# USER'S NEWS

Published by the NSW Users and AIDS Association

Issue No. 65 Winter 2011

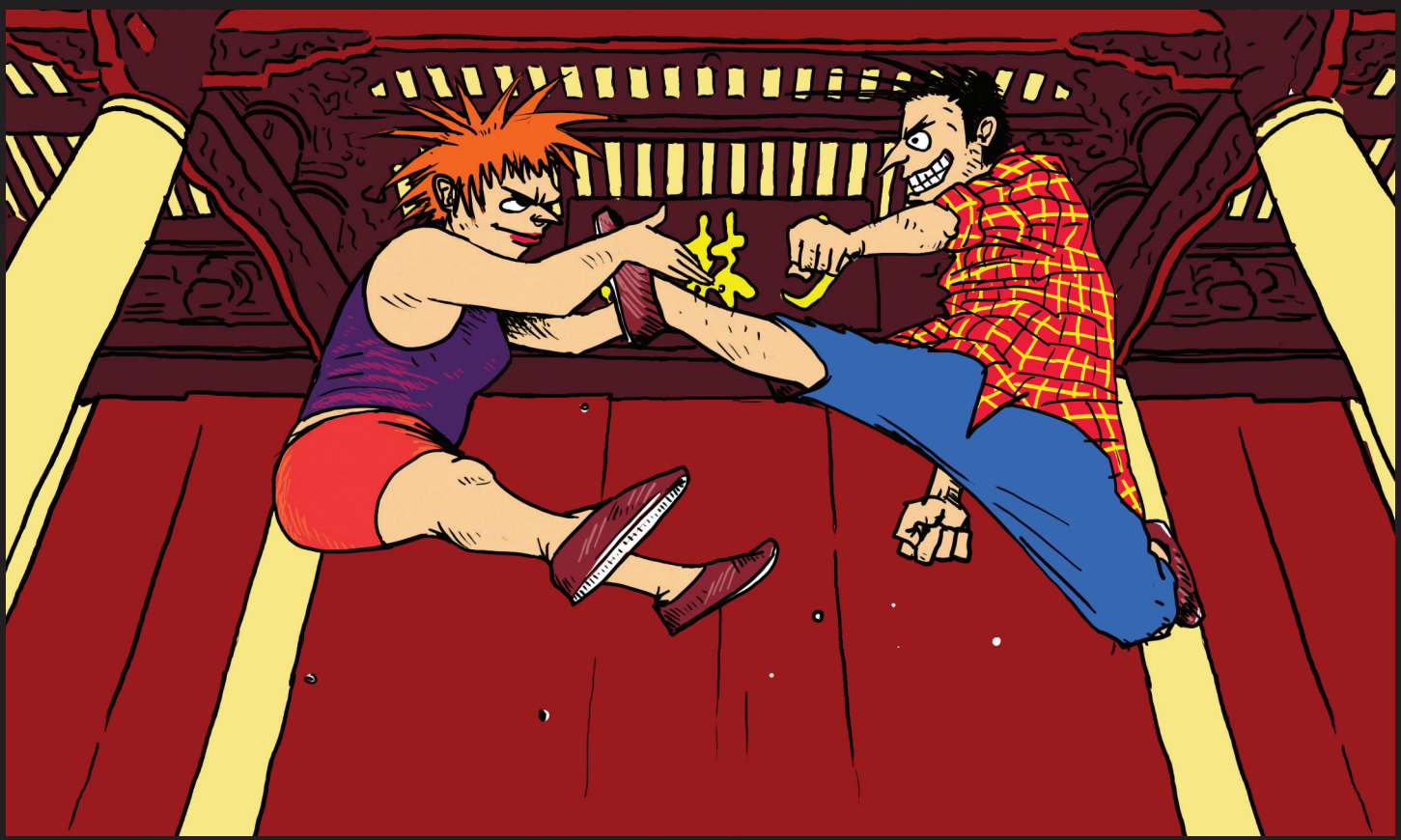
## Criminal (in)Justice: NSPs in Prisons

## Making Corrections: LEAP Australia's Paul Cubitt

## Pharmacotherapy in Custody

## Tracks of My Tears: The Dangers of Re-using Fits

# BE A MASTER NOT A ROOKIE



## EVERYONE CAN BE AN EXPERT AT SAFER INJECTING

### Safer injecting means:

- Avoiding hep C
- Protecting your veins
- Less chance of a dirty hit

### Safer injecting basics:

- Always use a sterile fit if you can
- If you have to re-use, always rinse your fit with bleach and cold water
- Never use water that has been in contact with used fits, spoons or any other used equipment
- Tourniquets, swabs and filters can harbour invisible blood. Never share them


**USER'S NEWS #65**

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# Voices

editorial

I was going to begin my first editorial for this magazine by laying out a series of arguments in favour of needle and syringe programs in our state's prisons. On putting this issue together, however, I quickly realised that doing so would be redundant: I would simply be repeating the views that are far better expressed by this issue's contributors from our community.

Instead, I'll describe what you can expect from *User's News* in the coming year.

This issue looks at the debate of NSPs in prison from a number of different viewpoints within Australia. The appalling rate of hepatitis C infection in prison – particularly the alarming rising infection rate among women – and the success of similar programs in a dozen countries worldwide, including Iran and Switzerland, make a quick and assertive move to bring such programs to reality in Australia all the more vital. As signatories to the UN Universal Declaration on Human Rights, our commitment must be to make prisons safe for everyone who works and lives in them.

In the spring we'll be moving to the bush. We've heard a lot about service gaps from our peers in rural and regional areas and we want to know more. How easy is it to obtain hep C treatment in the back-of-beyond? How far do you have to travel in the Hunter, or the Riverina, or the Northern Rivers, before you can have your 'done? What's it like to use small towns, where no one seems to be able to keep a secret? *User's News* wants stories about your adventures, trials, crises and celebrations in rural and regional NSW.

In summer, we plan to have a guest editor to helm an edition for and by women who use in NSW.

Lawyers, mothers, builders, sistas, doctors, riot grrlz – women who have a story about using, and life in the community of people who use, are invited to contribute to an issue I'm really looking forward to working on.

Spring of next year will see an issue from and about Aboriginal and Torres Strait Islander people. We have launched a Reconciliation Action Plan, which can be viewed on our website: nuaa.org.au.

Improving how we reach out to people within the indigenous community who use drugs illicitly will make NUAA a richer and more useful organisation. My hope is that *User's News* number 68 will help that process along. We want your stories.

As Gideon Warhaft stated in the previous editorial, he is on extended leave from NUAA this year. It is an honour for me: both to be sitting for a year in the office of someone who has steered this magazine to be the amazing publication it clearly is; and to have the chance to bring so many funny, frightening, touching and energising stories from people across this state who use drugs illicitly.

In a political and social environment where so much scope for good seems to be delayed by partisan political squabbling, ad hominem attacks and red tape, it is important that clear, honest voices be heard. That's one of many reasons why this magazine is in print.

***Mathew Bates***

## Melbourne injecting centre blocked

A bill to establish a medically supervised injecting centre in Melbourne's inner suburb of Richmond has failed to pass in the Victorian parliament.

Yarra Municipal Council voted in favour of introducing the centre, but cannot establish it without State Government support.

Victorian Premier Ted Bailieu has stated he intends to stick with law enforcement and education as cornerstones of Victorian drug policy.

The failed legislation follows a 2000 failed bill by the Bracks Labour Government to introduce a trial injecting centre.

*Source: ABC Lateline, The Age*

## New hep C treatments improve outcomes, reduce course times

Two new drugs, marketed under the names boceprevir and telaprevir, have been cleared by the Therapeutic Goods Administration for use with patients undergoing treatment for hepatitis C, genotype 1.

These protease inhibitors are used in combination with existing pegylated interferon/ribavirin treatments. Clinical trials of the combination therapy have achieved cure rates of nearly 75 per cent (up from around 45 per cent for current standard therapy).

In addition, treatment times have been reduced by up to half.

The new combination treatment has been introduced in a small number of cases in NSW, targeting people whose genotype 1 treatments have been non-responsive. Usage of boceprevir and telaprevir may be widened to other genotype 1 patients in the next 12 months.

*Sources: The Bay Area Reporter, The Jerusalem Post, NSW Health*

## Nationwide ban on synthetic cannabinoids

Eight synthetic cannabinoids, including the marijuana-mimicking JWH-018, have been prohibited from sale and possession in Australia by the Federal Government.

The chemicals, which were sprayed onto herbal tobacco substitutes and marketed under brand names such as Kronic, Purple Haze and Kaos, were sold at head shops, adult bookstores and some tobacconists until their ban.

The federal ban follows prohibition of the substances in NSW, Western Australia and South Australia.

*Source: The Age*

## United Nations: Let's get serious on HIV

The UN General Assembly has called for universal access to HIV prevention, treatment and care by 2015.

At the 2011 UN High Level Meeting on AIDS held in June, a Political Declaration was adopted, calling on all member nations to adopt harm minimisation strategies and to reduce the stigma, discrimination and violence associated with the virus.

Meanwhile, Asian countries are falling behind in HIV treatment, according to Murray Proctor, Australia's Ambassador on HIV/AIDS.

In the lead-up to the 2011 UN High Level Meeting on AIDS, Mr Proctor said "New infections are outstripping the response and certainly access to treatment people can have".

Almost 400,000 new cases of HIV are reported across Asia every year. UNAIDS estimates that five million people across Asia are living with HIV.

*Source: SMH, un.org*

## Betty Ford, drug rehab pioneer, dies at 93

Former US First Lady Betty Ford has died in Palm Springs, California.

After battling an addiction to prescription pain killers and alcohol for nearly 20 years, she worked with industrialist Leonard Firestone to establish the Betty Ford Centre, a residential drug rehabilitation clinic which became a model world-wide for its peer interaction approach. Her openness about her drug use was a significant public rejoinder to the stigma of drugs and a crucial step in addressing drug usage as a medical issue.

The wife of Republican President Gerald Ford, Betty Ford rose to prominence for her forthright views advocating women's rights, including the right to choose abortion, which scandalised her husband's conservative base. She called for national ratification of the Equal Rights Amendment and was one of the first public figures to raise awareness of the battle against breast cancer after undergoing a mastectomy less than two months after her husband's inauguration.

*Sources: Washington Post, Reuters*

## The world moves on tobacco: Australia and Iceland lead the charge

The Federal Government expects to have cross-bench support for its legislation to introduce plain packaging for tobacco products. The legislation, introduced by Health Minister Nicola Roxon, will remove logos and branding from cigarette packets and will set an international legal precedent for tobacco merchandising and sales.

Amidst vows of legal action by Philip Morris and British American Tobacco and allegations of a "sneak" campaign by big tobacco of planting misleading information in the public debate, Opposition Leader Tony Abbott stated that the Coalition will not vote against the legislation but may introduce amendments to ensure smoking rates are reduced.

Meanwhile, Iceland's former health minister Siv Fridleifsdottir is set to introduce a bill in parliament to ban the sale of tobacco from regular shops, making it only available by medical prescription. The proposed bill is part of a 10-year plan by the Icelandic government to ban smoking in all public places.

*Sources: The Age, Time, ABC News*

## Where's the shit? It's in the shit

Chemical engineers in the Norwegian capital of Oslo have recently ventured into the city's sewers to monitor patterns in drug consumption across the city. Engineers from the Norwegian Institute for Water Research, working in the new field of "sewage epidemiology", have analysed waste water at sewage treatment plants, looking for trace elements of illicit drugs and antihistamines that are flushed out in human urine and faeces.

Researchers were able to match increases in these chemicals with events in Oslo. When pollen levels increased, the level of anti-allergy drug Zyrtec also increased. During the Norwegian equivalent of schoolies' week, the amount of ecstasy traces in Oslo poop went up by ten times the normal amount (surprise!).

Sewage sampling has been tried in the past, notably in London and San Diego, but relied on expensive equipment for results. Passive sampling uses "organic chemical integrative samplers" that are cheap and provide data over longer periods of time. The sewer approach is totally anonymous as the method points it at an entire city's drug use. The technology isn't foolproof – results can be skewed by things as simple as heavy rainfall – so don't expect your dunny to narc on you just yet, but the technique provides researchers with a new and relatively inexpensive tool to monitor drug use across urban areas.

