkie, You Caused It

About two years ago I had an injury to my back while working and have been in pain ever since. At first the doctors told me it wasn't too bad, I'd be fine soon. On six occasions they told me they had a cure. On each occasion the cure failed. The only things that helped were the pain killers. They started me on Tramadol and Endone. After about a month they put me on Oxycontin.

For the first year my pain just got worse. No matter what I did or what they tried, nothing worked. Nothing except the pain killers. Gradually my dose was increased. After a year the insurance company decided that my pain was from a pre-existing condition and they would no longer pay me for the hours I was missing at work. Up until then I had still been working; sometimes full time but other times as little as two four-hour days a week. I lost my job as soon as the insurer stopped my claim.

Still the only thing helping me was the Oxycontin. I changed doctors to someone who bulk-billed because I couldn't pay for weekly or fortnightly visits. Within a month this new doc had tripled my dose: the Oxycontin became my only way of coping. I was horribly depressed because I couldn't work, leaving my mis-sus to support us both and our six-month-old baby girl.

For those of you who don't know about chronic pain, depression makes it much worse (as depression does most other things). It makes it hard, for example, to keep to your exercise routine, which then makes your pain worse. So you take more pain killers to numb the pain. My doctor had no other treatment to offer me except more pain killers and so I took more. He would give me my 90 tablets a month of Oxycontin and another 60 Endone. But I'd be back after only three weeks and he'd just hand out more to last the rest of the month – no problem. Even then I'd go back a few days early to get another month's worth. Even though the doc

would just hand them out to me, I'd still hang out from time to time – waiting for the chemist to open to get another script filled.

After a few times of this I decided to get the chemist to hang on to my pills for me as I felt like I was taking too many. I got them to dish them out to me weekly, but that just caused me hassles and I regretted doing it pretty much straight away.

I started seeing the local pain clinic, seeking help dealing with my pain without pills. At first I was stoked – it seemed like a miracle. They enrolled me in a program and I was keen. Trouble was I tried everything they said and didn't get anywhere. It was about then that they started saying I shouldn't take the pills anymore. I told them I didn't want to but I had no other way of coping. When I didn't take them the pain was terrible, I couldn't sleep, couldn't look after my little girl, couldn't do anything really except lay on my back. I told them as soon as I had a way of coping I'd give them away. Trouble was they decided for me that they were gonna stop me anyway.

My doc reduced my dose and told me to just jump through the pain clinic's hoops and I'd be fine. Little did I know he'd decided I was now a junkie. After leading me on for two months my doc finally said he was no longer going to prescribe for me and that he thought that I was lying about my pain and that I was just a drug addict. He told me to see someone else. I asked him what I should do. He said it wasn't his problem and told me to leave.

I got pretty angry. I couldn't understand: if I was a drug addict, he must be a drug dealer. I had never taken anything that wasn't prescribed for me by my doctor. How could he blame me for becoming addicted to Oxycontin after two years of taking them and after he handed them to me even when I said I thought I had enough?

## If I'm a Junkie, You Caused It (cont.)

He sent me out the door to go cold turkey. Not even a referral to drug treatment. He said I was an addict but didn't offer me treatment. On top of going cold turkey I had my ongoing pain to deal with. I had about three weeks worth of Oxys left, and in that time I had to find a solution.

A mate suggested I try methadone because he had read of it being used in America for sufferers of chronic pain. So I called my local drug and alcohol clinic to find out about methadone treatment. I had planned to tell them I was using heroin but it turned out I didn't need to. The fact I was on Oxy's for two years was enough. To my surprise I got my first dose of the 'done only 18 days later. I still had half a dozen Oxys in the cupboard. I couldn't believe it: I just said that I needed opiates to manage my pain and they said "how much?". I'd been fighting with both the pain clinic and my GP about taking pain killers, but they just branded me a junkie. So as a genuine pain sufferer I couldn't get access to adequate pain relief but as an "addict" I can get access to methadone, no problems. It just shows the hypocrisy in the medical system.

Thankfully there are some doctors out there who actually care about quality of life rather than some moral objection to people using opiates. I only wish I'd found the clinic sooner.

*Michael*



*Illustration: Glenn Smith*

# Are you / were you a hep C patient?

## Would you like to help other patients by sharing your story?

The University of Hasselt in Belgium is putting together a collection of patient stories in a book as part of its patient education mission.

We believe this book could help all hepatitis C patients to cope better with the fear, confusion and adjustment that inevitably come after a hepatitis C diagnosis.

This is a chance for you to share your personal experiences (both good and bad) with thousands of other patients who could be helped by your insights.

Here are some suggestions of questions you might like to answer in your story:

- *How were you affected emotionally when you found out?*
- *How did family and friends react?*
- *Has the disease affected your job?*
- *Where and how did you receive helpful information or support?*
- *Did you choose for treatment? Why/why not?*
- *How did treatment affect your life?*
- *Did particular measures help you during treatment?*

The fundamental question is: *What do you think is most important for others to know about your own experience with hepatitis C?*

You can participate with your name or anonymously. If you wish, you can add a picture. The length of your story should be approximately 2 or 3 A4 pages, or about 750 words.

For more details and questions do not hesitate to contact Amber by email: [amber.arain@zol.be](mailto:amber.arain@zol.be)

## Thank you in advance for sharing your story!

Amber Arain MSc  
Prof. Dr. Geert Robaey

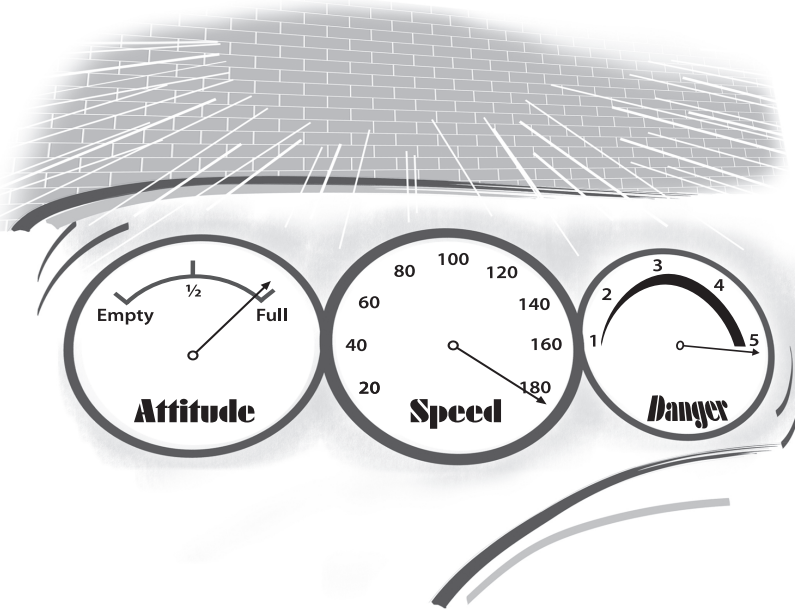
Ziekenhuis Oost-Limburg, Department of Gastroenterology  
and Hepatology  
University of Hasselt, Belgium

Schiepse Bos 6  
B 3600 Genk  
Belgium  
Tel +32 89 32 66 29  
Fax +32 89 32 79 16

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# METHAMPHETAMINE AND DRIVING STUDY



In 2009 *User's News* ran an advertisement in its winter edition (no. 57) looking for methamphetamine (ice) users to take part in a study looking at how methamphetamine use affects driving. Roadside drug-testing for cannabis and ice were introduced in Victoria in 2005 and in NSW in 2008 and while it is well known that alcohol and cannabis can compromise driving ability, the effects of ice on driving ability were less well defined.

Researchers at the University of Sydney compared the driving ability of a group of real-life ice users to a non-drug using control group. Both groups provided saliva and a breath analysis, completed a battery of psychological tests, and were tested in a full-car driving simulator before providing a blood sample.

The driving simulator (STISIM Drive™ M400 Training Simulator), is a fixed base (no real motion) simulator that consists of a full car body sedan with horn, steering wheel, accelerator and brake pedals, dashboard and speedometer. Three projectors beam a visual image onto three screens, resulting in 135° field of view. The STISIM computer program allows fully interactive visual and auditory feedback with pre-programmed

traffic scenes that were constructed to test for a range of complex driving behaviours, including specific behaviours associated with risk taking.

The preliminary findings were perhaps not all that surprising: ice users as a group were significantly more likely to speed and weave from side to side whilst driving, in comparison to the control group. The study also suggested that ice users were more likely to engage in risky driving behaviour.

A full report of the study will be available soon (and will be posted on NUAA's website).

This study was the first of its kind in the world to examine whether methamphetamine use can compromise driving ability. The researchers of this study would like to thank the dedicated workers at KRC, K2 and NUAA for their help with this study and for their invaluable work in the community.

*Dr David Bosanquet*  
 Psychology Department  
 University of Sydney

*Illustration: Chris Ubukata*

# DIVERSION BLUES

I want to tell you all a story about Subutex and the shit itn can do to your health if you shoot it up. It all started about six years ago. I was on the program and each day I would go to the chemist to pick up and every day I would divert my dose. Straight away I would go off to mix it up for a shot.

At first I was very careful to have a clean shot but sometimes I was rushed and it was hard to get perfect. One day I had a dirty and I was as sick as a dog. I felt like shit. Every time I had a smoke or ate I would throw my guts up. This went on for around six weeks and my girlfriend became worried and took me to the doctor. He did some blood tests and told me the results would be in the following week. Well My doc knew me pretty well and he also knew that the cops did too. So when the test results came back he became very so concerned, he had the cops out looking for me to get me to hospital as soon as possible.

Well the cops found me and told me the news. I didn't listen to what they had to say and blew 'em off with a "whatever". But I was still real crook and when I went to the drop-in centre to get some clean fits, my girl said something to the nurse. I got on well with the nurse – she was like a mother to me. So when she asked if I would go with her to the centres's doc I went along. Well that doc rang mine who explained what was going on. When he got off the phone he said something to the nurse, who suddenly looked very concerned for me. She then laid out the cold hard facts and I tell you what she said really freaked me out. I had something called endocarditis, some kind of infection in my heart, and I had a good chance of kicking the bucket. I rang my mother to say I wanted to see her but she just thought I wanted money.

So I went straight to the intensive care unit, where they started pumping drugs into me. I woke up in a room with about 20 other young people and about half of them had had open heart surgery – like they had little zippers down

their chests. I spent nine days in there but luckily made a full recovery.

One of the doctors told me that the cause of my infection was probably the Suby. Many people divert their dose to inject it, but the fact that it comes out of your mouth makes it dirty and dangerous and the damage can be permanent. There have been many cases where it has killed. All of this really scared me and I never diverted again. The risks are just too high.

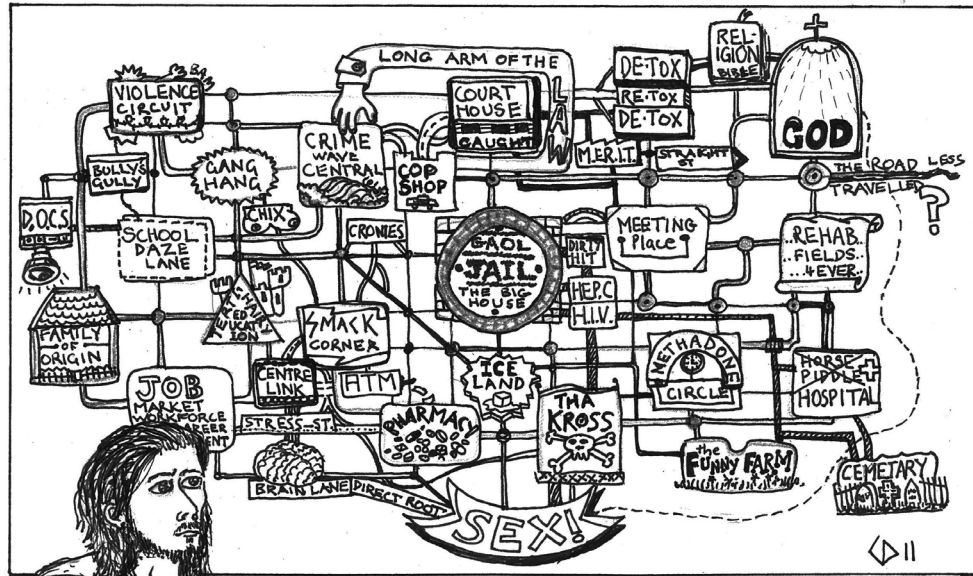
I just hope my story can help save any other Subutex user from doing what I did. I was one of the lucky ones.

