USER'S NEWS

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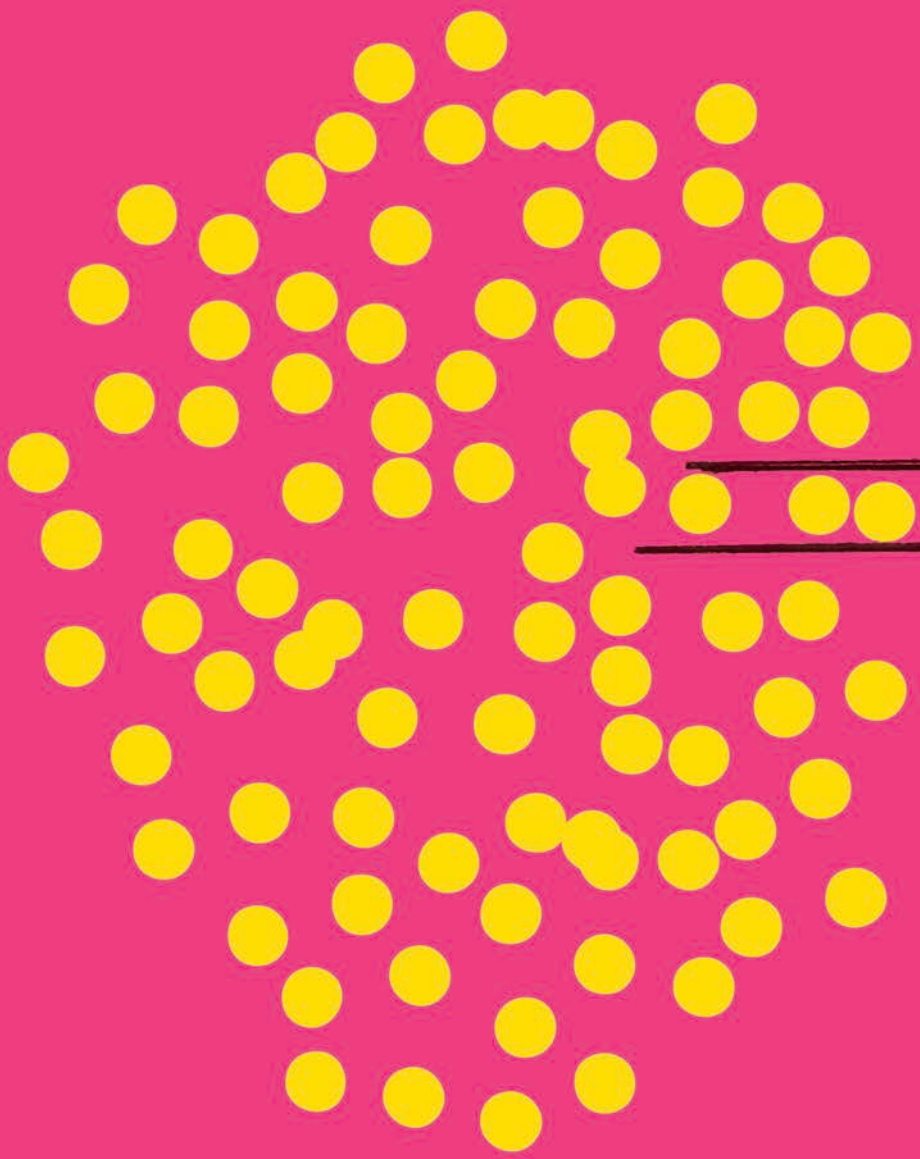

FIBROSCANS

Better than a poke in the side with a sharp stick

'The New Recovery' movement: a warning

A day at the Drug Court with Judge Roger Dive

Medical cannabis

Gareth

Sometimes it's as simple as...

KNOWING WHERE (AND WHEN) TO GO

NSW Needle and Syringe Programs (NSPs) are open at different times in different areas. Most keep business hours but in addition, syringe vending machines are installed in over 80 locations across NSW. Including outside NUAA!

Vending machines usually cost a few dollars and dispense about three 1mls.

For information about locations and operating hours of your nearest NSP or vending machine, see the phone list at the back of User's News or call ADIS on (02) 9361 8000 or free-call 1800 422 599 (calls outside Sydney).

USER'S NEWS #69

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Cold Facts

editorial

In April, not-for-profit think tank Australia21 released a report on Australia's drug policy. Provocatively titled *The Prohibition of Illicit Drugs Is Killing and Criminalising Our Children and We Are Letting It Happen,* the report called for a nationwide re-think of how drug policies are drafted and enacted, stating there should be "a shift away from criminalisation of the possession and use of illicit drugs."

Prime Minister Gillard's almost instantaneous dismissal of the report's findings was disappointing but, in the current political climate, hardly surprising. Declaring "I am not in favour of decriminalisation of any of our drug laws," she rejected any need for debate in what Australia21 chairman Paul Barratt called a "knee-jerk reaction."