*Sources: NPR, Popular Science*

## Measuring

I have been reading your publication for around five years, and have found it to be entertaining and informative. Keep up the good work, guys!

There is, however, one gripe I have which is not an isolated incident. I see it in almost every article and it's starting to grate on me like nails on a chalkboard.

I have been on methadone for the better part of nine years. Most of that time I was on methadone syrup. I have been on Biodone Forte (the "new" methadone) for around six months, as well as around four months whilst at Parramatta jail. As you can probably guess by now, my complaint is with how the publication deals with methadone. I have spoken this over with my methadone case worker at Langton Clinic, and her opinion concurs with mine. It is a problem I thought important enough that it needs to be addressed and clarified.

Time after time, I read phrases like "I was on 140 mls of 'done" – if that were technically correct, the author would be on 700mg, which would almost certainly kill them. A clear distinction needs to be made between millilitres (ml) and milligrams (mg). The ratio is 5mg to 1ml. I am shocked to hear people who have been on the program for over 10 years who still don't understand this relatively fundamental relationship.

Because the publication often plays an educational or instructional role (for example, how to best inject OxyContin), it is important that this basic topic could be included in your publication. It might take a whole page or just a column. Because there is a lot of confusion out there amongst the methadone community.

Here is another hypothetical example: a patient re-enters the methadone program and the admitting doctor asks the client what was his/her previous highest dose. They reply "40ml". "Now, does this mean 40mg or 160mg?", the doctor will respond. Confusion results, often with the hot-tempered client saying something meaningless like "same diff", "I thought ml were the same as mg".

It is not only your publication that is at fault. Education by doctors and clinicians to clients entering the program can be told in simple terms that methadone is actually a white crystalline powder and is synthesised with 5mg of methadone (active ingredient) for every 1ml of liquid/syrup.

I beg you to write an informative article on this topic in the next couple of issues of *User's News*. I'm sure it will interest methadonians who didn't know any better. I also ask you, editor, that there be no further mention of stories of people on "180ml of 'done". There are other people besides myself, including nurses working in methadone units, who almost feel offended at this anomaly. I don't want to see the publication "dumbed down" because us users are generally a pretty smart mob (how else did we sustain our habits but through resourcefulness?) and would welcome further accurate information. Because at the moment it is false information, or at best, misinformation.

***Dean***

***Ed. – Thanks for raising this, Dean. It's true: methadone strength is measured in milligrams, not millilitres. The difference between the two hasn't been made clear in some recently published stories. We'll do our best to fix this issue from now on.***

***In NSW, there are two ways of taking methadone orally: in liquid form (yellow syrup or pink biodone), which is, as Dean stated, 5mg per ml; and, in rare cases where people have to travel, in tablet form (Physeptone), a 10mg dose per tablet.***

***One reason for the confusion is that Australian English has an easy spoken abbreviation for millilitres – "mills" – but doesn't have a spoken abbreviation for milligrams. (This was pointed out to me by one of our staff, an expat New Zealander. In the Land of the Long White Cloud, the term "mig" is used for milligrams, something we might do well to use in Australia.)***

***Another issue is that in other states and territories like Victoria, the ACT and Queensland, methadone is "expanded" by dispensers. An "expanded" dose is simply diluted with liquid – water, cordial, etc. – so that every dose that is dispensed is 200ml, no matter how strong or weak the dose is.***

***Remember to take your prescriber's recommended dosage seriously, especially if you're new to 'done, or if you're planning to reduce or increase your dosage.***

## Note to Contributors

We are currently having some delays in getting payment for articles to some of our contributors who are in prison.

We're sorry for this delay, but we assure you we haven't forgotten you. We are working with Correctional Services to sort the delays out.

Also, in this issue, we've received a few stories from people who have not included their name or address.

Remember that, while all stories are published anonymously, or with just your first name, we need your real name and address to be able to pay you.

If you see your story in this issue, but haven't been contacted about payment by the end of July, please get in touch with the *User's News* office on (02) 8354 7300 or usersnews@nuaa.org.au.

One last thing: we have a new postal address.

PO Box 1069
Surry Hills NSW 2010

NUAA's offices are still at 345 Crown Street. Any mail that has been sent to the old postal address will be redirected.

**Letters to the Editor**

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nuaa
NSW USERS & AIDS ASSOCIATION INC

# ANNUAL GENERAL MEETING
# Monday September 26 2011

NUAA's Annual General Meeting (AGM) is being held on Monday, 26th of September from the afternoon onwards. There will be a member event and then the AGM business which consists of voting in a new Board of Governance and voting on a few procedural issues.

NUAA's been advocating for the rights of users for over two decades and has been able to affect change in a positive way especially in areas of drug treatment services and Hep C treatment.

Coming to the AGM is great way of getting involved in the NUAA Board and making sure that a strong user's movement continues in NSW through NUAA.

In order to vote or run for the Board you must be a member and join before the day of the AGM.

So go to the back cover of *User's News* and fill in the membership form and post it in!

If you are unable to attend the AGM but want to vote we have "proxy voting" enabled.
Details on this and nominating or running for the Board, along with location and time details, will be sent out to all members before the AGM itself.

Remember that NUAA's strength is its members so if you've been meaning to join or meaning to attend an AGM for a while – do it now and join up or make plans to come along on the 26th of September.

See you there!

Richard Sulovsky, NUAA President

# The Junky Stereotype

I was talking to a friend about "our community". It's a description of heroin users I'm sometimes uncomfortable with. For much of my using career I have used alone. I've had people swear they are my friend before ripping me off without a second thought, leaving me sick as a dog in countries where I don't know anyone, don't speak the language and can't go to doctors for help with the sickness. At those times I don't usually feel like part of a community.

I've worked in drop-in centres, NSPs and user organisations; I've worked, and lived with users all over the world. I know that users come in all shapes and sizes, from all backgrounds with many political persuasions. We don't all fit the stereotype. So what do people mean when they talk about the using community?

I want to acknowledge some of the beautiful things I see people do for each other. That's what I think about when I want to describe our community. I had just been at a dealer's house, and an acquaintance – I'll call her Jackie – was also there. We were talking about our mutual friend who was having a particularly difficult financial week in a crap year and trying to look after her sick cat. Then her dog also needed medication. Jackie had some leftover medication that she had for her dog. Without a moment's hesitation she called our friend to offer her the pills for her dog.

It may not sound like much, but I think these kinds of gestures mean a lot. Our community comprises people who often have *nothing*. People in the rest of the community tend to describe heroin users with terms like "thieving", "untrustworthy", "selfish" – anything to imply we will lie, cheat and steal without a care for anyone else. But over and again I've seen people without money to eat do or give whatever they can to help someone else out. That's what I think about when I hear of the "using community".

People with the least to give seem to be the most willing to give. I guess they know what it's like to need it and not have it. They also know they'll manage somehow and, at the time, it seems like the other person needs it more. Maybe they're thinking the universe will look after them. In my experience, if we really need something, there are enough people in our community who care about each other that we can usually get it. Whatever people are thinking when they give away their last, surely this is the true definition of generosity.

Many in the using community are rarely acknowledged for the good things they do. Some of the best parents I've met are users, but try telling that to anyone outside our community. Apparently, if you use heroin you couldn't possibly love your children the way other people do. The fear every parent who has used heroin has of Child Protection services is justified. They seem ready to take children from loving, stable homes if there is even a whisper of current use in the house.

Users love their kids as much as anyone. Perhaps because of the negative views society has of us, most people I know who use or used when bringing up children feel incredible amounts of guilt. They might have done nothing worse than any other decent parent, but that one incident where they didn't immediately respond to their child because they were having a shot means that twenty years later they still feel bad about it.

Those politicians and international experts talking about Australia leading the world in harm reduction so rarely acknowledge that this has only been possible because users have made it happen. It's still illegal to give new injecting equipment to our mates, but we do it. We go to workshops to learn how to resuscitate someone who has overdosed, and teach our friends how to inject cleanly and safely. I would trust a user over most people if something happened to me – so many affluent people continue walking by, pretending they can't see someone in trouble.

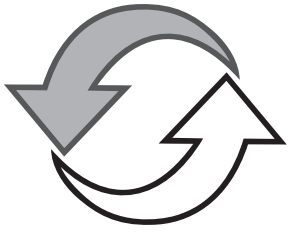
I'm not saying users are better than others. I'm asking, why do we never hear about the good parts of our com-

## The Junky Stereotype (cont.)

munity? Our only media attention comes when we're accused of doing some horrible deed. They love writing about us like we're responsible for every armed hold-up, or targeting kids with our dirty fits and free drugs to get them hooked and sell them drugs.

Why can't the media write about one of the thousands of generous and lifesaving acts that happen amongst users every day? Bill Gates might give away $50 million but he's not about to go without food for the day.
So whose is the more generous act? We need to find ways to tell anyone who will listen about the many wonderful things users do all the time.

***Ele***



# NSP Forum 2011

## "We can build it but will anybody come?"

Citigate, Sydney 17 – 18 October 2011

Each year, Needle and Syringe Program workers from around NSW get together for a two-day forum to present on innovative projects and the work they have undertaken in the year and to learn from each other.

NUAA has had a strong presence for some years at this forum, bringing the peer perspective to the gathering.

Over the past few years, NUAA and the organising committee have also brought service users to the forum to strengthen this perspective so that service providers and consumers can discuss issues that impact on users.

This year's theme is: "We can build it but will anybody come?" In other words: how can NSPs make themselves more responsive and relevant for users?

This year the forum is glad to be able to offer a number of consumer scholarships for peers who wish to travel to the forum and to present or to be part of their local service's presentation.

Are you a consumer or a service provider which has worked with your consumers on a health promotion, a community project or closely together in some way to improve the service provision at your NSP?

If so, you may be eligible for a travel scholarship to attend the forum!

Go to the forum website, where details on how to put in an abstract (presentation outline) and the criteria for a scholarship are available.

http://www.wdp.org.au/harm-reduction/harm-reduction-image-gallery-page/134

# Art from the Heart of the Cross

The people who utilise the Sydney Medically Supervised Injecting Centre (MSIC) as a safe space to inject are a creative lot. Our health promotion activities are often enriched by artistic contributions from clients of the centre, and any day of the week you'll find people in our Stage 3 area (chill out/counselling) drawing, writing or engaged in artistic activities of one sort or another.

As a nurse and an artist I have witnessed the positive effects of artistic expression in a variety of settings – educational, health and even custodial. It's a great way to express thoughts and feelings in a healthy way as well as providing a sense of achievement. I was also interested in exploring ways to promote these astonishing artistic abilities as a way to counteract the often negative stereotypes around people who inject drugs.


There was great support from MSIC clients for us to hold an art competition and to exhibit the works entered – including someone who agreed to be an objective client representative on the competition judging panel. (Thank you, Caleb!)

So in June this year the MSIC held its inaugural art competition and exhibition. The exhibition was supported by the local artist-run initiative Firstdraft. Firstdraft generously supplied our exhibition space at its Woolloomooloo depot, a free BBQ at our official launch and one of its directors, Dara Gill, for our judging panel. Marcus Ross from Wayside Chapel completed our panel, which engaged in some enthusiastic deliberations over the finalists.

All sixteen entries were exhibited and three entries were awarded vouchers with a further two receiving honourable mentions. I was impressed with all the entries. Although there were differing levels of draughtsmanship displayed it was all about self-expression. The theme of "what's in your heart" elicited an array of responses which spoke of family, country, culture, mother earth and life experiences. Anyone who viewed the works could not help but be moved by the honesty and openness of the artists.

MSIC Clinical Director Dr Marianne Jauncey officially launched the exhibition which was attended by approximately 30 people, including Sydney's Deputy Lord Mayor Marcelle Hoff, workers from across the health, welfare and arts sectors, participating artists and members of the local community. The weather held and the barbecued sausages went down a treat!

We were so pleased with the whole project that we are planning to make it an annual event.