*Lincoln*



*Illustration: Ursula Dyson*

# Time to Stop



I am 34 years old and currently serving time at Mannus Correctional Centre. I started taking drugs nearly 20 years ago but didn't start coming to jail until I was 21 for drug-related crime including possession of drugs, drug supply, goods in custody suspected of being stolen, break and enter, fraud and stealing mail. I guess you could say I've spent the best part of the last 13 years in and out of jail, more in than out, and it's all pretty much 'cause of the drugs.

I've been to rehab before but never really lasted the distance. Can't seem to get my head around the way they want you to tell on people you see doing the wrong thing. But I have all the tools in my backpack now. I think it's time I put them to use instead of once again getting out of jail and going down the same old road again.

Don't get me wrong: I've had some great times on the drugs and done some really weird shit. But each time

I get out of jail and start heading in the right direction, something goes wrong and I turn to my good old mates: ice and heroin. I may as well stop at Lowes and buy a set of greens 'cause without fail it always ends in jail and I'm over this bullshit lifestyle. I love the drugs but the end result is always the same. It's never easy each time you get out of jail but and one thing I've learned is to not go back to the same area: good old Kings Cross (the Dead Loss). I've been hanging around there for the last 20 years on and off, and in my view there isn't much appeal to the place. Sex workers and drugs. The place will never change.

I've got about four months left now and am starting to go about things a bit different this time. I want to go back to doing my trade that I have behind me, but I know it's not going to be easy. But hey, life wasn't meant to be, was it?

The other think I'm really sick of is losing all my possessions. I know they're only material things but I've owned very little over the years, putting drugs before anything else. So I want to put the effort I did into using into staying off the drugs and out of jail. It doesn't rehabilitate you, coming to jail. It's a college for criminals.

*Chucky Demus*

*Illustration: Ursula Dyson*



# On the Nose

## NSW's Drug Detection Dogs Program

The current system of NSW Police drug detecting dogs began in early 1999. Fourteen Labrador Retrievers were trained in drug detection, originally for the lead-up to the 2000 Olympic Games. In early 2001, they were reassigned to work with Police Local Area Command units to search people in areas considered to be concentrated areas of drug commerce: trains and train stations, nightclubs, licensed premises and certain public precincts.

Almost immediately, there was a community backlash. Its targeting of public spaces saw it criticised emphatically by community and legal groups. A series of high-profile police operations, under the banner of "Operation Vikings", drew criticism for unfairly targeting specific social groups, such as the Gay and Lesbian community.

In November, Deputy Chief Magistrate Mary Jerram presided over the appeal hearing of Glen Paul Darby, who had been searched by a dog earlier in the year. Police officers found small quantities of cannabis and ice on Darby's person. She ruled the evidence of possession inadmissible, as the dog's physical contact with Darby constituted assault, and was therefore illegal.

This ruling offered a potential precedent for opponents of the drug detection dog program.

It was all getting too messy. In one of a series of legislative mop-ups, the Carr Government introduced the *Police Powers (Drug Detection Dogs) Bill* in December 2001. The bill gave NSW Police powers to use sniffer dogs without a warrant in licensed premises, along specific public transport routes, and at sporting and entertainment venues. Police could also deploy the dogs in any public place with a warrant from an authorised justice.

The bill provided a legal loophole that conveniently prevented the use of sniffer dogs from being challenged as a clear-cut breach of civil rights. Under common law, police have no power to search someone without "suspicion on reasonable grounds". But under the drug dogs law, the use of a sniffer dog is not a "search"

in itself, only a "positive indication". If a dog takes an interest in a punter, then this may give police reasonable suspicion to justify detaining and searching.

The price of such a bill was oversight. Written into it was a required two-year review from the NSW Ombudsman, Bruce Barbour.

Introducing the second reading of bill in Parliament, Police Minister Michael Costa stated: "Drug dealers and couriers are on notice that they will be the subject of general drug detection in authorised places prescribed under this bill... It is clear that the activity envisaged is drug dealing."

Detective Superintendent Michael Goodwin, recently appointed to the Police Dog Unit, provides a different view: "I can't comment on what [the Minister] said, or what his intent was when he said that, but the intent of the deployment of any drug dog is to remove prohibited drugs from the street. Whether it be one pill or a kilo, it's an offence. It could be argued, I suppose, that the removal of smaller amounts of prohibited drugs from the community may have some effect on the large dealers. The sole intent in the deployment of drug detection dogs is to detect possession of prohibited drugs. Their amount or who possesses them really is of no consequence."

As the Vikings Unit grew in scope, sometimes searching 1000 patrons or more in a single operation, the complaints grew in number. "A lot of the complaints are about the discourtesy of the police", says Stephen Blanks, Secretary of the NSW Council for Civil Liberties. "Police treat them all as drug-dealing criminals. We get a lot of complaints about targeted music events. People who don't cooperate with the search are being threatened with having their tickets to the event torn up. Then when the search finds nothing, the standard line is 'you must have sat next to somebody who had something on them'".

## On the Nose (cont.)

The health issues involved in “ambush”-style operations such as Operation Vikings became obvious early on. LAC Superintendent Gary Hodsen told the *Sydney Star Observer* in June 2001 that he had witnessed patrons “popping things in their mouths” at one such operation. “Obviously if you take the drugs, the dogs won’t be able to spot you but you are at serious risk if you take drugs all at once.”

The most notorious example of this was the 2009 overdose death of Gemma Thoms, a 17-year-old apprentice hairdresser who, according to friends, panicked at the prospect of drug detection dogs at the Perth Big Day Out and took three tablets of ecstasy at once to avoid detection. That there were no dogs outside the venue, only at the nearby train station, was a tragic irony.

Further health risks were evident in the PWID community. As ACON President Adrian Lovney noted, “injecting drug users may be discouraged from returning equipment to a needle and syringe program or chemist for safe disposal if they fear being stopped and asked to turn out their pockets.”

In June 2006, the NSW Ombudsman released his eagerly anticipated *Review of the Police Powers (Drug Detection Dogs) Act 2001*. The review examined 470 drug dog operations over a two-year period, the majority of them occurring in greater Sydney. Its conclusions were highly critical.

Police found prohibited drugs in only 26 per cent of the recorded positive indications by drug dogs. More crucially, of the 10,211 indications made during the study, only 19 successful prosecutions for supply were made – a strike rate of 0.19 per cent.

The Ombudsman invited NSW Police to give evidence in support of their claims that High Visibility Policing operations involving drug detection dogs reduced crime in the operations’ vicinity, and that drug dogs contributed to reduced crime generally. NSW Police were unable to offer any such evidence. They were also unable to offer

any evidence that the intelligence gathered from dog operations led to any supply-related arrests.

The review concluded: “The use of drug detection dogs in general drug detection operations does not significantly assist police in targeting drug suppliers... There is little or no evidence to support claims that drug detection dog operations deter drug use, reduce drug-related crime, or increase perceptions of public safety.

Further, criticisms of the cost-effectiveness of general drug detection operations appear to be well founded.”

The review’s conclusions were almost universally ignored. By the time the review was published, the original drug dogs Act had been replaced with a more streamlined version, and the program had been expanded: 20 dogs instead of 14, and a widening of the program to regional NSW.

In the midst of this, the behaviour of some Local Area Command units during dog operations continued to cause concern. In July 2008, solicitor and civil liberties advocate Kristian Bolwell approached a patron undergoing a rigorous police search at Newtown’s Cooper Arms Hotel after a positive indication from a dog. Bolwell calmly produced his solicitor’s ID card and asked the patron if he wanted legal assistance. Bolwell was arrested and charged with hindering police, resisting police in execution of duty and failure to obey a police direction. One officer claimed he behaved in a threatening, intimidating manner.

The charges were dismissed after video footage showed Bolwell was pushed away with two hands by an officer only 10 seconds after he approached the patron, and was pinned to the ground by three other officers within half a minute. (The detention cracked one of Bolwell’s ribs.) The judge was so unimpressed with the weakness of the police case that he awarded the case’s \$6000 legal costs against the Attorney-General’s Department. The patron who had been searched had no drugs on him.

Questions of the program’s effectiveness continue to be raised. In January of this year, the University

of California at Davis published a study indicating that the detecting behaviour of dogs is affected by what their handlers believe.\* Eighteen detector dog teams from different law enforcement agencies were studied. No target scents were placed in the study setting, but over 200 incorrect positive indications were made by the dogs – particularly when the handler had been falsely told the scents were there.

For Detective Superintendent Goodwin, however, the issue is straightforward. “Our specific target is deploying the dog into the field. If the dog detects any sort of prohibited drug on the person and it turns out that the search of that person reveals possession of the drug, then that’s our success.”

This level of success is not sufficient for some. For one major national event promoter, who wishes to remain anonymous, the most pressing concern is the gap between the hype and the real results of the program.

“I haven’t seen a reduction in transportations to hospitals since there’s been drug dogs. I haven’t seen a reduction in gang presence at my events. In fact I’ve actually seen an increase. And that’s one of the mandates of the whole sniffer dog act, that it’s supposed to be targeting... I know gangs were mentioned. They haven’t done anything for that at all. As much as I’m all for drug reform and people going out and doing whatever they want, organised crime is a bad, bad world. If I thought that drug dogs were impacting even vaguely on organised crime, I’d think that would be a good thing. But catching a supplier with 110 pills on them is not even touching the gangs out there.

“Last year our publicist was contacted by the Minister for Police’s press department, telling them they were going to be filming the drug dog operation at an upcoming event. I said “What?!” It turned out they hired a TV network to film the good work that the drug dogs were doing. And I didn’t have any legal right to stop them. Luckily that day they basically didn’t get anyone, it was a joke, a complete waste of time. But they ended up doing

the same thing in an event in Melbourne. It just shows it’s all PR. The whole thing.”

Despite the utter failure of the program to achieve its initial objective, despite legitimate complaints of civil liberty violations, despite very real risks to the life and health of many people subject to drug detection dog indications, despite its cost, the program stays in place.

Although not everyone who undergoes a drug detection reports intimidation or harassment, legal services and civil liberties groups continue to receive complaints about police behaviour. “The program is really from the police point of view a public relations exercise only,” believes Stephen Blanks, “and it’s becoming counter-productive. As they expand it they are turning significant sections of the community into people opposed to these sorts of police programs. There’s a real risk that the police will lose the support of large numbers of the community.”

Outgoing NSW Director of Public Prosecutions Nicholas Cowdery recently re-stated his support for the decriminalisation of personal-use quantities of illicit drugs. Stephen Blanks sees support growing for the idea.

“The incoming [State] Government should take note: at the People’s Parliament [a March pre-election forum organised by The Daily Telegraph and held at Parliament House], where Nick Cowdery advocated that position, a vote was taken and the vast majority of the people there supported his position of decriminalisation. When the issues are properly explained to the public, then they can see the sense of rational, evidence-based policies rather than symbolic policies.”

For a long time the powerful PR element of NSW’s drug detection programs has had a strong influence on public attitudes. All PR exercises, however, have a limited shelf-life. The more people are subjected to invasive and embarrassing searches due to often inaccurate dog indications, the louder the calls for this program to end will be.

*Mathew Bates*

\* See story on p 20

# A Dog of a Night

I was at a city nightclub with a group of friends. We started off upstairs, just having a few drinks. Then we went downstairs and set ourselves up in one of the booths at the back of the club. We were just sitting there having a really good time, and I got up to go and dance. As I passed the stairs on the way to the dance floor, I saw boots and then the blue pants of the police coming down.

Then I saw the dogs and I just remember feeling really scared. I ran back to where my friends were and told them that the dogs were coming. I was actually in a safe situation – I did not have any drugs on me. One of my friends didn't have any drugs either and my other friend scarpered. So my remaining friend and I sat down in the booth. We could see the dogs and my friend said, "It's okay, we'll just sit here and the dog will come and go because we're fine."

So we just sat there talking and I kind of pretended they weren't there. Then the next thing I know the dog jumped up over my friend and landed next to me. I started stroking it. Then I realised that the dog had sat down, and all hell let loose.

This woman officer came from fucking nowhere and stood an inch from my face, screaming at me to stand up. She said: "You've been detected by a NSW drug detection dog as being in possession of illicit drugs." So I stood up, and I don't know why it is when you stand up in front of the police – not that that happens to me very often – but my hands automatically went into my pockets. I remember her screaming right into my face: "Get your hands out of your pockets, stand still and straight". She repeated: "You've been detected by a NSW drug detection dog as being in possession of illicit drugs. Do you have drugs on you?" "No." I said. "Have you had drugs on you?" "No," I said. "Have your friends got drugs?" "No." "Have your friends taken any drugs?" "No."