Also disappointing was that yet again most of the report's authors had the word "former" attached to their names: former Federal Health Ministers Peter Baume and Michael Wooldridge, former Premiers Bob Carr and Geoff Gallop, former ACT Chief Minister Kate Carnell. It's to their credit that they have spoken up about the injustice and hypocrisy of current drug policy, but what is it about the nature of Australian politics that makes serving MPs unable or unwilling to speak out? This is a social justice issue; a matter of what's right, not just what's right for the weekly Newspoll.

A greater disappointment, perhaps, was the lack of media discussion on how Australia might practically implement change in drug policy. If decriminalisation were put into practice here, how could it be done without invoking the tabloid/shock-jock nightmare of supermarkets stocked with hammer, ice parlours setting up shop next to high schools?

In autumn 2010, *User's News* reviewed the book *After the War on Drugs: Blueprint for Regulation,* released by UK policy foundation Transform. It's one of the most sensible, practical designs for regulation of illicit drugs yet seen. The most refreshing aspect of the book is that every one of its regulation models exists in the real world: medical prescription models for heroin and methamphetamine, pharmacy-only models for cocaine, supervised membership/club models for ecstasy, Dutch-style "coffee shop" models for cannabis. The rules, restrictions and controls necessary to keep these models safe and workable are also in place, having been tested and modified over decades.

Australia is already providing a courageous example of how a dangerous drug, tobacco, can be re-regulated to reduce soaring health care costs and protect children without resorting to the iron fist of prohibition. Some may see a contradiction in decriminalising illicit drug use: why make cigarettes harder, more expensive and less attractive to obtain, then make buying currently illicit drugs easier? Step back and it's easy to see that they should be part of the same approach. Drugs of any type can cause harms and problems, be they gastrointestinal bleeding from continuing aspirin use or psychoactive episodes from long-term methamphetamine use. We need a consistent and sensible approach to all drugs that are commercially available, regulated or unregulated, so that the harms related to them are reduced as much as possible.

The size of black market industries like the illicit drug trade are obviously difficult to calculate, but Access Economics estimated Australian illicit drug sales generated anywhere between $4.6 billion and $9.6 billion in 1997. The Australian Crime Commission estimated that up to $12 billion in illicit drug revenue was leaving the country in 2008. Against this, Australia spent around $740 million on law enforcement and Customs in 2002/3, according to a report by Turning Point's Timothy Moore. (This against the paltry $45 million spent on harm reduction, a scant three per cent of total "proactive" Government drug expenditure.) Even if, horror of horrors, the law enforcement/interdiction budget were tripled, it would still pale against the vast funds and resources available to Australia's illicit drug market.

The most sensible comment in the wake of the Australia21 report was Paul Barratt's suggestion that the War on Drugs be evaluated by the Australian Productivity Commission. "When you spend a lot of taxpayers' money doing anything," he observed, "it's supposed to be regularly evaluated. Governments seem to run away from having an evaluation of their tough-on-drugs policies." In a public debate crippled by emotive language and scrabbling for moral high ground, perhaps the cool heads of economic oversight might be a useful tool for change.

Mathew Bates

Prominent Australians Call for End to War on Drugs

A new report from non-profit think tank Australia21 has stated that the War on Drugs has failed, echoing similar reports from organisations around the world.*

Foreign Minister Bob Carr, former Federal Police chief Mick Palmer, retired NSW Director of Public Prosecutions Nicolas Cowdery and former Liberal Federal Health Ministers Michael Wooldridge and Peter Baume contributed to the report.

"The key message is that we have 40 years of experience of a law-and-order approach to drugs and it has failed," said Dr Wooldridge, whose attempt to introduce a medical heroin trial in the ACT was scuppered by then-Prime Minister John Howard.

Sources: SMH, news.com.au

"Human Rights" Prison Sees Hep C Infection Rise

Six new cases of hepatitis C infection have been recorded in the ACT's Alexander Maconochie Centre, a prison set up as the first prison in Australia to conform to the UN Charter on Human Rights.

ACT Chief Minister Katy Gallagher has reaffirmed her support for a needle and syringe program inside the prison, but continues to face opposition from unions representing corrections staff.

"I have probably had over 20 meetings with different groups over the last six to eight months on this issue," said the Chief Minister. "I've met with groups from outside the Territory, inside the Territory, law reform advocates, correctional staff, unions. I've met with anyone I can meet with to try and get to the end of this which is the best way forward."

Source: ABC

Proper Hep C Treatment Could Halve New IDU Infections

The Australian Medical Journal has published a report showing that hepatitis C infections among Australia's injecting drug users could be halved if more people received proper treatment.

It's estimated that between 75,000 and 150,000 people in Australia inject drugs illicitly. According to Professor Margaret Hellard at the Burnet Institute's Centre for Population Health, half of these people have hep C. "It's something that they contract often without realising and therefore accidentally transmit it onto others," she said in an interview with ABC's The World Today program.

Currently, only two people in every thousand who inject drugs and have hep C are being treated. "Our modelling shows that we could reduce [infection rates] by over 50 per cent if we were increasing the number of people being treated to simply 25 per 1,000 injecting drug users," said Professor Hellard. "In the long run it would save the community a significant amount of money, but also importantly for the individual as well, it saves them the issue of having contracted hepatitis C and the stigma associated with that."