***James Needham-Walker is a local artist and Clinical Nurse Specialist at MSIC***

*Image of the winning entry from MSIC client artist Sonia*

User's Story

# PROBLEM CHILD

My life took a wrong turn when I was 12. I was, by my own admission, a "problem child" at school. Uninterested in learning, I managed to get into a few fights and this got me placed into a special class for students with special needs and behavioural problems. Even then I jigged school, often taking whole days off.

Also at 12, I became the proud owner of a Datsun 120Y for the budget price of $150. I was driving 25 year-olds around, so I went where they went, did what they did, and got an equal share of what they got.

After a few car thefts and break-and-enters the older blokes bought "white powder" with the proceeds and injected it. Because of my age they wouldn't let me have any, but I complained that my share had been spent on it. The older blokes, now stoned, thought I had a good argument. Before long I had a needle in my arm for the very first time.

I didn't really know what "white powder" was, but after injecting it I learned it was speed. I was just a kid trying to play big boys' games. I must admit I did enjoy playing this particular big boys' game!

In a very short time we graduated to armed robbery of a registered club. In the panic of getting away, a car chase followed and we were all arrested. Then we were put through the courts system.

I ended up being locked up for the first time at MINDA boys' home at Lidcombe. I still remember my first day there after being bail refused. I cried myself to sleep. I had no co-offenders to watch my back because, as adults, they were sent to Long Bay at Malabar.

I went back to court two days later with my parents there to post bail for me. Again it was refused. Then it really hit home that I was "locked up". I was horrified and alone. I still remember seeing my mother as she began to cry while I was led away in handcuffs to the cells downstairs. The look on my parents' faces made my heart sink even further. The memories of this don't fade away easily.

Back at MINDA, I was mainly in company of older boys. I had a cell to myself, like everyone at MINDA. I acted more mature than my 12 years and was quickly accepted by the older boys.

On New Year's Eve I was woken up by a guard who gave me two cans of beer, saying "I brought you a special gift. I'll come back later so you don't get caught with the cans." He came back later that night and raped me. A second guard reported the matter to police and it ended up in court. The guard ended up going to jail for 22 months.

After five months in MINDA, I got probation and community service because I was a "young pretender" and first-time offender.

*Illustration: Rose Ertler*

I got into petty crime initially to pay for food, pot, speed and cigarettes. At 14 I was driving my 31 year-old next-door neighbour around, including out to Cabramatta to buy heroin. This guy refused to give me any because of my age. But I eventually found a mate who did buy me a $30 cap of heroin. I only had some of it and gave the rest to my mate. I can't recall the excuse or story I hit him with to get me heroin, but it was a good yarn. Soon I could get my mate to buy me heroin whenever I wanted it, until I could buy it myself.

I had my first shot of cocaine when I was 15. I thought my heart was in my hand. I still believe I was very close to having a heart attack. I used to go with my brother on interstate truck-driving trips delivering goods. Shooting up was a sure way to stay awake on long uncomfortable trips.

Also at 15, I became a father of a baby girl in an on-again, off-again relationship. Now my daughter is herself 15, and I hope to catch up with her at an appropriate time.

Soon I was back in Sydney, where it seemed all my mates had either moved away or been locked up. Just back from Adelaide, I teamed up with my mate from Cabramatta. He'd regularly tell me he had to go his own way for the night to make some money.

Because it was a money-making scheme I protested that hey, I wanted to come along too, since he was privy to all I did. He confessed that he was selling himself to men at the infamous Wall at Darlinghurst.

We ended up getting a flat together and after some long talks and some hard, difficult times paying bills, fines, court costs and for our drug addictions, I was talked into selling my own body to men up at the Wall too. Looking back now I cannot believe I did it, but hey, we all make mistakes or at least have done something we regret or are not proud of.

At the time, there seemed to be few other options. I needed money and my addiction made me too sick to work. Crime was getting a lot harder to do and to get away with. Since all my mates appeared to be in jail, it wasn't long before I followed suit. I ended up being charged with forging a stolen cheque and I was locked up at Mount Penang Training Centre for Boys at Gosford. I served 18 months before I was released.

I often wonder if being sexually abused confused me sexually, because I ended up selling myself by choice to men. I guess drugs and getting stoned helps me to deal with it. The drama is, it's led me to addiction many times.

When I turned 18 I got caught for the break-and-enter of a chemist shop in Liverpool. I was after cash to pay for my heroin addiction, but inside the chemist I was able to steal an array of drugs from Valium to Methadone. I got sentenced to five years.

At 23 I was released, then sent back to jail for seven years for robbing two drug dealers of cash and heroin with a .38 revolver. This was also to finance my habit. I couldn't believe drug dealers would go to the police to report the offence.

Once released, I got to see my daughter while I was straight enough, and my family too. We had a few photos taken at home and away, including a day at the Royal Easter Show. Lucky I did this, because I'm now back in jail on remand for the home invasion of a heroin dealer's house and a charge of prescription fraud.

I jails I have been sharing needles cleaned with bleach or Fincol but this didn't kill the hep C virus I have recently been diagnosed with. I could have been positive for years.

My solicitor believes I could attract another seven-year prison term. I think I need to go onto the Methadone Maintenance Program. I will take up the offer to go to Long Bay Jail to receive Interferon treatment for my hep C in the hope and belief that I can overcome the virus.

I will have to reconsider some of the lifestyle choices that I have already made a mess of. After all, life is too short.

***Brian***

# The Second Sentence

I've been in jail several times, and have probably done between five and seven years all up, broken up over different stints. I'm going to share my story of when I was on remand. I had a major battle to be allowed to do my time in normal, not in the bone yard with the rock spiders and the sex offenders. Being a transgender in custody is a shit-fight enough in itself.

I saw a fair bit of drug use. I vividly remember seeing 10 to 15 guys lined up waiting to use the same fit. I watched them with one cup of water and one of bleach (the old CCF5). I was shocked by how impatient they all were. They cleaned the one fit they had between them in a cup of water and a cup of bleach. Each time a different person used the fit, they'd just go back into the same water and bleach. So they didn't know who or how many people using that fit had either hep C or HIV. I remember telling some of them they might as well just use the fit straight away as the water and bleach were so contaminated. I know first-hand how hard it is to tell other people that you have a disease, especially if you're in a group of people you don't even know.

There was a nurse who worked there. She came in to do blood tests, and always brought in a box containing clean fits among her other equipment. She would leave the room and ask for the guard's help under some pretext. In the 30 seconds we were alone, we'd get rid of our old fits in the fit bin and take a few new ones from her stash. Thankfully, inmates didn't abuse the system she had. It was against the law to do what she was doing. It was a major no-no to even talk about it. This nurse had seen guys come up negative when she took blood when they first came into jail. Then after six months, when she did their tests again, she'd have to have to deliver the bad news: they had become infected inside, mainly with hep C.

I remember a pipper telling me he knew there were drugs in jail. He was fine with it; for him, "a stoned jail is a quiet jail". The only time the jail came down on drugs was when there was drama, like a stabbing or beating over drugs, which happened every month or so. The screws know how it all works. There are dozens of ways of getting stuff inside. As long as they can't find it on you when you're searched, they turn a blind eye.

The only problem is that dealers buy an outside fifty and then make four deals out of it, so you end up paying fifty bucks for a twelve-dollar hit.

The idea that there are no drugs in our jail is just bullshit. You can score easier in there than you can out here. Years ago, when I first did time at Silverwater, I was really hanging out when I arrived. Almost immediately I met someone I knew from using on the outside. He sorted me out all right – half an hour after I got off the truck to Silverwater, I was getting on in the bathroom.

A jail NSP would cost the government way less than just doing nothing. The cost of a blood test is expensive enough, but when inmates find out they've caught hep C, they'll almost certainly want to go on the interferon program, which costs the jail about $30,000 an inmate.

I've seen inmates who have found out that they have caught something go totally off the air and try and commit suicide because of this. It can be stopped so easily – all they have to do is get NSPs in jails. The jail officers know that there is a vast drug problem in Australian jails and they need to wake up to themselves. When you're in jail you are doing a sentence for the crime you have committed. Should you have to be convicted a second time by catching a disease?

***SJ***

*Illustration: Ursula Dyson*

# And Justice for Some:
## The Debate on Needle and Syringe Programs in Prisons

## Managing the Risk: LEAP Australia's Paul Cubitt

*In late 2009,* User's News *editor Gideon Warhaft interviewed Norm Stamper, a retired Seattle police chief who is an advisory board member of Law Enforcement Against Prohibition (LEAP), a non-profit education and advocacy organisation opposed to the War on Drugs.*

*LEAP Australia, an organisation affiliated with but separately run from its American cousin, was established last December, with its website presence launched in May. The organisation's patrons include retired High Court Justice Michael Kirby, former NSW Director of Public Prosecutions Nicholas Cowdery, former ACT Supreme Court judge Ken Crispin and Queen's Counsel Robert Richter.*

*LEAP Australia's president is Paul Cubitt, a correctional officer who has worked in NSW and the ACT.*

***Paul Cubitt:*** For just over a decade, I've worked in the correctional system. I've worked a broad range of security classifications, plus specialised units within NSW Corrections. I came to Canberra because of the human rights agenda that the Alexander Maconochie Centre ran with, and I ended up working in the rehabilitation unit within the AMC.

***User's News: Did you find yourself gradually attracted to the idea of harm reduction?***

***PC:*** As I became older and wanted to learn more about my client base, I found I kept needing to learn more about the job that I was doing. I did a lot of study on how prisons could be run as part of a business degree. I moved into prison rehabilitation, because I saw that a lot of people in prison didn't really understand why they were there. Then I ended up doing a drug and alcohol course and the penny really dropped that what society as a whole was doing to people was wrong.

***UN: What do you hope to achieve with LEAP Australia?***

***PC:*** We're trying to heighten people's awareness that people who work in the sector are concerned about how things are done. The best way I've been able to sum it up is this: just because something is law, it doesn't mean it's a good law. I believe that's the case with drug laws at the moment. We believe that coming from a law enforcement perspective gives credibility to our argument that current policies don't work. The current policies are hurting more people than they're benefitting.

***UN: But correctional officers and police officers are employed to enforce the law, whether that law is just or unjust. What can law enforcement people do to address that?***

***PC:*** You're only employed in that position for 40 hours a week. For the rest of the time you're a citizen who's allowed to express your own opinions. I don't speak as a representative of my department or breach any confidentiality. We want to support people in law enforcement to have their voice heard. They can do that as an anonymous member of our group, or we'd be more than happy for them come out as spokespeople.

***UN: From the conversations you've had with other correctional officers, where do they generally stand in regard to prison NSPs?***

***PC:*** On the whole, officers give me fair hearing to expressing alternate views about how we do our jobs.

All in all, correctional officers are overwhelmingly opposed to a needle and syringe program. I find that a bit frustrating. I understand their charter is to keep drugs out of prisons and to run a zero-tolerance regime in regard to drugs and contraband generally. However, models overseas have demonstrated that there are grounds for NSPs that can be tailored to suit individual jails.

Staff need more education into the benefits of these programs. They need to know more about the client base that we look after. There's more substance to a prisoner who's affected by drugs than just the fact that they're a criminal, or that they're quite often seen as a loser and not worthy of anything more in status.

***UN: Are any correctional officers you've spoken with open to the idea of prison NSPs?***

***PC:*** Yes. Definitely. I couldn't say it was a huge percentage, but yes. I've had some interesting discussions

# LEAP Australia's Paul Cubitt (cont.)

and debates with colleagues in the meal rooms at correctional centres. The vast majority give me a fair hearing and a lot of them say they're going to go away and research the topic for themselves.

***UN: In 1990, prison officer Geoff Pearce was stabbed by an inmate with a syringe containing blood infected with HIV. The officer died of AIDS seven years later. How large does this tragedy loom in the minds of correctional officers?***

*PC:* It's huge. It all boils down to staff safety. The concern of increased weapons within a jail. The fact that one time an officer was stabbed with a needle that had HIV is incredibly important and it can't be undermined in any way. However, it needs to come down to risk assessment and risk management. It's a mindset about the whole topic.

***UN: Do you see a way to change that mindset?***

*PC:* Education. Education on drug topics, education on new ways that custodial staff can perform their roles. The more that people address the drug issue and the core reasons why drugs are a problem in society, the fewer people there would be in jails and the less reliant we'd be on the system to house an increasing numbers of prisoners.