And so with that another two police officers told me that I had to go with them, and that I would be searched. So I got frog marched out of the club, which was an inter-

esting feeling – I felt kind of invisible, that nobody could see me. It was like my worst nightmare, because here I was being frog marched out of the fucking club by these police. When I got to the doorway of the club I asked if I could get stamped out to come back into the club but they refused to let me.

I got taken out to the laneway outside the club and was made to put my arms up against the wall and open my legs, and I was patted down. I had to take my shoes off, my socks off, and they took my bag. It was at that point that I felt really scared. I could see a paddy wagon in the corner of my eye, and even though I knew that I'd done nothing wrong, I felt like they could do whatever they fucking wanted to me, and that I had no right



of recourse. And if I didn't do what they wanted me to do, I'd be in that paddy wagon and down at the police station.

I remember when I was spread eagled with my hands against the wall, saying to the police officer: "I don't understand why I'm up against this wall. And I don't understand why the dog sat down." The officer replied: "It's because the dogs sit down when they smell drugs." "Exactly," I said, "But I'm not in possession of drugs and I don't understand why the dog sat down." She replied: "It could be the seat, it could be because you've brushed up against somebody. It could be a whole range of things as to why the dog sat down."

*Illustration: Tony Sawrey*



People ask me: "Why didn't you say you've got rights and so on?" I consider myself to be a relatively empowered person but let me tell you at this point, if they had told me to do almost anything, I would have done it. The officer had my bag and took my cigarettes out, they had my lipstick container out. They looked through everything. My money was like blowing down the street. And as part of the search I had to lift my top, lean forward, and pull my bra away from me. They were woman officers, but this was on the street, right in view of the queue to the club. It was at that point I said to them: "I feel very uncomfortable about what you're asking me to do and I just want for you to know that I don't agree with having to do that." I wasn't in posses-



sion of drugs but because this dog had sat down I was out in the street, subject to this humiliating search.

Then they asked me for my name and address and I thought if I didn't tell them they'd just say well you'll come with us then, and I really didn't want for that to happen. I asked them what would happen to my name and they said nothing, it just sits in their notes. Thankfully, my friends hadn't come out to join me – I just wanted to deal with it on my own. I felt like I was managing the situation quite well.

Then it was all over and they let me go. I asked for an escort back into the club because they hadn't let me get a stamp. When I walked back in it was fucking

mayhem. There was a queue of people, and the screaming officer was still screaming. And there were all these people coming up to me asking if I was alright, so I hadn't been as invisible as I imagined.

And then they went and the night continued as normal. And my life has never been the same since. Every time I see a drug detection dog, I panic. It's quite debilitating and I'm surprised I haven't since been arrested because every time I see a sniffer dog, I run. I've literally run down Goulburn Street after seeing the dogs coming out the police station and I must look like I'm carrying many, many drugs. Every time I come out of the train station I am fearful that those dogs will be there. Every time I walk around the streets, particularly in the inner-west or in Kings Cross, I am fearful. If I do see drug dog activity I just panic: my heart starts racing at the mere sight of them.

I'm slowly trying to address my fear of sniffer dogs by taking photos of them.

Eventually, in time, I'd like to be able to document what I see with those dogs to be able to do something to stop them. They did nothing in that nightclub apart from causing harm. There would have been people on that dance floor on that night who swallowed everything they had when they saw the dogs, or picked up drugs off the floor that weren't their own later. Or would have double dropped or triple dropped on the dance floor.

Let's face it: all I did was go to a nightclub with friends that night. I don't know of any other social situation where that would occur. So what we see are dogs impinging on our right to simply have an enjoyable evening. I know they say if you're not guilty you've got nothing to worry about, but I was not in possession of drugs that night and I wasn't guilty, and it's not okay for me to have been put through that process. And I consider myself to be lucky that I wasn't in possession of drugs on that occasion.

*Julia*

# Hounded

I got stopped by a pair of coppers with a drug dog in Kings Cross station one day. I rode down the escalator to the dog standing at the bottom. I was not concerned. But, nowhere to go, we collided. The dog sat down.

A cop tells me the dog is interested in me. I say, I can't imagine why, I don't have any drugs on me. But, I say, I have a dog, he's probably smelling my dog on me. That happens all the time. Besides, dogs like me, I say, I am a dog person. I pretend this is a normal dog, not a dog in uniform. I smile at it nicely, but I don't put out my hand.

The male cop starts babbling nonsense about how my dog must be a pot smoker. No, I say. He's a dog. I look at the cop weirdly. But I'm not joking with him, 'cos I don't really like cops. My dad was a senior detective and not a nice one, so I feel about five years old every time I have to talk to a cop.

I admire my husband, who on being king-canined at Redfern station did not even bother to brandish his supermarket bag full of meat. He just said, I don't have time for your rubbish, I'm tired and I'm going home, and walked off. But I am crippled by my childhood and I am stuck fast.

I fume with humiliation as the other passengers stare at me. It's not that I care that they might think I'm a druggie, it's that they can see that I am not the sort of person who people in authority have to respect and treat well. It is obvious that despite my tailored work clothes, nice handbag and glossy lipstick that I am not a savoury person.

The cops want to pat me down. They want me to lift my dress and do a whirl so they can see my undies. I say, I am a fat middle-aged mother who works in an office. Why are you doing this?

They want to look in my bag. They ask me roughly if there is a needle in there. I don't answer. They find my methadone takeaway and their eyes light up. They write down my name. They take my passport and write down all the details in their laptop. They go through my diary, through my phone. They become ruder.

Of course they find nothing. I say I have not smoked drugs for many years and ask them if they're aware drug dealers don't take the train.

The Civil Liberties people think it's outrageous that a dog's opinion should be taken over a citizen's. And the NSW Ombudsman's 2004 Review of the *Police Powers (Drug Detection Dogs) Act 2001* found that while



Illustration: Tony Sawrey

police searched every person indicated by a dog, prohibited drugs were only located in 26 per cent of those searches.

Police continue to believe that 100 per cent are guilty, but some manage to successfully hide or divert their drugs. In the Ombudsman's report, police loyally stuck up for their dogs. One policeman was adamant that his dog was right 100 per cent of the time. This is very nice for the dog, but not so nice for the people who take public transport.

A newly released report shows that dogs are unduly influenced by their handlers. To test their accuracy, a number of drug and/or explosive detection dog and handler teams completed a series of search scenarios. The courses contained no hidden goods, but by giving handlers false information that scents were present in specific places, the researchers were able to determine handler influence. And what do you know, it became clear that handlers prompted their dogs, and the dogs obeyed. While there were mistakes in all the scenarios, many more mistakes were recorded in areas where handlers thought they knew the score and wrongly prompted their dogs, than areas where both dog and handler were acting blind.

I've also discovered that dogs have to be actively sniffing to detect odour, and this means they have to engage in a series of sniffs and then be able to analyse the quality of the odour. Their ability to sniff depends on a range of issues: for example, they can't sniff while panting and are affected by season. They are also sensitive to stress, frustration and the relationship with their handlers. This is such an issue that new technology has been developed, "muzzle to headphones", so that a handler can tell if their dog is actively sniffing or gold-bricking. Apparently it's a complex business to make and keep a dog reliable.

But even if the dogs do get it right, their contribution to the War on Drugs is minimal. Having admitted that arresting end users is pointless and frankly expensive,

law enforcement's strategy is to focus on dealers. Warrants for dog missions are justified on the basis that the focus is on drug dealers. Yet most "successful" dog searches yield only very small amounts of cannabis and most people get off with a warning. Of course, that's better than most places in the United States, where you would be arrested for a flake of cannabis caught in your pocket lint, but it does question the value of the *Drug Detection Dogs Act* in terms of its stated aims and objectives. The Ombudman could not find any successful prosecutions of cannabis suppliers who were identified through drug detection dog operations. Other drugs were even less represented and few convictions were made. No change was detected in the levels of street dealing.

Drug dogs are weapons aimed directly at the poor and the marginalised. The preferred locations target non-whites, low income earners and young people – public transport, streets of certain suburbs, music festivals, dance parties. Dogs are not going to sniff out a top feeder dealer or trafficker in Kings Cross or Redfern station or on the streets of Newtown or Cabramatta. As far as "bang for your buck" goes, if you were looking to make a dent in drug usage or drug-related crime, you would be a dill to put your money on drug dogs. Yet they persevere.

I am frankly amazed that Australians continue to allow this ineffectual Russian roulette approach to crime solving and aggressive intrusion on the privacy of our citizens. Civil liberty must be intrinsic to the justice system.

We are moving closer to drug law reform each year. The first steps must surely be to see all drug consumption decriminalised and to have our personal rights restored so that police require warrants to search our bodies or cars or premises: no "just cause", no humiliating interrogations or searches in public, and no bloody dogs.

*Leah McLeod is the former President of NUAA*

# Everything You Needed to Know About Police Powers and Drug Searches (Well, Almost)

The nature and extent of policing at Sleaze Ball, Mardi Gras and other dance parties has been a hot topic, so perhaps it's time to have a look at what the police have power to do and what your rights are.

The police have a general power of search and seizure. And it is pretty broadly defined with very few safeguards. We will talk about the limits of their powers and your safeguards later, but first, what is the power to search?

A police officer has a general power to stop, search and detain anyone reasonably suspected of having drugs or anything dangerous or unlawful on them. A warrant is not required – and is almost never used. That's very broad, and the only basis required for a search is a reasonable suspicion by the police officer.

What are reasonable grounds to suspect? There must be a factual basis for the suspicion. The police are informed by their guidelines to consider things like the time and location, behaviour and “antecedents” (police speak for whether you have a criminal record, or other info known to police). Would the police have a reasonable basis to suspect you were carrying drugs or something illegal merely because you were going to Sleaze Ball or some other event? Probably not. If the police do not have these “reasonable grounds to suspect”, the search is illegal and any force used will be an assault by the police officer. But you have to go to court to establish that, and you are not going to win if the police find anything on you. Otherwise you may consider a complaint against the police.

Because just being there is not going to be enough to form the basis of a legal police search, they usually get a bit of help - from their canine friends! The police powers law gives it a catchy name, “General drug detection with dogs”. I love this sort of thing – alliteration in legislation!

The police have the power to search for drugs using sniffer dogs at events such as Mardi Gras dance parties. Again it's pretty broad: are you in or around an area where alcohol is sold? Entering or leaving a public event like a sporting event, concert, dance party or parade? Travelling on public transport, or in a station or just waiting at a bus stop? You can be searched with a dog.

The police must ensure that the sniffer dog is under control and that the dog does not unnecessarily touch you during the search. And this part of the law doesn't give police a power to detain you: they can't make you stay in the one spot while the dog sniffs around an area. However, if you leave, the police could try and use that as the basis for the “reasonable grounds to suspect” which we talked about earlier. That is what this is about. If a dog gives an indication of finding drugs, this gives the police reasonable grounds to suspect you have drugs, and they will be entitled to search and detain you.

## **The “Rules” (or what the police should – and shouldn't – do when they search you)**

So what are your rights and safeguards if the police do decide to search you?

First, if the officer is not in uniform, they have to provide evidence that they are a police officer, such as their warrant card. Second, they have to tell you their name and station. Third, they have to tell you the reason for the search.

The police powers law sets out how the police can conduct a normal search, but police only have to comply in so far as is reasonably practicable to do so. There are additional rules for a strip search. Here some rules are mandatory, though even for a strip search some rules are not mandatory and police only have to comply in so far as it is reasonably necessary.



### The following applies to all searches

If the police are going to search you they have to:

- ask for your cooperation;
- tell you if you will have to take an item of your clothing off before the search; and
- tell you why you need to take clothes off for the search.

When they search you:

- the police must conduct the least invasive kind of search practicable in the circumstances – no strip search unless it is actually necessary;
- the police must conduct the search in a way that provides you with reasonable privacy and as quickly as is reasonably practicable;
- unless it is reasonably necessary, no search of your genital area or for females (or female identifying trans and intersex people) no search of your breasts;
- you should be searched by an officer of the same sex;
- you cannot be questioned while being searched;
- the police must allow you to dress as soon as the search is finished.

### Further requirements for strip searches

The police cannot strip search as a matter of policy or use these powers as a matter of course. The police must believe on reasonable grounds that a strip search is necessary and that the seriousness and urgency of the circumstances require it. If the police require you to remove your clothes, other than just outer clothing, they are strip searching you.

A strip search is only a visual search of your body and during the search the police are not allowed to:

- ask you to remove any clothing that is not necessary;
- touch your body;
- search any body cavities;
- search your genital area.

The police must comply with these rules - **they are mandatory**. Though there can be an argument over what clothes are necessary to remove.

Only those police necessary for the search are allowed to be present or able to see you. You must be allowed to dress as soon as the search is finished. The search must be conducted in a private place, where no one of the opposite sex can see you. Only an officer of the same sex as you is allowed to conduct the search. **These rules are not mandatory** – they apply only as far as is reasonably practicable.

All the other rules for searches which I talked about earlier also apply to strip searches.

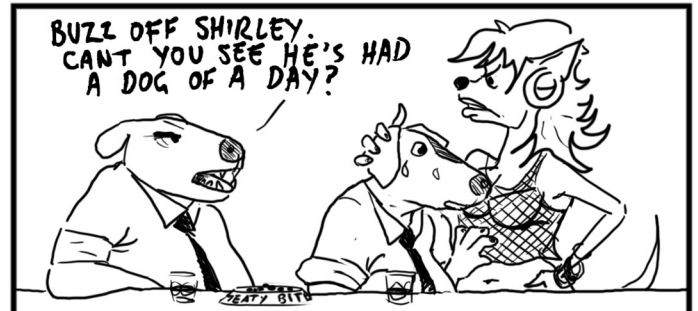
If a police officer believes that you may have drugs, anything dangerous or illegal in your mouth or hair they are allowed to ask you to open your mouth or move your hair. But for any other search of a body cavity, the police need to have either your consent or a court order.

*You can tell this column is written by a real lawyer because it comes with a disclaimer: this article is general in nature and is not intended as legal advice! The Inner City Legal Centre provides free legal advice to the GBLTI community and to disadvantaged people in the inner city area.*

*If you need legal advice in relation to how the police have dealt with you, you can make an appointment by calling us on (02) 9332 1966. Thanks to Georgina who contributed to this article.*

***Roslyn Mayne is Principal Solicitor at the Inner City Legal Centre. She has been both a Crown Prosecutor and a Senior Criminal Defence Advocate with Legal Aid. This is an amended article first published in the Sydney Star Observer.***

# ON A HOT LEAD WITH A COLD NOSE



KENNEL DOORS OPEN,  
BIG BOY.



POOR HERB.  
TOO MUCH COKE.  
DETECTION TRAINING



ANOTHER GOOD  
OFFICER. REDUCED  
TO A PANTING  
WRECK.



THEM'S THE DANGERS RAY.  
COULD HAPPEN TO  
ANYONE OF US



DISCRACED. TURNED OUT.  
NOTHING LEFT BUT TO CHASE  
STICKS LIKE SOME FAILED  
GUIDE DOG.



WELL, IT MIGHT BE SOON.  
HAVENT YOU HEARD?  
HEARD WHAT?



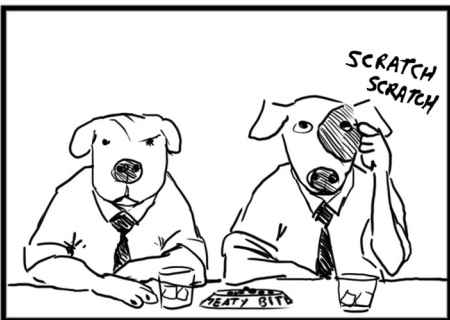
CIVIL LIBBERS WHINGING ABOUT  
CITIZENS' RIGHTS. WE MIGHT  
BE OUT OF A JOB



CIVIL LIBERTARIANS. YOU KNOW  
THEY HAVE A PARTICULAR  
ODDOR DONT YOU?



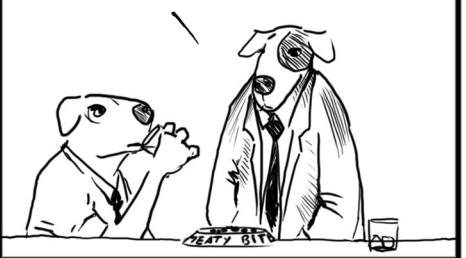
YES, I'M SURE THE CHIEF WISHES IT  
WAS AN ILLEGAL ONE SO HE COULD  
LOCK THEM ALL AWAY!



MATE, I'VE GOTTA GO.  
FUTURE MUSIC  
FESTIVAL?



NO, THE WIGGLES.



LATER  
LATER



I HATE THIS  
JOB...



# Over the Horizon Travelling Without Handcuffs

Travelling can seem an unattainable dream for many of us who are using or who are on pharmacotherapy. Sometimes we can't afford it. Sometimes the thought of it is panic-inducing.

The idea of hanging out in a faraway place stops many people from travelling around the country, let alone the world! On the other hand, many others try to travel and "do the right thing" by organising pharmacotherapy in advance – only to have some crisis hit them: the script, the clinic, the doctor, the doser or the dose itself, leaving them hanging out, high and dry – well not high, but certainly dry.

Whether on pharmacotherapy or using illicitly we often establish a comfort zone: we know what is coming and we are fairly organised to minimise the chances of getting sick. The fear of being outside this comfort zone stops many people from travelling. We usually have to battle long and hard to get to a place where we can manage our drug use even a little bit, and the idea of leaving that and landing in unfamiliar places can cause considerable unease.

## Travelling on pharmacotherapy

The first question for travellers who are on pharmacotherapy is: do you get take-aways or do you arrange dosing through a clinic or chemist at your destination?

Arranging transfer doses means you need to be where you say you'll be – which destroys spontaneity and means you are at the mercy of fax machines and different rules, especially when going interstate or – shudder – overseas. On the other hand, it is safer in terms of losing or spilling doses.

The key is planning ahead. Don't leave it to the last week – none of the wheels turn fast enough for that to work! Put together an itinerary of when and where you'll be. Include a contact address and phone number for each destination. Then make sure that the paperwork has been correctly processed by your clinic or doctor. Ask them to double-check with the host chemist or clinic before

you leave. Keep a record of the address, phone number, fax and opening hours of the place you will be getting dosed, and of your clinic or doctor. Finally, if you can, go to the host dosing point at a time when you know your own home doctor or clinic will be open. This means that if there are any problems they have a better chance of being ironed out.

If you get take-aways you'll still need to sort a few things out. Your doctor may request a copy of your plane ticket to add to the paperwork sent to the Department of Health (often notified if we are travelling and/or getting extra take-aways). Ask your doctor to provide a letter with her/his details, stating that you are a patient, that you are stable and the dosage and quantity of take away doses you will be travelling with. Make copies and carry one with you whenever you have your doses on you – especially when going through customs or crossing state and provincial borders. If you are at a private prescriber and/or doser you will probably have to pay in advance.

The first time I travelled on methadone was a disaster. I was going home suddenly for a funeral. I managed to get a script with about five extra take-away doses, all liquid methadone. I hadn't travelled before on 'done and airport security was tightening after 9/11. It may seem strange now but before 9/11 you often didn't have security checks leaving the country. (I've known people who took shots onto planes. That's changed now!) I was paranoid because of a new rule about the amount of liquid you could carry onto the plane. Necessary prescriptions are allowed but I didn't know that then. I didn't want any stress or embarrassment at the X-ray machine so I packed the methadone in my toilet bag, which went in my checked-in luggage.

It was late night at the other end. For some reason immigration must have got the wrong idea about the amount I slept on the way over, and I was fingered for a search. I wasn't too worried as I had my doctor's letter. As the customs official spoke to me I let him know I had methadone in my bag. This interested him but he



was okay about it – I thought. He did let me know that I should have declared it, which I hadn't. Then he said he was going to do a swab of my bag and wallet and so on to see if he could find traces of drugs. He opened my toilet bag and my face drained of colour as I saw red liquid spattered all through the white toilet bag. The biodone bottles had burst. I had potentially lost all my 'done. I think I whimpered.

To avoid this particular disaster recurring, I request and receive physeptone tablets each time I fly for any length of time. Physeptone are methadone tablets and don't spill everywhere due to air pressure. One does have to pay for them and get them from a chemist, but if you are a private patient the cost is similar.

#### **Harm reduction and using elsewhere**

For various reasons, not the least of which might be spilling your doses, you might end up using and/or injecting whilst away from home.

It can't be stressed enough: some countries enforce the death penalty, even just for possession. Check out the attitude of your destination's government well before you travel. Most countries have websites dealing with immigration and customs rules and you should become familiar with them. Ignorance is not a defence.

Scoring and using in many countries is a potentially dangerous thing to do in legal terms, but there are also the usual risks of using illicitly. On one hand it's not unusual to get ripped off. On the other the strength of drugs, heroin in particular, can vary dramatically. Be especially careful if you haven't used in a while or if you are by yourself. If you decide to use overseas, take small doses and give yourself time to assess how strong it is.

Needle and syringe availability varies around the world. New Zealand has a similar system to Australia, except that it is largely an exchange system only. Many NZ chemists also sell fits. In fact chemists are the usual first port of call when looking for sterile equipment no matter where you are. Sterile water is an issue to be aware

of, particularly in some developing countries. Bottled water is cheap but is not filtered to be safe for injection (this is also true of Australian bottled water, of course) and there's no guarantee it isn't simply tap water.

If using tap or bottled water try to boil it first.

Back to my nightmare trip: the customs officer was about to swab for traces of opioids etc. Well, it wasn't difficult to find with three doses of methadone spilled through my bag. What surprised me was that he also found cocaine. I hadn't touched that stuff for about three years but when I did have it I kept the wrap in my wallet. Three years later their machine found traces of it! These traces gave customs the right to undertake a strip-search. It doesn't take much to get you a strip search: a legal medicine and some ancient history in my case. So do your washing before you travel, maybe buy a new wallet and think about anywhere illicit or even legal drugs may have been, and avoid taking these articles with you.

I didn't even bother trying to get my spilled doses replaced. I knew that even if it were possible, the bureaucracy would keep me away from the point of the trip – the funeral. Instead I worked out what daily dose I would be able to have if I split the leftovers up evenly. It wasn't pretty so I made a few calls and spent a bit of money before I left the city for the funeral. It turned out that finding illicit drugs and diverted methadone through friends was more efficient than any government pharmacotherapy scheme, even in a legitimate emergency with a customs official as witness. It's ridiculous, but it's the world we live in. So when you travel with pharmacotherapy, keep it close and be prepared.

Despite past dramas, I can travel and see the country and the world whilst having an opioid dependence. I may have had to hang out on more flights home than I would like, but it's worth it not to feel handcuffed to a clinic or a dealer.

*Community Programs Team*

# ICE TRAIN!!

“Cameron! Wake up, wake up!”

This is how I awoke on a December morning in 2009. It was the police, and they had a search warrant. I still thought I was dreaming and didn't register the enormity of what was occurring. Pinch me please, this cannot be how I was going to be brought to my knees by the Ice Train I had been riding for the last 11 years. But it wasn't a dream. I raced toward the fridge which had my half ounce of meth in it when I was greeted by the smiling, menacing figure of Detective Gaines, who had raided me four times over the years. It was too late – he finally had me where he wanted me, by the balls with nowhere to go. Fuck – if only I hadn't been shooting a cocktail of ice and LSD all week, hadn't been so scattered after seven days without sleep, hadn't had my blathering paranoid mind silenced with 900mg of Seroquel the night before I might have moved my stash from the fridge. An unfathomable wave of “what ifs” were smashing through my head like a waterfall of nails tearing at my insides.

I was now royally fucked, the cocky “you can't catch me” kid silenced by the local constabulary. They soon found the half ounce of meth, three ounces of pot, five LSD trips and the two \$1000 bundles. I had wrapped them up

the night before, ready to bury out the back, but the Seroquel kicked in before I could get my paranoid self to go outside (someone's watching me, babe!). Well, someone was surely watching me now: the fat, smug head of Mr Gaines (and his even fatter detective mate Black). My arch enemies. I felt sick.

My heavily pregnant wife sat on the couch, arguing with Gaines that the money was hers. Thatagirl, baby – well trained, the perfect drug dealer's wife. Deadly good looks, the spirit of a tiger, a tight lip and a “no comment” attitude. But when I looked at my five-year-old and knew I was going to miss her first day of school, my heart broke. Finally the enormity of the Ice Train hit me like a speeding locomotive sending me skittling along the tracks.