Since Richard Nixon declared the War on Drugs, for want of a better phrase, prison populations have gone up multiple times. Because it's been politically popular to get tough on crime, more people are getting locked up. Administrators are forced into trying to accommodate increasing numbers of people into the same amount of spaces. If they could address the drug issue, the housing problems wouldn't be as significant as they are now. It's all crisis management in prisons. Up to 80% of people in correctional centres are there because of drug-related offences.

The thing that keeps getting overlooked, which is part of LEAP's agenda, is to look at the organized crime aspect rather than just the people who just end up using drugs. I've looked after blokes who were allegedly worth $300M, all from importing drugs. They don't seem to really get a mention. They get shows like Underbelly made about them where they're glorified to an extent. And they're allowed to flourish under the current regime.

***UN: It's early days for LEAP Australia. What are your current projects?***

*PC:* We're building our profile. We hope to make drug policy a mainstream issue. The science and the research are in on drug reform and decriminalisation or regulation. By addressing the drug laws you're going to help a lot more people than are being helped at the moment.

***UN: Prior to the recent NSW state election, the Coalition announced that it would consider implementing a trial NSP in prisons if elected. There was immediate resistance at the time from both the ALP and the Public Service Association. Are you optimistic about the O'Farrell Government? Could this be an instance of where, to use the old saying, only Nixon could go to China?***

*PC:* It was interesting that the NSW Coalition did come out and express some interest in the topic. I envisage that LEAP Australia will be part of lobbying them to keep pressure on them to keep pursuing the topic.

I am optimistic that people and governments will address the issue and take it seriously. There are so many different angles you can come from with this argument. Look at the ageing population. Governments aren't going to be able to sustain growing prison populations with a lower workforce and lower number of taxpayers.

***UN: In the 2009 Justice Health Inmate Health Survey, nearly half the inmates surveyed said that it's quite easy or very easy to obtain illicit drugs inside. Is it unrealistic to believe that contraband can be stopped completely?***

*PC:* Every effort should be made to stop contraband from getting into correctional centres. But the people in jails who want drugs, and the people who want to help them get drugs in, are a lot more ingenious than they get credit for. Custodial officers have to work by the rules. People who traffic drugs don't. A significant percentage of contraband gets busted on its way in. Custodial staff are very committed to stopping that and do a really good job. But history shows that it's not possible to keep it all out. With human rights agendas, which are important, they'll never stop drugs getting into jails.

It's really important that people start moving away from a moral high ground in regard to drugs. Drugs are a part of our culture. Everyone sees drug use on television and hears stories about it. Most people probably know someone who uses some sort of illegal drug. History has proven that what we've done for the last 40 years since prohibition became a big issue hasn't worked.

## The Case Against: Union official Stewart Little

*Stewart Little is a Senior Industrial Officer with the Public Service Association of NSW's Prison Officers Vocational Branch.*

***UN: What is the union's stance on inmates who use drugs illicitly inside prison?***

***Stewart Little:*** They're opposed to it for a number of reasons. First and foremost, if a person's in jail for a drug related crime – and that's quite often the case with people who use inside jails – we would much prefer to see them channelled into a program and to try and do something about their habit through the methadone program or the other programs that operate within jail.

There's also the fact that if someone is using inside jail, they're often trying to get people to smuggle the illegal contraband into jail, usually a family member. That in itself is an offense. And it creates safety concerns for the inmate, for other inmates and obviously for the officers.

***UN: I recently interviewed the president of LEAP Australia, correctional officer Paul Cubitt, who supports the idea of needle and syringe programs in prisons. His view is that however much correctional officers may crack down, they're never going to be able to eliminate all contraband from being smuggled into prisons. From his perspective, it then becomes a straightforward health issue because of the appalling rates of hepatitis C infection. What's your reaction to that?***

***SL:*** The safest way to try and get rid of hepatitis C or any other sort of needle-borne disease is for the drug offenders to get on a methadone program and get off the drugs. To say that you'll never stamp out all drugs – well, of course, that's true, but what we're aiming to do is to virtually stamp it out and to continue to try and improve on stopping the illegally smuggled-in contraband.

As I said, it represents a real health problem. Not just from the point of view of contracting hepatitis or HIV or some other type of disease. Do you really want drug affected inmates inside jails? Are they likely to offend in some other form within the prison? We would argue that anyone who is a habitual drug user and is in for some drug related crime should be putting their hand up for help. I mean, that's why they're in jail, to try and become rehabilitated. Not to use drugs.

The extension of Cubitt's argument is that we should just make drugs available everywhere. Well, if we get to a situation within our society where heroin is legal, and where people can freely obtain it and use it, I suppose that would be the time to have this debate.

***UN: We get a lot of stories from people who are incarcerated. A number of them talk about the difficulty of getting onto pharmacotherapy programs such as the ones you've described. Would you be in favour of an expansion of those programs?***

***SL:*** Absolutely. I'd be surprised if any inmate were refused access to a program. Methadone programs operate in every correctional facility, as I understand. Officers have been going down the path of case management for a number of years. Every inmate has a direct relationship with a correctional officer. Ten years ago, if an inmate was seen talking to a correctional officer, their life would probably be in danger. But things have changed within jails.

If an inmate is looking to be rehabilitated, whether it's violent crime or drug crime, there is certainly help available through programs. I've never heard of any inmate who's put their hand up for a program being denied.

## Union official Stewart Little (cont.)

We're fully supportive of expanding programs and drug-related programs. We think that is the approach to take. But we will vehemently oppose any introduction of needles into prisons.

***UN: Were there to be any move on the part of the Department of Corrective Services or Justice Health to go down that path, even on a trial basis, what would be the response of the union?***

*SL:* I can say unequivocally we would take industrial action in respect to that. Our members will not work under those conditions, under any circumstance.

# NSPs in ACT's Maconochie Centre: CAHMA's Nicole Wiggins

*The front line of the Australian push for needle and syringe programs in prison is the ACT's Alexander Maconochie Centre. Operational since 2009, the AMC's operation "complies with human rights as well as the World Health Organisation Healthy Prison Concept",.*

*An 18-month evaluation of the AMC's first year of operation has been conducted by the independent medical research organisation, the Burnet Institute. Nicole Wiggins, Manager of the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), sat on the evaluation committee.*

***UN: Where is the movement to introduce a needle and syringe program at the AMC at now?***

***Nicole Wiggins:*** The Burnet Institute's evaluation finished in December. In response, the ACT Government commissioned the Public Health Association to put together a models document. A document on how an NSP in prison would work, what the model would be, addressing practical issues. The PHA is talking to a range of stakeholders. We were asked by Michael Moore, an executive officer at the PHA, to gather together some ex-prisoners to do some focus groups and get some views.

The ACT's Chief Minister Katy Gallager, who also holds the health portfolio, has made public statements to the effect that an NSP in prison is a no-brainer. It's something that's absolutely needed to address the problem of injecting and hep C in the prison.

***UN: What sorts of models do you imagine the Public Health Association's document will explore?***

*NW:* Michael Moore has visited successful overseas programs that have had support from corrections staff. His brief was to investigate models and then put together something that will work in the ACT. The programs that have worked overseas are highly regulated

***UN: The PSA's Stewart Little stated to* User's News *that the union would take industrial action if a needle and syringe program were introduced in prisons. For him, there's no scope for allowing the safe administration of something that's illegal and shouldn't be in the prison full-stop. What is your response to that statement?***

*NW:* Eventually there's going to have to be an NSP in Australian prisons, and we have to start somewhere. The biggest obstacle is the prison officers and the union that represents them. And if it's going to take industrial action, then so be it. It's just going to have to be a hurdle we'll get across. They can only go on strike for so long.

The union has made public statements to the effect that they have not looked at the evidence, they're not interested in the evidence or in engaging in discussions. Originally they were going to speak to Michael Moore from the PHA, but they changed their minds. Union officials and correctional officers sat on the Burnet report committee, and they just refused to look at any of the documents.

It would have been great to have opened the AMC with an NSP. People would then have been applying for a job at the prison knowing that's where they're going to work and that's one of the programs that's in the prison.

The Chief Minister of the time, John Stanhope, was apparently given really bad advice back before the prison opened. He was told that a drug-free prison was feasible. That was the rationale for not going ahead with an NSP with its opening. Then the ACT promoted this prison as the first human rights-compliant prison in Australia.

Later, different advice came back to Stanhope: a drug-free prison might be possible, but people's human rights have to be abused to such an atrocious level that it just can't be done without losing compliance.

There have already been some identified hep C transmissions within the AMC. One confirmed and one suspected. People were supposed to be tested voluntarily on entry, then again every three months, and again before they left. But corrections seem to have made sure that didn't happen.

***UN: How?***

***NW:*** It was supposed to be a proactive system where people were informed that testing was available. But it wasn't even mentioned to people. Numerous ex-prisoners we've spoken to had no idea that they could be offered testing inside. I've spoken to a couple of ex-prisoners who, while they were in jail, put in a request for testing, waited for months and couldn't get a test done.

***UN: Stewart Little stated that people who have been drug users and are in detention should put their energies into pharmacotherapy. When I stated to him that there were a number of our contributors who've expressed difficulty in accessing pharmacotherapy, he seemed genuinely surprised.***

***NW:*** People don't access pharmacotherapy so easily in the prison here. Unless people are already on a pharmacotherapy program before they go in, they wait up to two weeks to get onto pharmacotherapy.

The evaluation also discovered how atrociously people are treated and put into withdrawals when they first go into prison. Apparently the rationale is that when people are withdrawing they can't make an informed choice. People who are begging to be given methadone while they're withdrawing are not able to make a proper choice so they're made to withdraw for a couple of weeks until they no longer have physical symptoms. And then they get put on methadone when they don't need it any more.

There's also other drug use other than heroin use. There's speed injecting going on. And even though people are on pharmacotherapy programs, some still inject heroin anyway. They're in a pretty horrible, hostile environment, separated from friends and family.

There are drug relapse prevention programs and counselling programs but they're really poorly organised. People have a lot of difficulty getting enrolled. They wait a long time to get in. There's a high drop-out rate in these courses because they're not meeting people's needs. So given all that, people will continue to inject.

***UN: What happens when the Public Health Association's model document is tabled?***

***NW:*** The Government haven't stated how long it's going to take them to look at it and come back with a response. They know that it's a politically sensitive issue. And it's not a big vote winner. Next year's an election year in Canberra.

***UN: So what do you think needs to happen next?***

***NW:*** The ACT Government needs to show some political will, to just do it and deal with the consequences. We deal with industrial action in all sorts of industries all the time.

The evidence shows prison NSPs overseas improve safety for prison officers. It's not forcing something on them that makes their working environment more unsafe.

***UN: What do you think of comments by LEAP Australia's Paul Cubitt in favour of prison NSPs?***

***NW:*** Prison officers were interviewed for the Burnet Institute report. And a number said that they were either in favour of an NSP or at least were interested in seeing more evidence. But they were also too afraid to publicly state that position. It seems like there's so much pressure on prison officers to tow the party line. I think one person having courage – and it is pretty courageous of him to speak out in that environment – would perhaps encourage those prison officers who are supportive, or at least aren't violently opposed, to perhaps speak up as well.

***UN: You seem fairly optimistic that something is going to move eventually on this in favour of harm minimisation.***

***NW:*** I don't think there's any choice. It has to. I don't know whether that's in 12 months' time or 12 bloody years' time, but eventually they're going to have to concede that it's a serious public health issue and it has to be addressed. We have a duty of care to prisoners to keep them safe while they're in prison.

***Interviews conducted by Mathew Bates***

User's Story

# THE HIDDEN COST OF MY DRUG USAGE

I applied to be an addict at the age of 14. My application was gratefully accepted and quickly processed. There was no money-back guarantee.

My mate knew a fence who bought S8 prescription drugs and moved them quickly, so he thought it would be a good idea to break into a chemist's. I decided to join him.

We broke into our local chemist's by snapping off two padlocks and forced open the front sliding doors. I instantly heard a slight buzzing sound and wondered if it was a silent alarm or just my ears ringing.