After four days in Bathurst jail I managed to put up a hefty bail of five grand and got out. I started 2010 with a resolve to stop using and get things sorted out for my girls before I went back to jail. But the Ice Train hadn't finished with me yet. I gave in to my nagging habit and got back on. The paranoia was so bad that I started using heroin along with my ice to calm me down so I could focus on what was important – selling enough drugs to keep my ever-so-hungry arm full of the energising ice.

I awoke from another Seroquel-induced sleep after an eight day binge. I longed to be off the train, just to sit peacefully on the platform with my beautiful girls. But I knew I couldn't do it alone. I sat and watched the dawn sun wash over my five-year-old's face. She looked angelic and I dreamt of being the father she loved so much. Freedom from drugs beckoned me and I decided to go to rehab.

Four months of intensive 12-step based rehab went by and I'm still clean. I ended up getting 18 months prison, with nearly seven months up now. By the time I get out I'll have been drug free for two years. Narcotics Anonymous and the 12 steps have freed me from the steaming train. I recommend to anyone wanting freedom from the soul destroying disease of addiction to give it a try. New horizons await and life beckons me. I walk and feel the wind on my face, sun on my back and know I'm alive. I am now free, even in the confines of my prison cell.

Cam

Illustration: Bodine



# JOBS FOR JABS

I had been stable on the same dose of methadone for many months and was running the kitchen of a successful café in Melbourne when the opportunity to move to the warmer north coast of NSW came up. The only problem was that I needed to find a replacement to take over my job as my employer didn't have a good grasp of English and western culture. I had been keeping to myself in Melbourne to stay out of trouble. So the only people I knew well (or thought I knew well) were the few people who I chose to associate with at the chemist where I was dosed. I didn't know it yet but I was about to learn a valuable lesson in discrimination and friendship. The entire time I had been attending the chemist I was very careful about the people I associated with and really thought I had all the other methadone clients sussed.

There was one woman who I had gotten to know reasonably well who was also a chef and on the methadone too. I thought that like me she had left drugs behind and was focussed on recovery. She looked, sounded and acted like a model methadone client, not like some of these other deadbeats, I thought. So I asked her to come in for a trial to see if she could handle the job. The trial went well and I arranged for her to start the following week. She was very thankful to have the job and I was happy to have a suitable replacement who I thought I could trust to look after the kitchen. On her starting day which was also my final day on the job, she came into the café and said, "Thank you so much for the job. I've got a present for you." She then opened her handbag and pulled out half a dozen needles loaded with smack.

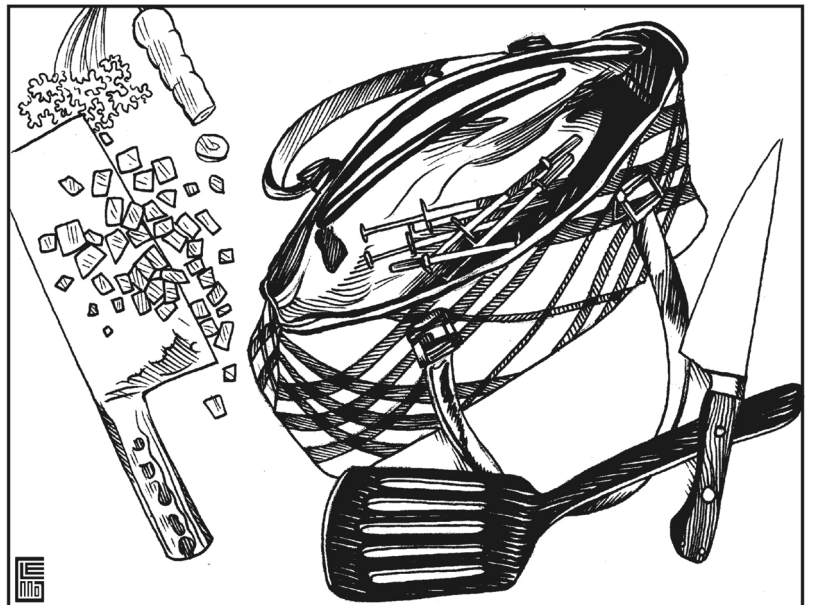
Having been clean for so long and taking every effort to stay away from people and places where I knew I would be exposed to this type of temptation I was shocked. But when I laid my eyes on the mesmerising light brown liquid in those pins that old familiar craving for a taste came flooding back. I knew it would be excellent gear so I took the pins and put them in my bag, trembling with excitement. My old self took over and instead of doing the right thing I said nothing to my boss and allowed the show

to go on. Once the adrenaline and shock of the situation wore off I realised I had made a terrible mistake – if this woman had lied about her using how could I trust her to be honest with my boss and his money? It dawned on me that I had been judging all those other "deadbeats" at the chemist in exactly the way I had resented being judged myself. And the one who was to pay the price for my discrimination was my old boss – he ended up having lots of trouble with the employee I had vouched for and fired her after finding her passed out with a needle in her arm in the staff toilets.

By having such a closed mind I had ruined a man's business (the café closed down soon after), befriended a dishonest person and worst of all arrogantly dismissed and ignored a lot of potentially great people based on little more than physical appearance. I felt like such a hypocrite but learned a valuable lesson.

These days I take the time to give everybody, no matter how they look or speak, a chance to show me who they really are instead of judging straight away. Oh and by the way, I threw those six hits of smack into a needle bin and it felt great.

*Luke*



*Illustration: Glenn Smith*



# NEEDLE AND SYRINGE PROGRAMS IN RESTRICTIVE SWEDEN

*There are as yet no official NSPs in Stockholm, the capital of Sweden. A final decision is soon to be taken and it's expected that the first NSP is to be opened late this year. Martin Kåberg, a doctor of Drug & Alcohol and Infectious Diseases in Stockholm and appointed to be the medical director of the future NSP, gives his view on the matter.*

There are no official NSPs in Stockholm yet. Even though Sweden, in 1986, was one of the first countries in the world to introduce a NSP to prevent the spread of HIV among people who inject drugs, the National Board of Health and Welfare quickly prevented further implementation and since 1987 there have been only two NSPs in Sweden, both located in the very south county of Skåne, and situated only 20 kilometers apart. In the rest of the country there is no legal way to access needles and syringes as the sale of all drug paraphernalia has been banned in Sweden since 1967.

After 20 years of ongoing debate, a law was instituted in 2006 that makes it possible for every county, in consultation with its municipalities, to start NSPs.

Due to Sweden's zero tolerance policy on drugs, the idea of NSPs is still controversial and therefore there has been no full-scale implementation. There are also severe limitations in how NSPs are run in Sweden, making them a long way from international best practice.

Swedish laws regulating NSPs state that you:

- have to be over 20 years old
- have to show ID
- have to live in the county
- can't be in treatment (rehab or on maintenance)
- have to exchange all needle and syringes one-to-one.

The law also states that all needle and syringes should be marked, and thus be traceable back to its origin NSP. This was shown to be impossible in practice and the existing NSPs got exemption from this.

Since 2006 only one new NSP has opened in Sweden, in late 2010, yet again in the county of Skåne.

It's estimated there are 30,000 injecting drug users in Sweden, and approximately 8000 of them are in Stockholm. A recent investigation on injecting drug use in Stockholm concluded that a needle and syringe program is needed there to prevent the spread of HIV and hepatitis, and also to provide easier access to detox and maintenance treatment. The proposed needle and syringe program is, due to political compromises, burdened by further limitations – limitations that don't benefit the supposed clients of the program.

The future NSP in Stockholm is planned to be a "four year trial" and then evaluated for possible continuation. The further limitations are that one, and only one, fixed site will provide clean needle and syringes for Stockholm's 8,000 injectors and will have limited opening hours.

A study from 2007 indicated that the risk behavior among Stockholm's injecting drug users is very high, with among 80 per cent of the participants sharing needles or other paraphernalia. Another study showed that a syringe will be used more than five times in 85 per cent of the cases and more than 15 times in 46 per cent of the cases. It's no surprise that the prevalence of blood-borne viruses is high in Stockholm. The prevalence of HIV among injecting drug users in Stockholm is 7-11 per cent and the level of hepatitis C is saturated at 86-89 per cent. A 2005 study showed that only nine per cent of Stockholm's injectors were vaccinated for hepatitis B, indicating that even though hepatitis B vaccinations are free, we have problems reaching out to injectors.

In 2006 Stockholm's drug users union, Brukarföreningen, opened an unofficial NSP, run without funding and by volunteers from the union. Even though Brukarföreningen is doing great work, the service is limited by budgets

and the fact that distributing needle and syringes is hard to get by legally. This means that only a limited number of needle and syringes can be exchanged – at the moment only two at a time – and sometimes they run out of needle and syringes to distribute.

A 2009 study of the participants of the unofficial NSP showed that the prevalence of HIV was as high as 11 per cent. It also showed that the age of people's first injection was below 20 years for 60 per cent of the participants and also that 40 per cent had ongoing drug and alcohol treatment (89 percent of those were on methadone or buprenorphine). This clearly indicates that the rules surrounding NSPs in Sweden will exclude active injecting drug users at risk of acquiring HIV and hepatitis. The effect of having to show identification needs to be evaluated further, but will possibly deter potential clients.

So, is the future needle and syringe program in Stockholm a mission set up to fail? As a person who has been fighting for a needle and syringe program in Stockholm for a long time, I still choose to view it as a positive step forward. It is definitively a great change in the view of harm reduction and as a country that really lags behind, we need to start somewhere. The laws surrounding NSPs in Sweden put great limitations on their operation, but over time I'm positive that we can change this for the better for injecting drug users in this country.

*Martin Kåberg MD*

*Karolinska University Hospital, Stockholm, Sweden*

## 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.

# THE DEALER ALWAYS WINS

It started when my girlfriend and I moved in with Paul. He was a pot dealer, small time, tenners and 20s.

There was a problem with this dealer. Unlike people who sell gas, who are up all hours, Paul was never awake when you needed to score. (Sounds familiar, hey?) He slept in every fuckin' day and stayed up all night. Not good business hours. I was turning people away all the time when they came come to score in the morning.

Something had to give. My girlfriend was a chronic bong head and I was running up a daily credit account, just getting 20s and 50s on tick. It wasn't the best way to pay for our habit, but it kept me and the missus smoking.

Paul's supplier was Don. He'd come around daily, and we became friends. I was getting jacked off from waiting for Paul to get out of bed so I could get on, having to put up with whingeing customers wanting to score and running up credit. I thought fuck it, if I had a bag of mull I could pick up the sales Paul missed. Don had known me a few months, so the next time I saw him when Paul wasn't around I hit him up for an ounce on tick. By this time he knew me well enough, and blow me down, he did it. Every day I sold at least an ounce in foils before Paul woke up.

After a week or so Paul worked out what I'd been doing (only 'cause the customers were asking for me and my deals). We came up with an agreement so that a fair profit could be made for us both. Business went on. After a few months things were great, even comfortable. I was in advance. With some of the earnings I bought a HQ Holden off main man Don – he sold it to me for an ounce.

In the drug scene there's always someone who's never cashed up, who always comes around trying to make some sort of deal. Our someone was Mick. With all his

stolen goods. He tried to palm off everything from whisky to whipper-snippers.

This particular day he'd gotten a near-new \$7000 you-beaut high-performance motorbike. He'd stolen it from a car yard a five minute walk away. He planned to get a fair quid for this little earn, but he was wrong, real wrong. All he wanted was a couple of ounces for his trouble. I wasn't keen on having a stolen bike I didn't know what to do with. So I turned it down. That arvo he came back with a new offer: one ounce for the bike. Over the next few days this scenario replayed over and over, each time with a smaller price tag. In the end his price got down to a \$20 foil, so I helped him out and gave him the bloody deal. There was one catch: for that price he wasn't going to retrieve it from its hidey hole.

Don and I went to the location of my purchase, and not knowing much about high tech bikes I figured out how to unlock the steering and turn the ignition on. First kick it fired, then nothing. It wouldn't start. I was right in the middle of town and couldn't get this

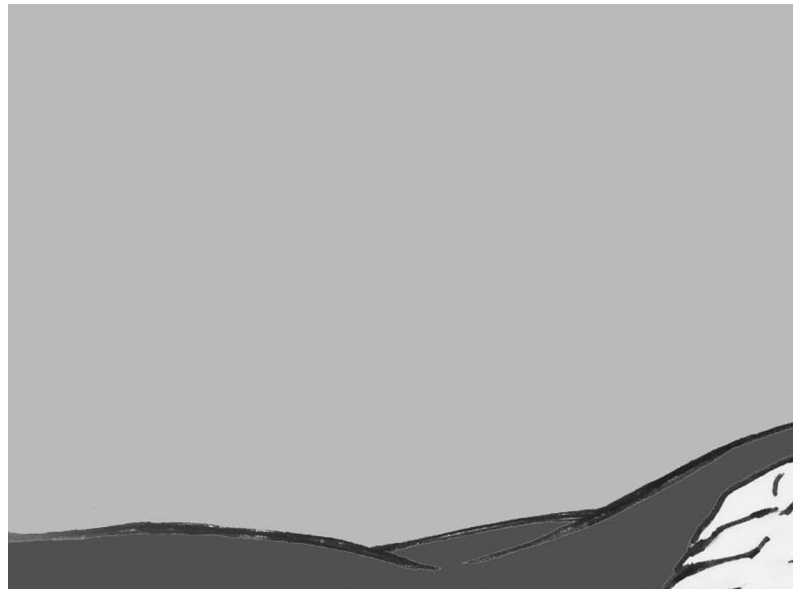


Illustration: Bodine

red hot stolen bike started. I clutched it, pushed it, kicked it, all to no avail. After all of this I turned the key off, then on again, I heard the electronics on the bike reset, ready to start again. The very next kick it started. Off home I zoomed, no helmet, nothing. I took it out for a gauntlet run every now and then.

Not long after this I got my compo claim I'd been waiting for (I was run over by a bus). I moved out, bought a caravan, hid the bike at my olds' and was still scoring off Don.

A couple of years passed. Don did some prison time. When he was released he came to see me. I still had the bike, and yep, it was still at the olds'. Don asked if I'd sell it and for how much. I said "an ounce, the same price you sold me the HQ." The deal was done.

Don fucked around with the bike for a while then stripped it down to every last nut and bolt. Knowing the numbered frame and engine block were the parts that could bring him undone, he planned to dump those parts.

On the mission to rid himself of these items, the box trailer tailgate opened while he went through a roundabout. The evidence came flying out, landing in the middle of the road. In his fluster over his unwanted loot, he looked up to see a paddy wagon approaching from the other direction. He abandoned his goods and got the fuck out of there, giving the cops an easy find.

Months went by. One day in the local rag there was an ad for a police auction. You guessed it, the ad listed one motorcycle frame and one engine block, cleared by insurance! These once tainted items were now legit, legal and at Don's disposal.

Don went to the auctions and picked up his prized possessions for a song. After putting it all back together he registered it and sold it for a tidy profit of about six grand.

This pissed me off somewhat.

*Wild Billy*





# Losing More than You Gain

I started smoking pot at 14 and soon afterwards my good old dad, who was a drug dealer, introduced me to a little white powder called heroin. He gave it to me to sell to my mates but instead, being young and curious, I decided to try it for myself.

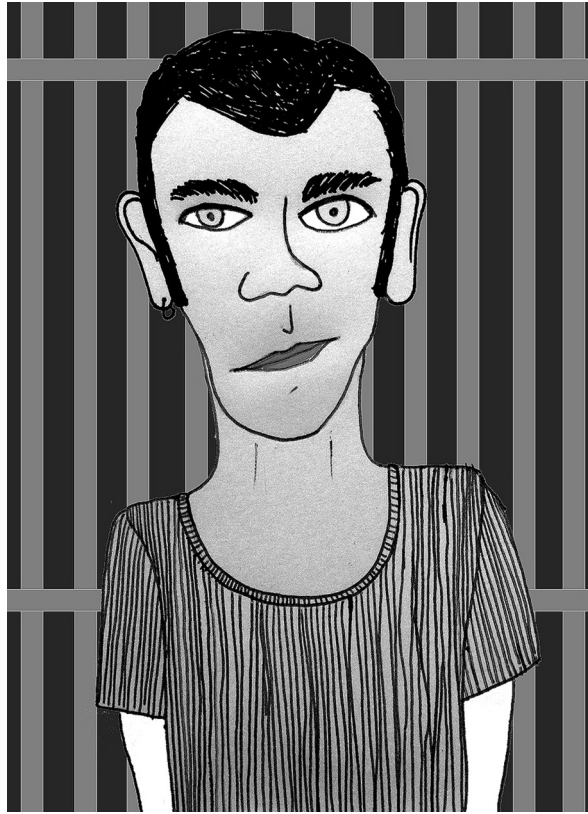
I'll never forget that first time I chased the dragon – it was a feeling that only a user would understand.

Well it didn't take me too long, maybe about four months, before I was introduced to my soul mate, a one mil fit, and from then on my life changed forever.

By the time I turned 19 I had a full on habit – in the morning I'd wake up looking for my shot before anything else. I was out there doing some pretty hectic stuff to get money for gear and my relationship with my family had fully deteriorated.

In 1989 I got pinched for an armed robbery and ended up doing four years in jail. Since then I have spent the past 16 out of 22 years locked in a cage for a variety of offences. In December 1997 my younger brother died from a heroin overdose, which crushed me and still does today. I should have stopped using then but instead it made me a lot worse. It's like I gave up on life and didn't care any more. Plus it never helped that my loving family blamed me for his death (which I had nothing to do with).

I did more jail and it got worse each time. Then in 2004 I met a very pretty woman who I got to know inside out. She was stauncher than anyone I'd ever met. We began a relationship and not long after we had a beautiful girl. But my habit got the better of me and I found myself in jail yet again.



Even though our relationship slowly faded away we still remain best friends as she is probably the only person I've ever connected with. When I got out in 2006 we hooked up again and she fell pregnant with our second daughter, who was born in 2007. But she was taken away by DoCS from the hospital at two days old and fostered out straight away, so I never met her.

In 2009 I was sent to jail yet again for armed robbery. I was lucky this time as I only got five years. I have two years to go now and I'm trying to sort my life out but it's pretty hard when you have no support. I've done many alcohol and other

drug (AoD) courses and I understand that I must give it up, but it's hard to change when you've done the same shit most of your life. Ultimately I'd love to help out young offenders, try and teach them that if they stay on their current paths they will only find themselves in my shoes at my age and that no matter how great the feeling of them little white rocks, in the end they only take from you.

Last year I was elected onto the NUAA Board of Governance. I only hope this gives me the opportunity to change my life, as so far it's been full of heartache and pain and I've missed out on so many opportunities and quality time with my daughter. So if any of you young soldiers want some good advice, get a trade and work hard as this prison life is so full of shit. You'll lose more than you gain, my brothers...

*Kosta*

*Illustration: Rose Ertler*



**SHORT STREET SEXUAL HEALTH CLINIC, KOGARAH: 02 9113 2742**  
**UPZONE YOUTH HEALTH CLINIC, HURSTVILLE: 02 9570 9678**  
**SUTHERLAND SEXUAL HEALTH CLINIC, CARINGBAH: 02 9113 2742**

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- Treatment & counselling
- STI & HIV information
- Free condoms & lube
- Interpreters are available on request
- No Medicare Card required
- No referral needed
- Hepatitis A & B vaccinations

SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH

# NSP Pharmacies in NSW

*Jim Tsaoucis is the Needle Syringe Program (NSP) Field Officer for the NSW Branch of the Pharmacy Guild of Australia, and in 2010 travelled over 21,000 kilometres across NSW signing up new pharmacies to the Pharmacy NSP program.*

I have been a pharmacist since 1980 and have been involved with the Pharmacy NSP (or Fitpack) program in almost every pharmacy I have worked in since it began operating over 20 years ago. I have had many and varied experiences with clients who use pharmacy NSPs, and am proud to have been involved in this necessary and worthwhile program.

My basic role is to liaise with pharmacies in NSW around NSP issues. With pharmacies that already do NSP I check their progress, make sure they have the resources they need, answer any concerns and fix any problems they may have.

If pharmacies are not already doing NSP I encourage them to take part by offering training and other resources.

There are around 400 pharmacies in NSW which provide NSP (as well as several which just sell equipment as part of their normal business). Part of the NSP is the collection and safe disposal of used equipment, which greatly reduces the risks to the public. Participating pharmacies also collect and safely dispose of used equipment.

During the 2009-2010 year over 1,322,314 used syringes were safely disposed of through community pharmacies.

For every dollar spent on NSPs, the community saves about \$27, through health system savings and prevented lost productivity in the business sector. Every 5-pack handed out by a NSP worker contributes about \$100 in savings to society.

In 2010 I visited pharmacies in the Far North Coast, Central Coast, Wollongong, South Coast, Central West, South West and various parts of the Sydney Metropolitan Area. Of the 731 pharmacies I visited, approximately 200 were already on the program and a further 103 pharmacies joined the program.

Most pharmacies should have a red and white arrow sticker in their front window indicating they provide the Fitpack service.

## **Jim Tsaoucis**

*To find your nearest pharmacy participating in the Pharmacy NSP Scheme call ADIS on 9361 8000 (Sydney) / toll-free 1800 422 599 (outside Sydney).*

*Some NSP pharmacies are also listed below.*

Pharmacy Name	Address	Town/Suburb
Terry White Chemist Albury	543 Dean Street	Albury
Hannon's Mount View Pharmacy	2A Chestnut Avenue	Armidale
Moodie & Blomfield Pharmacy	165-167 Howick Street	Bathurst
Bellingen Pharmacy	70 Hyde Street	Bellingen
Towers Drug Co.	32/36 Oxley St	Bourke
Bill Williams Chemist	47 Walker St	Casino
City Centre Pharmacy	Shop 10 City Centre Mall, Gordon Street	Coffs Harbour
Guardian Moonee Beach Pharmacy	Moonee Beach Shopping Centre, 10 Moonee Beach Rd	Coffs Harbour
Northside Whole Life Pharmacy	Shop 16 Northside Centre, Park Beach Road	Coffs Harbour
Jetty Village Pharmacy	Shop 24 Jetty Village Shopping Cntr, Harbour Drive	Coffs Harbour Jetty
Miegel's Pharmacy	54 Sanger Street	Corowa
O'Donnell's Pharmacy	65 Wingewarra Street	Dubbo
Forster Amcal Chemist	49 Wharf Street	Forster
Blooms The Chemist Goulburn	216-220 Auburn Street	Goulburn

Pharmacy Name	Address	Town/Suburb
Blooms The Chemist Grafton	Shop 24 Grafton Shoppingtown, 43 Duke Street	Grafton
Blooms the Chemist Griffith	222 Banna Ave	Griffith
Priceline Pharmacy Griffith	292 Banna Avenue	Griffith
Gundagai Pharmacy	114 Sheridan Street	Gundagai
Karen Carter Soul Pattinson Chemist	2258 - 260 Conadilly Street	Gunnedah
Inverell Pharmacy	132 Byron Street	Inverell
Harriott's Amcal Chemist	Shop 5 Kempsey Mall, 33 Belgrave Street	Kempsey
Kingscliff Pharmacy	84 Marine Parade	Kingscliff
Terry White Chemist Lavington	Shop 4-6 Centro Lavington, Griffith Road	Lavington
Dowley's Pharmacy	113 Pine Street	Leeton
Lismore & District Pharmacy	60-62 Magellan Street	Lismore
Terry White Chemists Lismore	Shop 12 Lismore Central Shopping Cntr, Carrington St	Lismore
Blooms The Chemist Lithgow	Shop 44 Valley Plaza, Lithgow Street	Lithgow
Milton Chemmart Pharmacy	75 Princes Highway	Milton
Moree Pharmacy	64 Balos St	Moree
Moss Vale Soul Pattinson Chemist	412 Argyle Street	Moss Vale
Spruces' Pharmacy	16 Church Street	Mudgee
Greg Mapp & Paul Hession Ph'cy	14 King Street	Murwillumbah
Nambucca Plaza Pharmacy	Shop 15 Nambucca Plaza, Pacific Highway	Nambucca Heads
Priceline Pharmacy Nambucca Heads	24 Ridge Street	Nambucca Heads
Narrabri Pharmacy	119 Maitland Street	Narrabri
Mulhall & Graham Pharmacy	125 East Street	Narranderra
Nimbin Village Pharmacy	56 Cullen Street	Nimbin
Blooms The Chemist Nowra Mall	Shop 25 Nowra Mall, Kinghorn Street	Nowra
Old Bar Beach Pharmacy	Shop 1 (next to Post Office) 48 Old Bar Road	Old Bar
Prumm's Family Chemist	20 Quondola Street	Pambula
Priceline Pharmacy Port Macquarie	36 Horton Street	Port Macquarie
Amcal Chemist Queanbeyan	Shop 1 21-25 Monaro Street	Queanbeyan
South West Rocks Pharmacist Advice	4 Prince Of Wales Avenue	South West Rocks
Howles Pharmacy	Shop 35 Shopping World, Bridge Street	Tamworth West
Terry White Chemist Taree	Shop 9b Taree City Centre, 60 Manning Street	Taree
Blooms The Chemist Toormina Gardens	23 Toormina Gardens Shopping Centre	Toormina
Great Lakes Pharmacy	Shop 1-4 Tuncurry Plaza, Manning Street	Tuncurry
Tweed Night & Day Pharmacy	Shop 8 97-99 Kennedy Drive	Tweed Heads West
Blooms The Chemist Sturt Mall Pharmacy	Shop 13 Sturt Mall, Baylis Street	Wagga Wagga
Turvey Tops Capital Chemist	3 Turvey Tops, Fernleigh Road	Wagga Wagga South
Wallerawang Pharmacy	60A Main Street	Wallerawang



# Users Etiquette

With Su-Su Suzuki!