My mate and I checked the drug labels in bad light for S8 prescription drugs and put them into a bag. I checked the cash register on the way out and gratefully ran off with the float for the following day's trading. Driving away from the shopping centre we saw a police car and security car arriving. It *was* a silent alarm. Phew.

The fence came around. He paid for the S8 pills and the cold and flu tablets and left us requesting more. We flushed the remaining pills down the toilet.

We were well paid and lucky, considering the quick response of security and police. We realised the alarm was on the sliding door, so we decided to target the same shop by a different access.

I had broken into the fruit shop next door about six months earlier. That was one of the easiest break-ins ever – no alarms. So broke into the fruit shop, knocked a hole in the single-brick wall and climbed next door into the chemist shop.

This time we worked during the day, so everything was visible. We cleaned out all the S8 drugs and cold and flu tablets from the shelves and fled. We took our loot to the fence and were paid handsomely for our efforts.

We noticed that there were no police or security arriving after our second break-in and realised we hadn't triggered the alarm. We figured as long as we stayed behind the rear counter the alarm wouldn't go off. So back we went a third time.

Moving around behind the counter, I bumped a swivel chair and heard something in the pocket of the jacket flung over it. It was a bunch of spare keys – including the safe key. I opened the safe and it was packed. I removed all the S8 drugs, bundles of cash and 1½ bottles of methadone.

We called our fence again and sold him the methadone. We gave him an itemised list of what we "might be able to obtain", asking how much he was willing to pay for each. We wanted to know the best prices as an indication of what was most sought after. We also used the list to decide what to experiment with.

We tried things I can't even pronounce. We tried Rohypnol and Rivatrol. We invited our fence around to show us how to prepare MS Contin and Oxycontin for injection. We were a mess that first week, having swallowed and injected so many pill varieties.

Soon after, I was arrested. My fingerprints were found inside the shop on an interior cabinet. I pled not guilty at trial but was found guilty by jury. I was sentenced to five years with three years parole.

Coming to jail and going through pill withdrawal is something else. I will not readily forget it. I just wanted the pains, the cramps and the sweats to go away. I thought I was dying. There were times I wished that I had. When my cell door was unlocked on my second morning inside, I was found unconscious and was rushed off to a nearby golf course by ambulance, then taken to a hospital interstate by helicopter. I was operated on for the removal of a brain tumour thought to be from shooting up benzos.


We made a lot of money with the pills that were only worth $900 to the chemist. They paid more on the black market. Now the chemist is seeking compensation and my solicitor advises me to repay

the losses before my appeal is heard later this year. I seriously doubt my ability to pay.

While in jail I have contracted the hep C virus (genotype 2) from using a used syringe. Even though I cleaned it cautiously with Fincol solution, this was not sufficient to prevent my infection. I'm waiting to see the prison doctor to see what treatment options are available.

In prison, one single syringe can easily be used hundreds of times. Even when it becomes unworkable, parts are often kept to repair someone else's broken fit. Syringes should be supplied to prisoners to prevent HIV and hep C contamination. While prisoners cannot be heard, this is unlikely to occur without some outside advocate seeking to change current policies.

I think I've learned my lesson and I'm now paying the real, full price. If only I had known the hidden costs for my crimes, I probably would have resorted to something more worthwhile.

***Sean***

# Old Fits for Jail Hits

This story took place in the mid 90s, when things were pretty good. Everyone seemed to have plenty of money and the gear was as good as you'll get. I was prostituting at times and selling hammer at others. Unfortunately I was charged with supplying a deal and got three months.

I knew I'd be going to jail when I went to court. I'd only done weekend detention before, but that gave me an idea of what to expect. I was a Kings Cross local, so I realised I was bound to know a lot of the girls inside as I was a Kings Cross local.

I had a big habit at the time and loaded up accordingly before court. I took with me as much as I could – hammer, some rohypnol, cannabis. I was missing an integral element of the stash but I was stumped about how to take in a fit. They're too long and too sharp. I just had to hope for the best.

I was already hanging out when I got out of that claustrophobic prison truck. I was freezing but sweating. The nurse gave me one 5mg valium and sent me to a cell where I was watched constantly, with cameras and lights on all the time. It was hell knowing I had gear but couldn't use it.

After a couple of days I was sent to the main cells. Luckily I did know a few girls and immediately went about finding a fit. It took a bit of doing. I approached someone who didn't have one, but her connections hooked us up with a girl who assured us she had a brand new fit. Now there were three of us in the deal.

When I finally got to see the fit I wasn't too happy. It was full-length – unusual as most jail fits are cut down to make them easier to smuggle in – but there was no wrapper and it sure didn't look new to me. Shit. I had never used a suspect fit before and really didn't want to start now. I knew I could get HIV. I already had hep C but I knew there were many strains and didn't want another one. Not only that, I got to go first because I was supplying the gear, and that meant I might pass on hep C to the others. But I had never been in this situation before and just couldn't help myself. I was reassured the fit hadn't been used for 24 hours at least and I told myself that reduced the HIV risk. I just couldn't worry about it. I told the others I had hep C but it didn't slow them down for an instant.

I kept that fit and used it until the black tip on the inside snapped off at the white plastic join. It was so blunt I couldn't push the needle into my skin. It was like a nail. You can imagine the pain and butchery and blood. Combine that with trying to get each shot away while avoiding detection, with no privacy and the screws patrolling constantly. The permanent damage I did to my veins over those three months was crazy.

I thought I would get an HIV test while I was in there because it was on my mind a lot that I really could have HIV. It took weeks to get the results – so long I was convinced it must be bad news. When I couldn't take the uncertainty any longer, I walked up to the office with a sense of doom. The nurse got out my folder. Negative. "That was done a long time ago – didn't I give you the results? You must have been worried!" Fuck! You don't know the half of it…

I could tell you stories about using inside that would make you laugh and cry, but that would mean telling other people's secrets and might wreck things for those still inside. All you really need to know is that people use drugs in prison and they take risks in order to do so. The risks I have taken with prison fits still cause me problems, but at least the experience didn't kill me. It could have.

***Kaye***

*Illustration: Tony Sawrey*

User's Story

# Inside Out

I'm back in Mulawa Jail at Silverwater, doing a six-year lag-on with four on the bottom for aggravated breaks and armed robbery. I only out for three months after just finishing a six-and-a-half year lag-on.

When I got out I was so scared. I was spinning out hard on how much everything had changed. It was crazy being released from Mulawa. It's so wrong, they just throw you out the gate with no support, nothing except your Centrelink cheque.

My parole officer was new. She'd only been in the job a month before I got out so everything was by-the-book hard. I couldn't do shit. Meetings every day of the week, urines, counselling. Even on weekends I had to go and see a psychologist. The more stuff they had me do, the less time I had for my family and my beautiful baby boy.

I couldn't cope with it. I became really depressed. All I could think about was jail or hurting myself, because I didn't want to deal with any more crap. I was lost with no help and just wanted to get locked up and come back to jail.

Being here is easy as. I kick back every day, not having to worry. At the same time, I'm hiding away in here. Yes, it saved my life, but every day I spend here is another day away from my baby. He's eight now, and I've been in jail most of his life. The only time I see him is on kids' visits once a month. He deserves so much more.

I contracted hep C when I was 13. My first shot didn't just give me a habit, it also gave me hep C. Being only a kid I didn't know that by sharing a needle I'd get a disease, but I did! So when I heard about Interferon I got straight onto the nurses inside and asked. I had to see a hep C specialist who explained what needed to be done and what side effects there were. When he told me that I could get really ill and that I'd lose my hair, I got scared, but I thought "well, I'd rather go through all of that than be stuck with hep C for the rest of my life". So I said "sweet. Sign me up." Then he told me that I had genotype one, the really bad one, and that I'd have to be on the treatment for 12 months. I was dreading being on it for that long but I knew it had to be done.

I had to take pills every day and a needle once a week. For the first month everything went well, but the second month felt terrible. I started getting really sick. Migraines every day. I had an irritating rash all over my body. I was spewing up, I couldn't eat and was worried that I couldn't do it any more. I was taken to the hospital a couple of times because my temperature got really high. I was so scared. The nurses told me that if it got worse they'd have to stop all the treatment. But even though I was really sick, I still wanted to stick it out, and I'm so glad I did.

By the third month it was all gone. All of the migraines, the rash, my body shutting down, me spewing up. I thought "oh my God, I've beaten my hep C." That was an amazing day. It was worth it. I'm glad I stuck it out. I'm only 26. I don't have to worry about my liver failing or having hep C.

I'll be leaving jail a stronger and more confident woman than what I was last time with more support and more help to get my life back. I'll try to be a better mum and do what's right for myself and for my son. And I can now say that I'm hep C negative. I'm hoping by writing this, anyone who is considering having the treatment done will do it. I promise you won't regret it.

By the way, I didn't lose any of my hair.

***Flowskie***

***Ed. – The advice Flowskie received from her specialist seems to be a little misleading. Thinning of hair is a symptom that some people on interferon treatment go through, but we know of no cases where people on the treatment lose all their hair.***

*Illustration: Tony Sawrey*

# Turn up your radio: Jailbreak's Kate Pinnock

It's a busy, loud morning at the Broadway community radio station 2SER. Music blares from the speakers as Jailbreak producer and host Kate Pinnock takes a break from putting together the next edition of the program to talk with me.

Her enthusiasm for the program is obvious. "Most of the people I talk to for this program are the best people you're ever going to meet. Taking on this program has been an amazing education for me. I've learnt so much about people in jail families affected by jail. And about the gross injustice in a sense.

"Once people get sucked into the system, it's so hard to get out and not go back in. They do their time and they try not to get back in and the system seems to set them up for jail again. Society owes it to them.

"The stuff we're talking about is confronting and it's not family content. It's a way of reaching out to people who otherwise wouldn't have information, wouldn't have support. It really started because of the families and the communities who didn't have information, that link. It was a way of reaching out to families and the community."

Listening to Jailbreak, a strong message of the program amongst the many amazing stories is the promotion of healthy living initiatives for people in jail. As a result, they run harm reduction ads around safer using. This puts them in a potentially awkward position with NSW Corrective Services, whose official position is not to acknowledge drugs in jails.

Due to security concerns, amongst other issues, everything that goes on air must be vetted both by Corrective Services and by the Community Restorative Centre. It sounds like the program has to walk a fine line.

"We have to balance a number of political agendas", says Kate. "Corrective Services are fantastic; they get us into jails, they support and encourage the program, because they know we want to reach people in jail and their families. But they don't always agree with some of our messages. We have to be careful about certain details. The main thing is they want to make sure it's of benefit to everyone. As do we.

"It may just sound like we're getting on the airwaves going 'hi, guys!', but we have to put a lot of work into reaching our audience. There's potential damage you could do to people in jail. There are huge privacy and confidentiality issues. As a result, the program's not true journalism, in that we feel we are the advocates of families and people, but we want to tell their stories.

"It's radio for contact, for linking up and listening to a program that's purely for them. People who are talking to them. Stories about them. Issues they're involved in. And music! Lots of music."

The program has changed since Lyn Bond started the program in the late 1990s. Its early, more politicised stance has evolved into a program focussed on music and on people's stories.

A key component of the program's musical appeal is underground hip hop maven Big Dave, whose regular guest hosts form a part of his larger community work for ex-prisoners and at-risk teens.

Big Dave encourages and produces young crews out of jail to cut tracks. Many of these tracks are played on the program. "Music on the show has opened up a different world", says Kate. "You realise that there's so much artistic expression and creativity in people who are inside. Music has been the thing that has gotten them on their feet. The stories they tell after they've been through these profound experiences. How else do you tell the world? Music becomes a form of rehabilitation. And Jailbreak provides a platform for them.

"We want our audience to love the program, that it supports them, that it's not sensationalising their situation. We're trying to strengthen the ties."

***Mathew Bates***

*Jailbreak is broadcast from the studios of 2SER every Tuesday at 6:30pm, and is syndicated across NSW and eastern Australia. Past programs are available for podcast at www.2ser.com/programs/shows/jailbreak. To check if Jailbreak is broadcasting in your area, contact the Community Radio Network on 02 9310 2999 or office@cbaa.org.au*

# Getting Well on the Inside:
## Pharmacotherapy in Custody

It's the worst possible scenario: you've got a habit or are on some form of treatment and you've been arrested. How do you access your meds? Who is in charge? What are your rights and your responsibilities? Who do you turn to if things go wrong? Is there any support?