HEY BOYS!

MISS ME...?

ETIQUETTE IS ALL THAT DIVIDES US FROM THE ANIMALS.

CASE IN POINT: MANY MOONS AGO... I FOUND MYSELF IN THE BRUTAL GRIP OF A HEROIN HABIT- I TRIED SO VERY HARD TO QUIT...



BUT THE HANGING-OUT REACHED CRITICAL... I COULDN'T SLEEP. I COULDN'T THINK... OF ANYTHING ELSE.



ADDICTED.

UNBALANCED CHEMISTRY.



I GOT IT BAD. IT WAS TOO MUCH. I NEEDED TO SCORE...

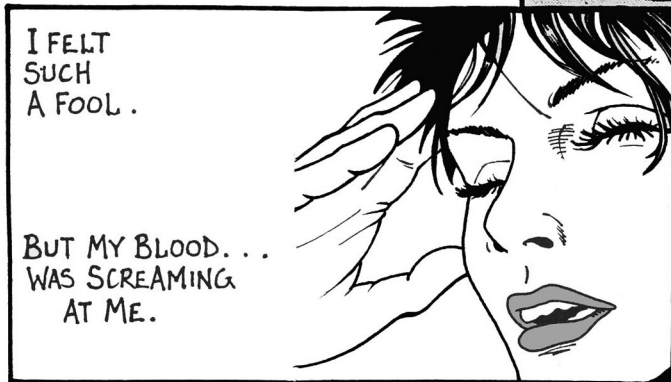
ONCE AGAIN.. THE GAME WAS AFOOT.



I HIT THE STREET.

FAILING..

DYING INSIDE.



I FELT SUCH A FOOL..

BUT MY BLOOD... WAS SCREAMING AT ME.



HEY SU-SU! I GOT THIS KILLER SPEED!

Ah. I'M LOOKING FOR SMACK.

- Oh YEAH? I GOT SOME OF THAT TOO!

YEAH? GROOVY.



I RUSHED HOME. I DID THE DEED.  
- I KNEW MY FATE, - ALMOST INSTANTLY.

HE'D GIVEN ME SPEED...

SPEED!

IT WAS SHOCKINGLY + MADLY PAINFUL...

SURREAL.

AND AWFUL ETIQUETTE.

NIGHTMARISH.



IT TOOK ME 4 MONTHS TO TRACK HIM DOWN...

YOU UTTER PRICK!  
YOU SOLD ME SHITTY SPEED!

YOU LIED TO ME.



... A WISE MAN ONCE SAID:

"VIOLENCE IS THE LAST REFUGE OF THE INCOMPETENT."

I USUALLY AGREE WITH HIM. - I MEAN, VIOLENCE-IN-PUBLIC IS NEVER GOOD MANNERS...



- BUT NEITHER IS SCREWING PEOPLE OVER!

LITTLE BITCH.

THANKING YOU FOR YOUR RAPT ATTENTION - Bo.



# A Night to Remember

I live in the Hunter region in NSW and I discovered drugs when I was 17. I smoked pot, did trips, bulbs and speed. I started injecting drugs with a little help from my friends when I turned 18. I had my first shot of heroin at 21, and finally I had found my favourite drug. I took it as much as I could as often as I could.

I managed to use and hold down a full time job for four years. All this time I was convinced that I was in total control of my drug use. I was totally missing the point that it was controlling me.

With a \$25 a day habit, working my "straight job", a friend introduced me to prostitution. When I found out I could earn in one night the same amount I was earning in a 38-hour week, I honestly thought I had found the most excellent job, which would enable me to pay for my dope and also increase my daily drug intake.

I was in heaven.

I worked as a sex worker for the next seven years.

I assumed that if I worked in a legal parlour that I would have anonymity and be safer than working privately



*Illustration: Sophie Holvast*

or on the street. By 2001 I was living in the parlour. I was so engrossed in using that I had been evicted from my one bedroom flat. I was at the lowest point in my life, depressed and taking my anger out on all of my clients. My work had decreased and I was not getting enough money to support my now \$600 a day habit.

One night, two weeks after 9/11, I was trying to get some sleep in my room. It was four in the morning, I had finished for the night and had to wait until nine before I could score. Little did I know this night was going to be the catalyst that made me change my life dramatically.

Another working girl came into my room accompanied by a man with a gun. I thought it was a joke but I soon found out it wasn't. A group of guys had broken into the parlour and held us up because they thought they could get into the safe for the week's takings. Unfortunately the manager of the parlour had rung in sick that night and the receptionist that was working didn't know the safe's combination.

When they were unsuccessful they proceeded to start trashing the place, separating the girls into one room, the clients into another. We were then forced to strip, and they took our wallets, mobiles and jewelry. Then the working girls were violently raped. We were kept hostage for three hours.

After that night I realised that something had to change. Two days later I checked myself into a medical detox ward at the local hospital. I was hanging out in the same ward as dementia patients. It was a nightmare.

A week later I went straight to rehab, checking into a program that went for six months. I stuck it out to the end, even though I hated every moment of it. The rules, the brainwashing and the Nazi-like tactics drove me mad. However, it worked. I stayed clean and sober for nine months.

I cannot adequately express how the staff and people there helped. But here goes: they taught me how to be

a functional person again. Realising that all the rules and tools that I hated so much were there for a reason was a shock. They helped me deal with this thing called addiction. It was extremely hard, but also so helpful.

When I completed my six months I started living in the ¾ house. I relapsed and moved out the day I used, before they could urine me. Within the next three months I found myself back using and working at the same parlour. My life had gone full circle and I could not handle the thought of going back to rehab for another six-month stint.

So I went to my doctor who I have been seeing since I was 13. Luckily he was also a methadone prescriber.

The methadone has helped me to limit the amount I use. I didn't stop straight away. It took me five years to stabilise and pull myself back together. I still love heroin, I just don't love how it affects my life if I use everyday. I still have it sometimes, but hey, we are all human and nobody's perfect.

I am now able to hold down a job again and I am in a great relationship with a guy who has no problems with my past as a sex worker and user. I am constantly amazed that my life is so different from when I was flat-out using. I also have three stepchildren who enrich my life with joy.

By using the lessons I have taken from rehab, NA and my supportive friends and family, I am a happy and contented person again. However it is still a day-by-day battle. I refuse to let my past control my future. I lived in shame for too long, convinced I was a bad person. Now I know it's not true but it has been a long journey to get where I am today.

The methadone has definitely improved my mental and physical life and given me the confidence to keep going and one day start a family and have a regular life.

*Brooke*



# Better Ways to Prevent and Treat Hepatitis Virus Infections in Prisoners

A new three year grant from the National Health and Medical Research Council (NHMRC) has been awarded to support a partnership between my research team at the University of NSW, and Justice Health, NSW Health and Corrective Services. The goals of the project being undertaken by this unique collaboration are to test the effectiveness of prevention programs for blood-borne virus transmission in the NSW prisons, and to expand an innovative model of health care for those with chronic hepatitis B or hepatitis C infections.

Very close relationships exist between illicit drug use, hep B and C infections, and imprisonment. Almost half of all Australian prison inmates report injecting drug use and more than half are incarcerated for a range of drug-related crimes. It is not a surprise, then, that hep C infection occurs in at least one in three Australian prisoners and in as many as eight out of 10 of those who report injecting. Chronic hep B infection is less common – affecting about one in 30 overall, with somewhat higher rates both in injectors and Aboriginal inmates.

Chronic hep B and C cause cirrhosis, liver failure, and a form of liver cancer called hepatocellular carcinoma. In Australia, it is believed that there are about a quarter of a million individuals with hep C infection and more than half that number again with hep B. Chronic hep C is now the leading cause for liver transplantation amongst adults, followed closely by chronic hep B. The number of Australians with cirrhosis due to these viral infections is expected to double by 2020. Given these frightening statistics, a lot of effort is now being focused on finding better ways to prevent new infections, and to treat existing infections in order to avoid the late complications.

In terms of prevention, immunisation against hep B is the mainstay as it is safe, inexpensive, and highly effective. The limiting issue amongst injectors has been uptake and completion of the program. By contrast, an effective vaccine to prevent hep C is still many years

away, so the prevention options are more challenging, including education, drug substitution programs, and needle-syringe programs (NSP). Implementing these approaches in the prison setting remains sporadic at best, and for NSP, too politically sensitive. On another more positive note, we now have increasingly effective antiviral drug treatments for both hep B and C infections – with control of the infection readily achievable for the former, and cure for the latter. Although more such treatments happen each year in NSW than all other states combined, only a tiny proportion of those in prison with hep B or C are actually treated.

Recording the rates of infection has been a research focus via the Hepatitis C Incidence and Transmission Study (HITS) cohort, in which we have recorded high rates of risk events (that is episodes with likely blood-to-blood contact) and a high annual hep C incidence of 34 per cent. Under the auspices of the new project, the HITS program will be expanded to encompass surveillance for new hep B infections. Perhaps more importantly, the HITS cohort will be utilized to evaluate the effectiveness of existing prevention programs such as bleach cleansing and methadone maintenance treatment in protecting against hep B and C. Similarly, the cohort will be utilized to examine the uptake and effectiveness of the hep B immunization in the prison setting. A modified (quicker) immunization schedule will also be tested.

The other key element of the Partnership Project will be the expansion of an innovative nurse-led model of care for chronic hep C, which was established in 2008 by my team in collaboration with Justice Health in three correctional centres. The model featured delivery of structured assessment and treatment of patients in the prisons by skilled nurses without direct specialist physician input or the need to move to another centre. Several hundred patients were recruited into the health care model over two years, which was found to be safe, efficient and effective. In addition, the model of care

was highly regarded by patients, health care staff and custodial staff alike. Given these encouraging results, the model – now called JH HepCare – is being expanded across the state, incorporating hep B and establishing an improved system to ensure uninterrupted care for individuals being released into the community whilst on treatment.

This NHMRC Partnership Project builds upon more than a decade of both health care delivery and research in relation to hep B and C in NSW prisons by my team, and strong collaborative relationships built over that time with both Justice Health and Corrective Services.

We look forward to facing the challenges in improving both prevention and treatment programs for hep B and C to ensure better health for Australians in prison.

*Andrew Lloyd*  
*University of New South Wales*

*The Partnership investigators include Professor Andrew Lloyd, Assistant Professor Kate Dolan, Professor Paul Haber, Professor Carla Treloar, Dr Fabio Luciani, Dr Jeffery Post and Dr Devon Indig*

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

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

**So pick up your pen, pencil, quill or keyboard and start writing today.**

**Topics you can write about include:**

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

**And remember: we pay 13 cents per published word!**

**Send your story to:**

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PO Box 278, Darlinghurst NSW 1300

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

# Thrifty Eating for One: How to Eat Cheap

If you live and dine alone, bad eating habits may form when food prices are high, funds get low or other life difficulties occur. But eating solo can be enjoyable, tasty, convenient and above all... healthy!

## Nifty and thrifty eating for one on a budget:

- **Plan, plan, plan!** Planning helps you reduce food waste. Estimate how much fresh produce you need to make 3 or 4 meals each week. Only buy what you know you are going to use.
- **Stock up on tinned staples:** Keep red kidney beans, chickpeas, lentils, tuna, salmon, tomatoes and corn in the cupboard. They can stretch any food budget and you've always got something to make a meal!
- **Build meals around rice, noodles, pasta or other grains** as they are a cheap source of energy and nutrients. Use a small amount of meat, chicken, fish or eggs and add inexpensive vegetables (e.g. in-season, frozen mix vegetables, peas or spinach) and tinned beans.