Your chances of getting access to your meds requires the help of prison, Justice Health and police staff. It is in your best interests to be as polite as possible – you need the assistance of these people. Stay calm and try to be as helpful as you can.

Justice Health (part of NSW Department of Health) are responsible for all of the health and treatment of all prisoners in NSW jails and juvenile detention units, including access to pharmacotherapy treatments such as methadone, bupe, etc. Much depends on your status prior to your arrest (*e.g.* are you already on treatment) and where you are actually being held (*e.g.* are you in lockup, on remand or serving a sentence).

Here's a rough guide on the differences between facilities and the ease or difficulty of getting your meds:

### Weekend lock-up

In terms of getting your meds, this is kind of the worst-case scenario. Section 7.25 of the *Opioid Treatment Program: Clinical Guidelines for Methadone and Buprenorphine Treatment* (provided by NSW Health) states that "public and private opioid treatment services are responsible for dosing any of their patients who are being held in police custody, except for patients held in cells where Justice Health nurses are available to do the dosing".

In reality this means that if you are in one of the larger lock-ups (for instance, Surry Hills) you should have access to Justice Health nurses who can confirm that you are already on treatment. You will need to provide staff with details of your clinic and prescriber for this to happen.

If you are in a smaller lock-up facility, things are a little more problematic. According to Justice Health: "If there is no Correctional Health nurse available it will be necessary for the service provider to attend the police station or arrangements for the individual to be taken from the police station to the service provider will have to be made". This means you will be relying on the good graces and timely intervention of police staff, which might be in short supply. You will still have to provide details of your pharmacotherapy prescriber and chemist/clinic. If arrangements can't be made for you to travel to your medication provider, then they have to come to you, something that depends on the whims of your provider. While there are many good providers out there, not all have the staff or the will to see you in lockup.

### Remand

When on remand things are a great deal easier. The duty of care regarding your health is with Justice Health. At reception to your facility you will undergo a health check carried out by Justice Health staff. This is when you need to tell the nurse or doctor all your health issues. As before, if you are already on treatment you need to provide Justice Health staff with details of your prescriber and your dispenser (chemist or clinic). There are penalties for diverting your dose up to and including withholding medication. If you are used to injecting your dose it's best for you to get used to oral or sublingual dosing as there are currently no plans for starting needle and syringe programs (NSPs) in NSW prisons.*

If you have a habit and wish to start treatment, reception is the time to speak up. Pharmacotherapy inside NSW prisons and remand centres takes three forms: Methadone, Buprenorphine and Naltrexone. Justice Health staff are required to follow the same procedures as any other new application for treatment. In other words, your treatment drugs must be prescribed by a doctor and there are penalties for diverting your dose up to and including withholding medication. Be aware that you may be required to provide urine tests as part of your treatment and failure to produce clean urines may adversely affect or stop your treatment.

### Complaints

If at any time you are unhappy with your treatment, there are several avenues for complaint. In the first instance, you should request to go to the Health Centre at your institution. Speak to the Justice Health officer there and ask for your program to be reassessed.

You may also want to speak to your legal counsel. Prisoner's rights group Justice Action (www.justiceaction.org.au or 02 9283 0123) may also be helpful.

* see interviews on pp 13-17

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* see interviews on pp 13-17

If you receive no joy from these sources, you can try:

Health Care Complaints Commission:
Phone 02 9219 7444 or toll-free 1800 043 159

Chief Executive of Justice Health:
PO Box 150 MATRAVILLE NSW 2036

Telephoning or writing to the NSW Ombudsman:
Phone 02 9286 1000 or go to www.ombo.nsw.gov.au for details on complaints procedures.

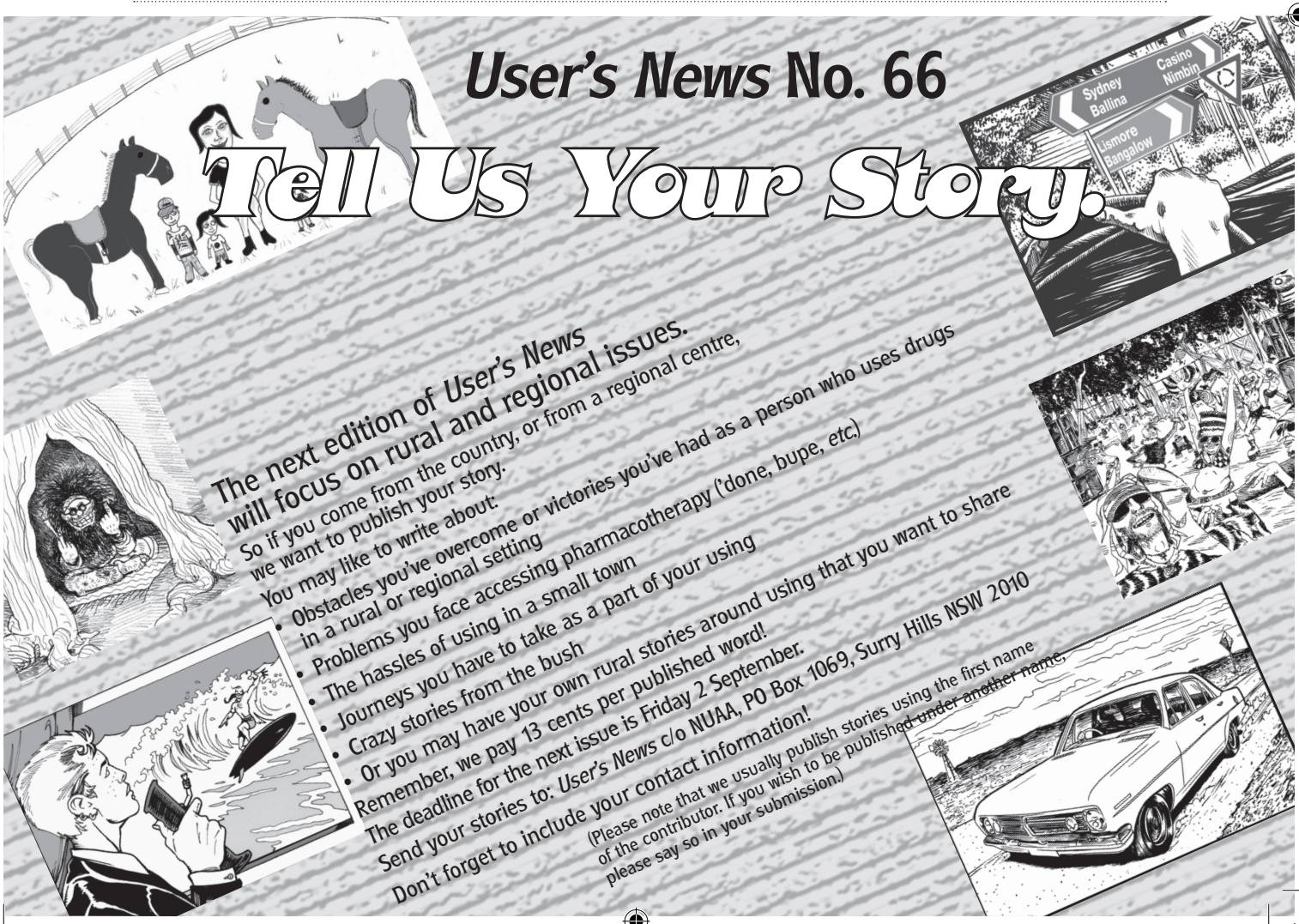
Please note that you are not going to get instant results from the Chief Executive of Justice Health or the NSW Ombudsman. These offices are best at handling long-term disputes. That's not to say that you won't get satisfaction from these organizations but it will take some time.

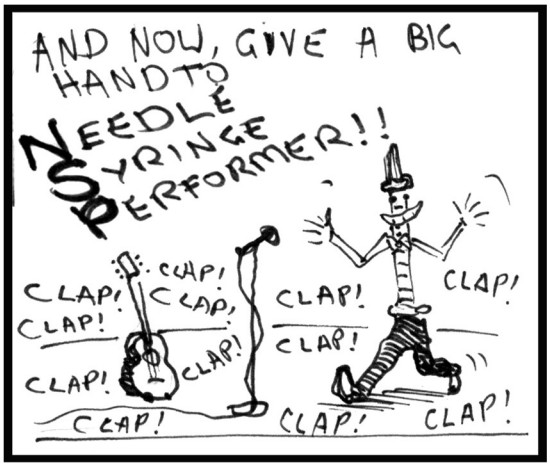
In terms of support over the longer term, your first port of call should be your Justice Health nurse. However, you can also contact the Justice Health counselling line on 1800 222 472.

Further support is available from groups like the Community Restorative Centre (www.crcnsw.org.au or 02 9288 8700), Justice Action (www.justiceaction.org.au or 02 9283 0123) and Family Drug Support (www.fds.org.au or 1300 368 186).

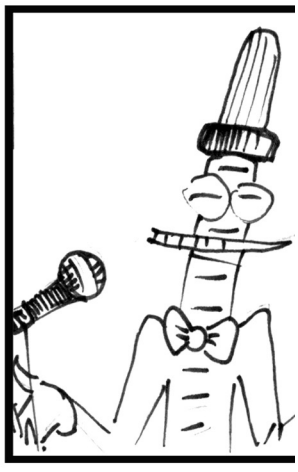
Finally: what happens to your treatment when you are released? According to their website, Justice Health provides "post-release care arrangements for any client on a longer-term pharmacotherapy such as Methadone or Buprenorphine to ensure continuity of care". This basically means they must transfer the running of your treatment over to an appropriate clinic and prescriber. If you are unhappy with who or where you are being transferred to, speak to your Justice Health officer. The Community Restorative Centre (contact details above) may also be able to intervene on your behalf.

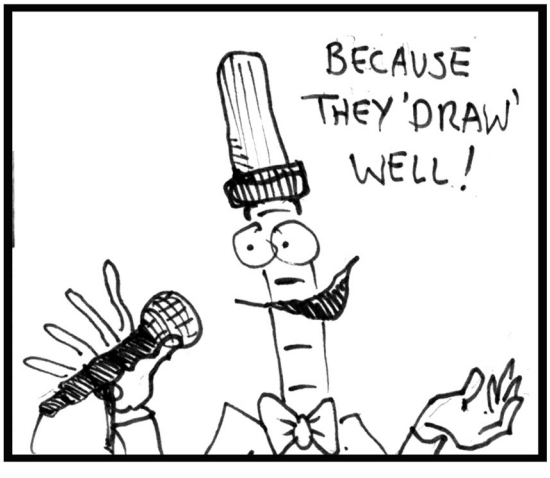
***Neil***

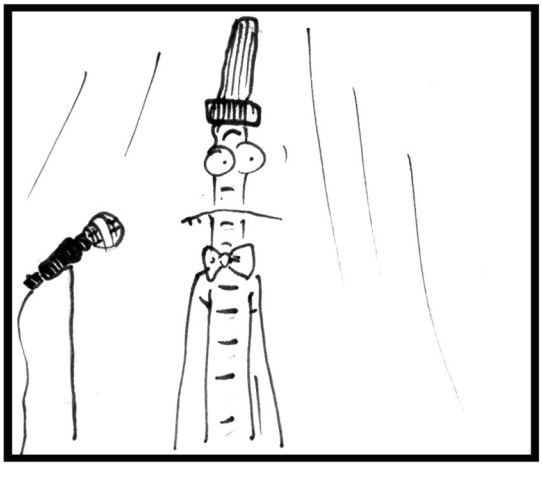


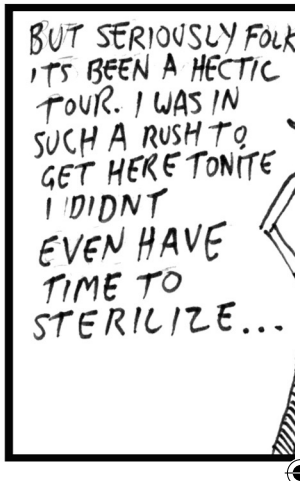

AND NOW, GIVE A BIG HAND TO
NEEDLE SYRINGE PERFORMER!!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!
CLAP!