- **Make your own meals from scratch.** Single serve pre-packaged or pre-made meals can be expensive.
- **Cook once, eat several times!** Cook meals in bulk and freeze what you don't need. This usually works out cheaper and means that you have a quick meal another time when you might not feel like cooking.
- **Befriend your local market or food co-op:** fruit and veggies are usually fresher and a lot cheaper. Go to Paddy's in Chinatown late Sunday afternoon for a good bargain!
- **Spice up your leftovers and make a whole new dish for another day:** if you've got some leftover cooked vegetables, add eggs and make frittata/quiche or combine the leftovers with canned tomato, pasta and beans for a minestrone soup.

Getting into the habit of cooking and being thrifty when you live alone can be easy. Below is an example of a seven-day meal plan which costs only \$52!

Day	Breakfast	Lunch	Dinner
1	Bircher muesli	Ham, tomato, lettuce sandwich	Savoury beef mince + pasta
2	2 toast + peanut butter	Beef quesadillas	Noodles omelette
3	Bircher muesli	Tuna couscous salad	Pasta fagioli soup
4	Porridge	Noodle omellete	Savoury mince + cheese pizza
5	Bircher muesli	Pasta fagioli soup	Chicken stir-fry and rice
6	2 toast + baked beans & eggs	Savoury mince + cheese on toast	Ham fried rice
7	Porridge	Chicken satay pita pocket	Tuna couscous salad

## Shopping list

Bread and Cereals	Basic fridge/freezer foods	Basic cupboard foods	Fresh produce
750g oats	1 litre milk	1 dozen eggs	3 apples      lettuce
1 loaf of multigrain bread	200g yoghurt	100g can baked beans	4 oranges      lemon
1kg rice	250g minced meat	2 cans diced tomato	2 brown onions    1 bunch spring
2-minute noodles	200g chicken thigh fillet	1 bottle pasta sauce	6 cloves garlic    onions
500g pasta	250g ham	2 x 95g can tuna	½ bunch celery
1 packet pita pocket bread	200g light shredded cheese	1 can red kidney beans	1 carrot
500g couscous	1 packet frozen vegetables	1 can borlotti beans	2 tomatoes

*Common pantry items not included in the budget:*  
Peanut butter, sweet chilli sauce, soy sauce, dried oregano leaves, chicken stock cubes, oil

## Recipes

### Bircher muesli (serves 2)

- 1 cup rolled oats
- 1/2 cup freshly squeezed orange juice (~2 oranges)
- 1/2 cup yoghurt
- 1 apple (grated or diced)

**Method:** Combine oats, orange juice and yoghurt in a bowl and stir well. Cover and soak for at least 2 hours or overnight in the fridge. When ready to serve add grated apple or any fruit (dried/tinned/fresh) or nuts/seeds.

### Savoury beef mince ragù— makes 5 cups

250g lean beef /pork mince  
 1 can (400g) red kidney beans, drained and rinsed  
 1 celery stalk and 1 carrot, diced  
 1 large onion and 1 clove garlic, finely chopped  
 1 bottle tomato pasta sauce  
 1 teaspoon dried oregano

#### Method:

Heat a drop of oil in a large saucepan. Add onion, garlic, carrot and celery. Cook until onion is translucent.

Increase heat to high, add mince. Fry for 5 minutes, stirring with wooden spoon to break up any lumps. Add sauce and beans, stir and simmer for 10-15 mins until sauce is thick and fragrant. Portion ragù into 2-3 small containers. Refrigerate or freeze for future meals.

#### Meal ideas:

Toss mince through cooked pasta. Sprinkle with cheese.

*Beef quesadillas:* Cut pita bread in half. Fill pita pocket with 1-2 heaped tablespoons of ragù. Top with shredded cheese. Heat pocket on a frypan over medium heat. Brown on each side.

*Pizza:* Spread pita bread with pasta sauce or even barbecue sauce. Arrange ragù, vegetable toppings, top with grated cheese. Grill for 5 minutes until cheese is melted.

### Hasty tasty chicken stir-fry (serves 2)

200g chicken thigh fillet, sliced into thin strips  
 1cup frozen vegetables or any Asian green leafy veggies  
 Marinade: 4 tablespoons soy sauce, 2 tablespoons sweet chilli sauce, 1 finely chopped garlic clove

#### Method:

Combine marinade ingredients in a bowl and mix well. Place in a resealable plastic bag. Add chicken to the bag and shake well. Refrigerate for 30 minutes.

Heat oil in a frypan using a moderate heat and cook chicken strips. Stir occasionally about 3-5 minutes. Once chicken is cooked, you can remove half of the chicken and refrigerate for great toasted sandwiches.

Add vegetables and stir fry quickly for 3-4 minutes. Add more soy sauce and/or chilli sauce as required. Serve immediately with rice or noodles.

*Tip:* Be careful with cooked rice. Harmful bacteria can grow quickly. Fluff rice with a fork and allow the steam to escape. Refrigerate in a sealed container within 30 minutes if you want leftovers to use for fried rice.

#### Meal ideas:

*Chicken satay pita pocket:* Spread satay paste on the inside of toasted pita, fill with shredded lettuce and leftover chicken. Make satay sauce by mixing ¼ cup peanut butter, 1 tablespoon soy sauce, 1 tablespoon lemon juice,

1 tablespoon sugar and 1 finely chopped garlic clove in a bowl to form a paste.

*Fried rice (serves 2):* Heat saucepan and add a drop of oil. Cook onion and garlic for a few minutes. Add 1 cup frozen veggies and cook for 2 minutes. Add 2 cups cooked rice, ½ cup chopped ham and soy sauce to taste.

### Pasta e fagioli soup (serves 4)

1 large onion and 2 garlic cloves, finely chopped  
 1 can (400g) borlotti or mixed beans, drained and rinsed  
 1 can of Italian chopped tomatoes  
 4 cups vegetable stock (or chicken stock)  
 1 teaspoon oregano  
 1 cup small pasta shapes (or spaghetti broken into short bits)

#### Method:

Boil pasta in a separate pot according to the package instructions. Drain.

Heat 1 tablespoon oil in large saucepan. Sauté onion and garlic until soft. Add tomatoes and oregano, stirring constantly for 2 minutes. Pour in stock and beans, bring to a boil. Reduce heat. Simmer for 5-10 minutes until beans are tender without being mushy. Season to taste with pepper. Ladle into a bowl, then sprinkle with cheese.

### Noodle omelettes (serves 1)

1 packet of 2 minute noodles  
 1/2 cup frozen vegetables (or any vegetables you like)  
 3 eggs, beaten  
 3 spring onion, thinly sliced  
 1 tablespoon soy sauce

#### Method:

Cook noodles, following packet directions. Drain well. Allow to cool.

Crack eggs into a bowl. Add pepper and 2 tablespoons water. Beat lightly with a fork. Add noodles, veggies, onions, soy sauce. Stir until well combined.

Heat 1 tablespoon of oil in the frying pan. Pour a ladle of mixture into the heated pan. Cook each side over medium heat until brown.

Place omelettes onto a plate. Drizzle with chili sauce.

### Tuna couscous salad (serves 1)

½ cup couscous  
 95g can tuna in oil  
 1 tomato, diced  
 Freshly squeezed juice of ½ lemon

**Method:** Pour 1/2 cup of boiling water or hot stock into a bowl containing ½ cup of couscous. Cover bowl with a plate and stand for 5 minutes, then fluff up with a fork. Separate tuna into chunks, then add to the couscous along with tomatoes, lemon juice. Mix carefully. Season with salt and pepper.



## 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](http://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/](http://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](http://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 Noffs 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**  
1800 451 600 or (02) 9332 9600  
Free testing for HIV / hep C & other. Medical care, nutritional info and psychological support for people living with HIV & hep C.

**Haymarket Foundation Clinic, Darlinghurst**  
(02) 9331 1969

Walk-in homeless clinic at 165B Palmer St Darlinghurst. No Medicare card required.

**Mission Australia, Surry Hills**  
(02) 9380 5055

Dentist, optometrist, chiropractor, mental health. Medicare card and income statement required.

**KRC – Kirketon Road Centre, Kings Cross**  
(02) 9360 2766

For 'at risk' youth, sex workers, transgender and injecting drug users. Medical, counseling and social welfare service. Methadone & NSP from K1. No Medicare required.

**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.

**The Buttery, Bangalow**  
Ph: (02) 6687 1111

**Fairfield Drug Health Service, Prairiewood**  
Ph: (02) 9616 8800

**Detour House, Glebe**  
Ph: (02) 9660 4137

**Gorman House Detox, Darlinghurst**  
Ph: (02) 9361 8081 /  
(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 and children  
Ph: (02) 9661 6555

**Kathleen York House, Glebe**  
for women with children  
Ph: (02) 9660 5818

**Kedesh House Rehabilitation Service, Berkeley**  
Ph: (02) 4271 2606

**Lakeview, Belmont**  
Ph: 4923 2060

**Lorna House, Wallsend**  
Ph: (02) 4921 1825  
Appointment required

**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) 6925 4744

**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

**Riverlands Drug & Alcohol Centre, Lismore**  
Ph: (02) 6620 7608

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

**St. John of God, North Richmond**  
Ph.: (02) 4570 6100 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	NSP Location	Daytime No	Alternative No
Albury	02 – 6058 1800		Narellan	02 – 4640 3500	
Auburn Community Health	02 – 9646 2233	0408 4445 753	Narooma	02 – 4476 2344	
Bankstown	02 – 9780 2777		Newcastle / Hunter	02 – 4016 4519	0438 928 719
Ballina	02 – 6620 6105	0428 406 829	New England North Regional Area (referral service)	0427 851 011	
Bathurst	02 – 6330 5850		Nimbin	02 – 6689 1500	
Bega	02 – 6492 9620	02 – 6492 9125	Nowra	02 – 4424 6300	
Blacktown	02 – 9831 4037		Orange	02 – 6392 8600	
Bowral	02 – 4861 0282		Parramatta	02 – 9687 5326	
Byron Bay	02 – 6639 6635	0428 406 829	Penrith / St Marys	1800 354 589	
Camden	02 – 4629 1082		Port Kembla	02 – 4275 1529	0411 408 726
Campbelltown MMU	02 – 4634 4177		Port Macquarie	02 – 6588 2750	
Canterbury (Repidu)	02 – 9718 2636		Queanbeyan	02 – 6298 9233	
Caringbah	02 – 9522 1046	0411 404 907	Redfern (REPIDU)	02 – 9699 6188	
Coffs Harbour	02 – 6656 7934	02 – 6656 7000	Rosemeadow	02 – 4633 4100	
Cooma	02 – 6455 3201		St George	02 – 9113 2943	
Dubbo	02 – 6885 8999		St Leonards - Herbert St Clinic	02 – 9926 7414	
Goulburn S.East	02 – 4827 3913		Surry Hills - Albion St Centre	02 – 9332 1090	
Grafton	02 – 6640 2229		Surry Hills - ACON	02 – 9206 2052	
Gosford Hospital	02 – 4320 2753		Surry Hills - NUAA	02 – 8354 7300	
Hornsby	02 – 9977 2666	0411 166 671	Sydney CBD	02 – 9382 7440	
Ingleburn	02 – 9605 8900		Tahmoor (Wollondilly)	02 – 4683 6000	
Katoomba / Blue Mountains	02 – 4782 2133		Tamworth	02 - 6766 8081	
Kempsey	02 – 6562 6066		Taree	02 – 6592 9315	
Kings Cross KRC	02 – 9360 2766	02 – 9357 1299	Tumut	02 – 6947 1811	
Lismore	02 – 6622 2222	0417 489 516	Tweed Heads	07 – 5506 7556	
Lismore – Shades	02 – 6620 2980		Wagga	02 – 6938 6411	
Liverpool	02 – 9616 4807		Windsor	02 – 4560 5714	
Long Jetty	02 – 4336 7760		Woy Woy Hospital	02 – 4344 8472	
Manly / Northern Beaches	02 – 9977 2666		Wyong Hospital	02 – 4394 8298	
Merrylands	02 – 9682 9801		Wyong Community Centre	02 – 4356 9370	
Moree	02 – 6757 0222	02 – 6757 3651	Yass	02 – 6226 3833	
Moruya	02 – 4474 1561		Young	02 – 6382 1522	
Mt Druitt	02 – 9881 1334				
Murwillimbah / Tweed Valley	02 – 6670 9400	0429 919 889			

**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](http://www.mytreatmentmychoice.com.au)





PO Box 278 Darlinghurst NSW 1300 Australia  
345 Crown Street, Surry Hills NSW 2010  
† 02 8354 7300 or 1800 644 413 † 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 activities. 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.