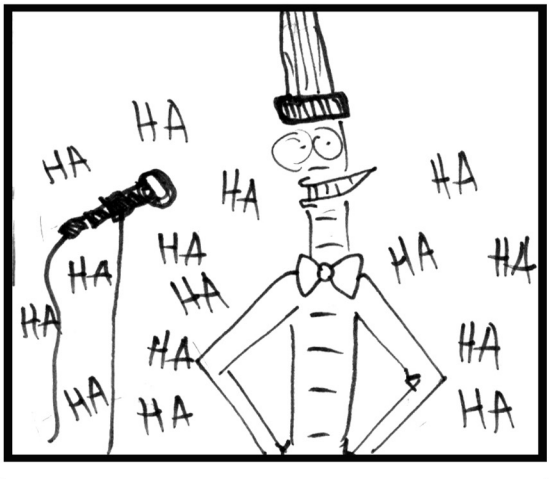

Hi
Hi!
Hi!




BECAUSE THEY 'DRAW' WELL!



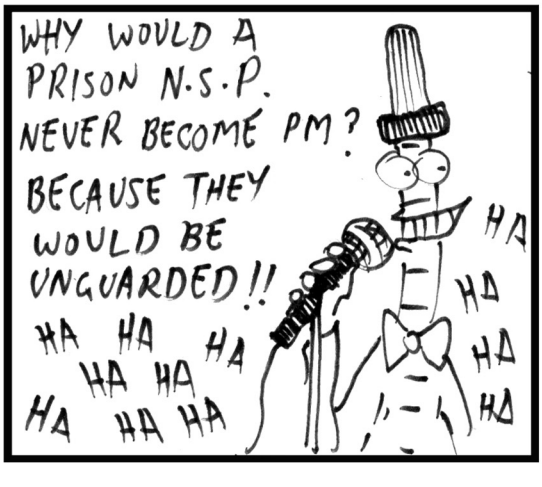

BUT SERIOUSLY FOLK
ITS BEEN A HECTIC TOUR. I WAS IN SUCH A RUSH TO GET HERE TONITE I DIDNT EVEN HAVE TIME TO STERILIZE...


HA
HA
HA
HA
HA
HA
HA
HA
HA
HA
HA
HA
HA
HA
HA
HA
HA
HA

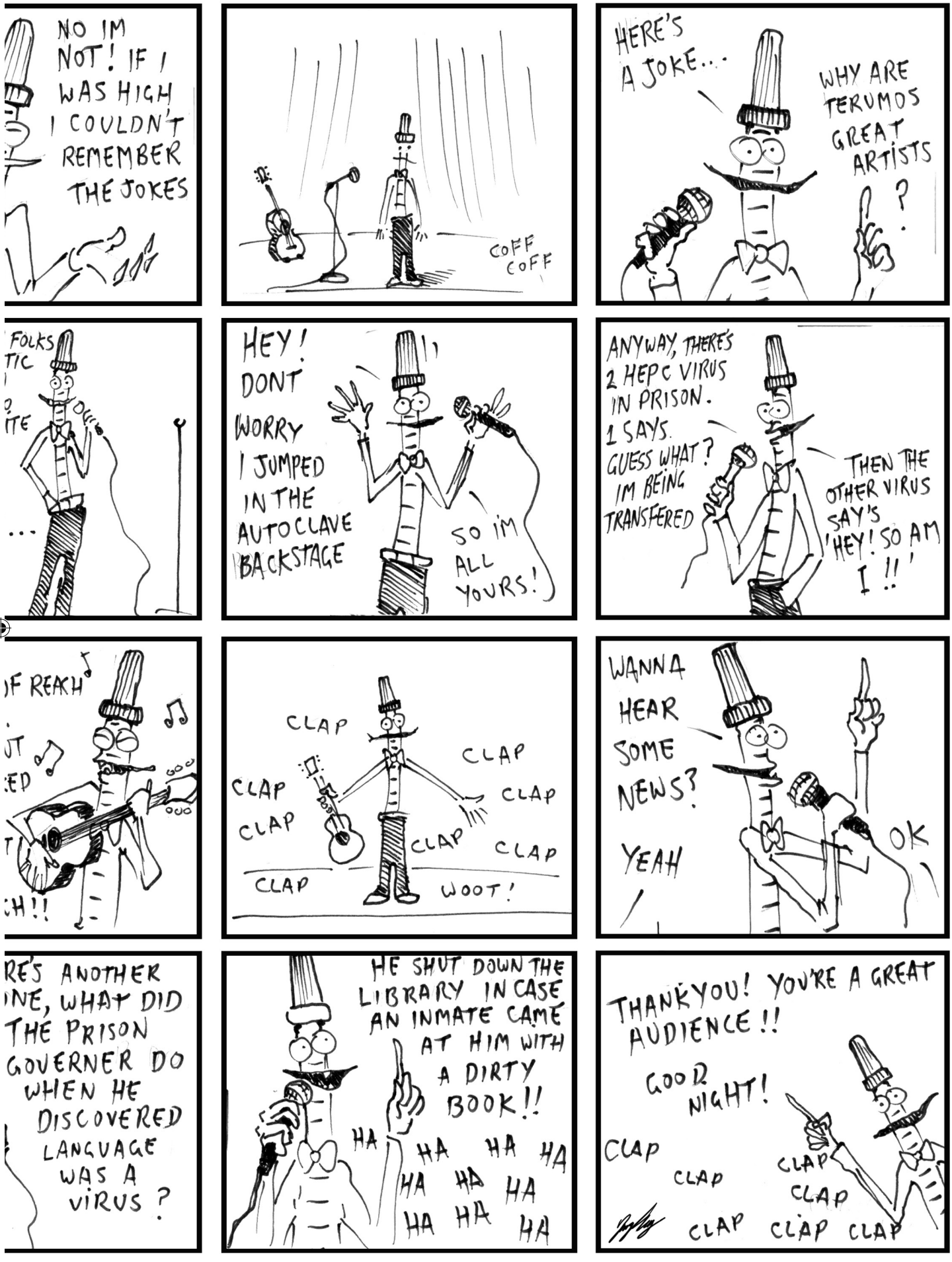

YOU'VE PROBALY HEARD THAT AUTHORITIES ARE CONCERNED ABOUT THE SPREAD OF HEP C IN OUR PRISONS. HERE'S A SONG...


OH BLEACH
HARM IS OUT OF R
WITH BLEACH.
THE TIP IS BLUNT
MY VEINS R FUCKED
30 BLOKES
TO SHARE A SHOT
BUT THERE'S
BLEEEEACH!


THE CPSU* SECRETARY STATED 'NEEDLES IN, GUARDS OUT!' THIS MAKES ME WONDER..
*COMMUNITY& PUBLIC SECTOR UNION.


WHY WOULD A PRISON N.S.P. NEVER BECOME PM?
BECAUSE THEY WOULD BE UNGUARDED!!
HA HA HA HA HA HA HA HA HA
HA
HA
HA
HA


HERE'S ONE


NO IM NOT! IF I WAS HIGH I COULDN'T REMEMBER THE JOKES
COFF COFF
HERE'S A JOKE...
WHY ARE TERUMOS GREAT ARTISTS ?
FOLKS
TIC
ITE
...
HEY! DONT WORRY I JUMPED IN THE AUTOCLAVE BACKSTAGE
SO IM ALL YOURS!
ANYWAY, THERE'S 2 HEPC VIRUS IN PRISON. 1 SAYS. GUESS WHAT? IM BEING TRANSFERED
THEN THE OTHER VIRUS SAY'S 'HEY! SO AM I !!'
F REACH
UT
ED
CH!!
CLAP
CLAP
CLAP
CLAP
CLAP
CLAP
CLAP
CLAP
CLAP
WOOT!
WANNA HEAR SOME NEWS?
YEAH
OK
RE'S ANOTHER NE, WHAT DID THE PRISON GOVERNER DO WHEN HE DISCOVERED LANGUAGE WAS A VIRUS ?
HE SHUT DOWN THE LIBRARY IN CASE AN INMATE CAME AT HIM WITH A DIRTY BOOK!!
HA HA HA HA HA HA HA HA HA HA
THANKYOU! YOU'RE A GREAT AUDIENCE!!
GOOD NIGHT!
CLAP
CLAP
CLAP
CLAP
CLAP
CLAP
CLAP

**So you may know about the risks around catching hepatitis C, but**

# What about hep B?


Hepatitis B is a different virus to hep C.

It can be spread through sharing needles or using unsterilised tattoo/body piercing equipment, just like hep C.

But unlike hep C, hep B can also be easily spread by having sex without a condom.

Hep B is a serious and sometimes life-threatening disease that can damage your liver. It's especially dangerous if you have hep C or HIV as well.

## The good news is that there is a vaccine for hep B!

If you:

- Inject drugs
- Have sex with many different people without protection
- Have a life partner who is infected with hep B

You could be at risk of catching hep B.

So talk to your health professional today about getting tested and vaccinated!

# Blood on the Tracks

## How Avoiding Scarring Can Help You Stay Hep C Free

In 2009, I arrived at London's School of Hygiene and Tropical Medicine to work on a hepatitis C prevention project called Staying Safe. Two years on, it's clear that people who use drugs keep hep C at bay with a range of practical strategies motivated by more than avoiding blood-borne viruses.

Originally devised in New York, this international project has always listened to the experts – users who have injected over the long term who have not been exposed to hep C. After agreeing to be involved in Staying Safe, each participant takes part in an interview about their life history, from which we build a computer-generated timeline. In the second interview we use the timeline to prompt the participant's memory when discussing injecting practices, environments and social networks over time.

Before leaving Sydney, I interviewed 13 participants for Staying Safe and in London I have interviewed 36 so far. My work on other projects with people who inject in Sydney, and with a decade of 'field experience' in New Zealand injecting communities had not prepared me for the most profound difference between the Sydney and London participants: the state of their veins.

True, the Sydney participants' injecting history averaged 11 years compared to the London participants' 21 years, but the London participants described losing the use of veins much earlier in their injecting histories than I'd heard of in NZ or Sydney. Why? There may be many different causes: the heroin injected in the two countries is different; UK participants tend to overuse citric acid; and their additional injecting of crack can numb the injecting site, making it easier to miss.

So how is this relevant for hep C prevention and harm reduction interventions in general? The major finding of the Staying Safe study so far is that safe injecting practices and other protective factors that helped people to avoid hep C were not necessarily motivated by avoiding blood-borne viruses; rather, more practical concerns like avoiding track marks (for those early in their injecting careers – particularly in Sydney), maintaining access to veins (primarily in London) and making the injecting experience more pleasurable.

### Avoiding track marks

Used fits = blunt fits. Blunt fits + scars = stigma

The Sydney participants, aged 25–37 (average 31), were all hep C antibody negative. Many did not share fits or reuse their own to avoid track marks and associated stigma. This was especially true early in their injecting, before hearing about hep C or even HIV. Take Lisa, who started injecting 20 years ago in Sydney:

"[I didn't share] because I didn't want scars to start off with, and blunt needles give you scars... That was a massive thing to me 'cause I didn't want to go home and embarrass my family."

Others avoided reusing their own fits in order to reduce track marks. As Phil says:

"[I didn't reuse because needles] getting blunt mainly and [they] just leave scars. Also, that picture in the clinics. Once, twice, three, five times used and you see it wear down".

Phil refers to a poster depicting magnified pictures of reused needles (see opposite). This poster shows how health promotion works – it was spontaneously mentioned by a number of participants and it appeared to deter them from reusing. While reusing your own needles and syringes does not, in itself, constitute a hep C risk, it can lead to the unintended sharing of syringes, especially if they get mixed up or misplaced.

### Avoiding vein damage

Used fits = blunt fits. Blunt fits + vein damage = difficulty injecting

The London participants think of used fits as blunt fits that damage veins and make injecting difficult. Aged between 30–53 years (average 41), many had experienced substantial vein damage, so maintaining their veins to get an easier hit was a strong motivator to use new fits. As Andy says:

"I'm not going to use a pin more than once. Once it's punctured my skin twice that pin is dead now because it's blunt, therefore I can't share anyone else's because it's blunt already… that was the main reason."

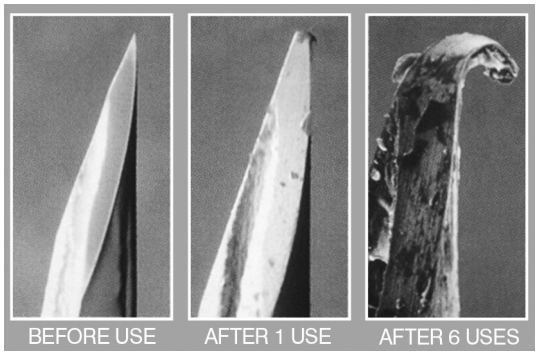
As in Sydney, UK participants spoke of being motivated to use new fits early in their injecting, before learning of

## Blood on the Tracks (cont.)

hep C or HIV, to maintain access to veins in order to get a quick and easy hit. Avoiding vein damage reduces the risk of transmitting hep C. Common among London participants who couldn't get a vein was the practice of transferring the mix into another syringe and/or re-cooking and filtering a mix that had become bloody and congealed. This risks the contamination of spoons, filters and water and increases the amount of used fits in the injecting environment.

### Building capacity, redressing neglect

A number of the London participants had transitioned to groin injecting; many feared this move and expressed a desire for help in maintaining and finding other veins. Those seeking such help were encouraged to stop injecting – another intervention opportunity leading to further alienation and disengagement from services. I asked Tony if he had had any help with vein care. He replied "No... because they will immediately go, 'oh well, try smoking'. They don't get it. Fucking hell, you know. Smoking?!"




### Engaging with pleasure

Sterile fits = sharp fits. Sharp fits = less scarring and a quicker hit

Getting a quick hit is pleasurable. Nothing induces desperation like poking around for a vein, ever conscious of the risk of the mix coagulating and losing your hit. With health promotion speaking from the script of "misuse", "harm" and "recovery", the pleasure of injecting has become the elephant in every drug services waiting room.

Controversial as it may be, it is perhaps time for harm reduction interventions to borrow from HIV messages aimed at men who have sex with men. By actively engaging with notions of pleasure, social marketing of syringe use can more effectively promote sterile – that is, sharp – fits which prolong access to veins and minimise unsightly scarring. These messages are more likely to resonate with injectors jaded with or confused by hep C prevention messages.

Of course, using clean fits alone is not enough to avoid hep C transmission. Other equipment can also transmit the virus. However, providing non-stigmatising support and advice on vein care would certainly help spread information about keeping other equipment separate. Participants were clear that pragmatic interventions about facilitating pleasure, easing injection and avoiding scars and stigma would be more appealing – not to mention relevant – than hep C based messages.

Some saw hep C as inevitable, and of little short-term consequence. Others thought hep C risk was difficult to conceptualise when there was no visible evidence of blood or contamination in reused fits. This is not to say the London participants didn't care about hep C, just that much of their protective activity was borne out of these more pragmatic and immediate concerns. By accentuating these day-to-day concerns and including the pleasurable aspects of use, harm-reduction interventions can more effectively engage injectors than the often abstract concepts in hep C prevention.

This article summarises a paper I presented at the recent IHRA conference in Beirut. I'd like to acknowledge the co-authors of this paper and chief investigators of the Staying Safe project from which these findings are drawn: Professors Tim Rhodes, Carla Treloar and Lisa Maher.

***Magdalena Harris is a Research Fellow at the London School of Hygiene and Tropical Medicine. She is currently lead researcher on the qualitative research project "Staying Safe: a sociology of how people who inject drugs avoid hepatitis C in the long term". This article was published in different form on the harm minimisation site injectingadvice.com.***

*Image detail from Becton Dickinson harm minimisation poster*

# PUT YOUR HAND UP

## NUAA's Peer Participation Program

> "NUAA Peer Participants have volunteered over 865 hours in the last 12 months. If we put a dollar value on the hours, that is over $20,794 donated to help our community."

When I recently arrived at NUAA's NSP – where I've been volunteering for just over 14 months – I was greeted by a poster containing the above information. As a self-designated career user who has always been told that he is part of the "problem", it felt pretty darn good learning that for once I was part of the "solution".
That I, along with my fellow peers, had assisted NUAA workers in dispensing god knows how many thousands of fits, thus helping to prevent the spread of HIV and hepatitis C.

### What is a "peer" and who can become a "peer participant"?

Simply put, a "peer" is someone like you. Someone who has a similar social situation, who goes through similar things that you go through, who has a lot of experiences in common with you. For all of us at NUAA, the term "peer" refers to any person who uses or has used illicit drugs, or who has a mate, friend, significant other or family member who has been affected by illicit drug use in some way.

The Peer Participation Program provides NUAA's members and supporters with the opportunity to become active in the organisation through volunteer work.

At NUAA, we value peers because we recognise that the things we all have in common are more important than the things that make us different. Peers understand the difficulties that users like you and I have in accessing mainstream services and the importance of accessing services that are non-judgemental.

NUAA's peer participants have first-hand knowledge of the different issues that affect the illicit drug using community. Participants need to be compassionate, to have a genuine concern for human rights and an interest in how our community is treated. Most of all, peer participants want to make a difference in the lives of other peers.

### What is the most common peer participation role at NUAA?

For new recruits, the most common position available is assisting NUAA's drug education officers/peer education workers in the needle and syringe program (NSP). In my opinion, the NSP is the best place for peer participants to start. It's the face of NUAA and the first point of contact with the organisation for many punters.

NUAA always needs skilled peers to assist its peer educators. If you've been told that you know "shit", don't buy it, guys. The Alcohol and Other Drug sector now realises that peers like us have a lot to offer. Let's face it, who knows more about detoxing, rehab, hanging out, tolerance and addiction than you and me – people who have actually experienced it, right?

NUAA needs peers who can provide the people who access the NSP with information and education on how to reduce the incidence of blood-borne viruses such as HIV and hep C through safer drug use and sexual behaviour. As I've already said, don't worry about how little you know: NUAA looks at what you do know and where your strengths lie, then takes it from there.

I couldn't even turn on a computer 14 months ago, let alone use it. So don't go thinking you have nothing to offer. Regardless of your literacy level or education, your background, your past experiences or skills, there is a role for you at NUAA. You'll also have a chance to help plan and implement publicity, promotion and community health activities in the NSP. Peers are also provided with the opportunity to work in other parts of the organisation like administration, policy, and communications. (Like me, you may even have an opportunity to write for this magazine!) The Peer Participation Program is all about making sure that both the participant and NUAA learn from each other and get as much benefit as possible from working together.

# PUT YOUR HAND UP [CONT.]

**How much time to I need to commit?**

Before committing your time and skills to NUAA's Peer Participation Program, have a quick think about things like your ability to travel, how much time you can give and what your interests are. Most importantly, be realistic. The great thing about volunteering at NUAA is that the Peer Participation Program is flexible. How much time you choose to give is entirely up to you. Initially, you may only feel like donating one shift a week – that's around three hours one morning or afternoon. That's cool.

Maybe you have experienced, like I have, the humiliation of having to pee into a cup on demand. Maybe you've had your take-aways suspended because of a relapse. Or perhaps you've noticed the not-so-subtle change in attitude when you tell a doctor who is not your prescriber that you are on 'done. If so, then you know just how important it is to have an organisation like NUAA working to support the rights and conditions of illicit drug users like you and me.

For over 21 years NUAA has successfully promoted harm reduction and the importance of never sharing injecting equipment, thus helping to reduce the incidence of hep C and HIV in our community. The next 21 years look like they are going to be pretty exciting. At the moment NUAA is working hard to change NSP guidelines so that peers can dispense fits like their paid counterparts, and can have a say in designing, developing, implementing and managing service delivery at methadone clinics, detox facilities and rehab (about fucking time!).

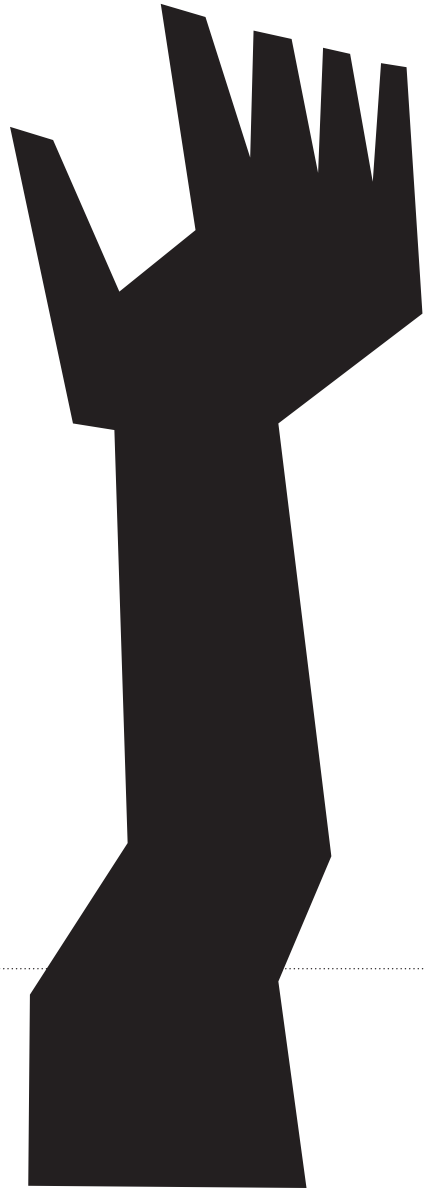
So if you consider yourself a peer like me: someone who wants to be seen as part of the "solution"; someone who wants to do volunteer work that has a direct, positive impact on our community; someone who wants to learn new skills, gain some work experience and meet new people; someone who wants a chance to change community attitudes and government policy, and to help ensure that people who use drugs are treated fairly, as well as gaining a shit-load of personal satisfaction – then I encourage you to get involved.

For more information, give Lucy, NUAA's Community Program Services Team Leader/Volunteer Coordinator, a call on (02) 8354 7300. Alternatively, you can download an application form from the NUAA website:

http://www.nuaa.org.au/files/Volunteer/volunteer_application_form.pdf

Cheers!

***Maurice is NUAA's Peer Participation Program Volunteer Support Worker***




## ANTHONY'S STORY

**"Drinking, smoking, thieving. That was the only life we knew,"** recalls Anthony of his childhood.

**"I first smoked heroin when I was 16. My cousins would rock up with gear and money. And the dealer lived next door. You just couldn't get away from it."**

The decade that followed was one of extremes. It saw Anthony become a parent, and get recognised for his work with indigenous kids. But it also saw him struggle in and out of a serious heroin dependency, relationship troubles and jail where he was terrified of contracting Hepatitis-C from dirty equipment.

Like many, his treatment journey was far from simple, and not always successful. **"The first time I was offered something, it just wasn't what I wanted,"** Anthony says. There was also pressure to do things quickly, something he strongly cautions against. **"You need to do things slowly, properly. Or it can fall apart and you have to do it all over again."**

So what was his turning point? **"My Nan had a stroke a couple of years back, and that was it. I decided to get on a program for good."** This time Anthony tried a different approach. **"It was a better option for me, less chance to stray off. It's definitely made me more stable."**

It's also giving him the freedom to enjoy what's really important. His family. **"Being able to go away with the kids, without having to worry. You just feel good about yourself."**

He looks up and nods. **"It took a while, but I'm there. That's all that matters."**

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

nuaa
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Monday - Friday 10:00 am - 5:30 pm
except Wednesday 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:

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

☐ **I want to be a member of NUAA.**
I support NUAA's aims and objectives.

☐ **I do not want to be a member of NUAA. I want to receive *User's News* only.**

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

**Name:** .....

Address:.....

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

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

Email:.....

**Mail Preferences:**

☐ **I want to receive *User's News*.**
☐ **I want to be emailed NUAA's monthly newsletters.**
☐ **I want to receive news and information about NUAA events and activities.**
☐ **I do not want to receive any mail from NUAA.**

I am allowing NUAA to hold the above 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.