According to Professor Hellard, many injecting drug users don't get hep C treatment because medical clinics aren't set up for their needs. "For many, many reasons they don't enjoy attending the large tertiary/quaternary hospitals and they're better off having treatment in a community-based setting by people with skills. They need nursing support, various other extra supports that need to be built in. It's a structural issue, but it is vitally important that people feel that they're going to get a service where they are treated as an individual, that they have respect, the same that any of us would want for any of our health issues."

Source: ABC

*See editorial on page 2

Customs Crisis: Officials Under Investigation

Over two dozen Australian Customs and Border Protection officials are under investigation for helping organised crime syndicates smuggle illicit drugs and other contraband into Australia.

The officials' suspected offences include drug trafficking and leaking sensitive information to syndicates when their containers are to be examined.

Australia's corruption watchdog has received more than 50 files on suspected corruption involving customs officials in the past 18 months. 15 Customs officers have been sacked or suspended over misconduct or corruption allegations since 2010. One official had close ties to a Sydney-based crime family.

The Federal Opposition has called for an independent inquiry, chaired by former federal police chief Mick Keelty, into Customs and the failure to stop the flood of drug and weapons importations into Australia.

Source: Canberra Times

Curb Alcohol by Legalising Cannabis: UK Drugs Expert Fronts Inquiry

Former UK Government adviser Professor David Nutt has stated that alcohol consumption in Britain would fall by up to 25 per cent if Dutch-style cannabis "coffee shops" were introduced.

Nutt was sacked as chairman of the UK Government's Advisory Committee on the Misuse of Drugs in 2009 after stating in an editorial that horse-riding was statistically more dangerous than taking ecstasy.

Giving evidence to the UK House of Commons Home Affairs Select Committee's inquiry into drugs policy, Nutt defended his earlier stand, noting that over 100 serious accidents every year in Britain were caused by horses, using the analogy to argue that the classification of different illegal drugs was often completely unrelated to the relative harm that their use caused society.

Nutt has called for the decriminalisation of drug use in the UK. He noted at the inquiry that the cost of policing cannabis use was only £500m a year, mainly for issuing possession warning notices, whereas policing the use of alcohol cost the UK £6bn a year, including dealing with people who were drunk and disorderly.

Source: The Guardian

"Special K" Used to Fight the Black Dog

Ketamine, an anaesthetic used in human and veterinary medicine, could be the next big step in the clinical fight against depression.

Researchers from Houston's Ben Taub General Hospital announced their ground-breaking research into new ketamine-based treatments for depression, ridding people with clinical depression of their symptoms within a matter of hours. The research showed a success rate of 70-90 per cent in surveyed patients.

While traditional anti-depressants show responses in only 30-40 per cent of prescribed patients, ketamine studies are showing positive results in more than double those rates.

These encouraging results have led the University of New South Wales' School of Psychiatry to embark on the first Australian investigation of the new treatment. UNSW's Professor Colleen Loo has described the studies as "a paradigm shift in the treatment of depression."

Ketamine is illicitly sold and used under the name "special K" as a euphoric and hallucinogen.

Sources: SMH, AAP

Snake Oil

I am writing in reply to Dr MS' psychiatrist article in Issue #67 Summer 2011 *(Shrink Rap: Chicken and Egg).*

My concern with this article is that it provides its readers with misleading and perhaps even harmful advice. The article is written solely from the perspective of the psychiatrist, and not from the direct and very real experiences of the consumer.

My own experience with therapy is vast; I've experienced counselling with trained counsellors, social workers, psychologists and psychiatrists. During these many encounters I've found that the least useful and most destructive were those with psychiatrists. My health has suffered under the "care" of psychiatrists; not even one of my times with psychiatrists has been to my benefit.

Dr MS advises to be honest with one's drug use during therapy with psychiatrists or other counselling or health professionals. However Belle from Surry Hills, who wrote the initial query, clearly demonstrated what can (and often does) happen when one is honest about one's drug use. Belle did not perceive herself as having a problem with drug use; she attended counselling to deal with bereavement issues. Her counsellor immediately decided that Belle's drug use was the problem despite the fact that Belle was attending for grief counselling.

The above example happens quite frequently. This is due to negative assumptions and discrimatory views held by general society about drug users. Counsellors and psychiatrists are not immune from these ideas and mores, and so these entrenched ideas unfortunately inform their work practice.

How does discrimination against drug users show itself in the therapy or counselling setting? Let's look at it this way: if a person attending grief counselling divulged that they enjoy a beer or two after work, would the therapist then shift the topic of therapy to the client's beer drinking? Most unlikely. What if a client said they didn't drink every night, but enjoyed a good booze-up on a Friday night? Would the therapist say that counselling could not continue until the client ceased this behaviour? Of course not. What if the client was a tobacco smoker of the average kind – say seven to ten cigarettes per day? Would the therapist say that it was pointless to tackle other life issues until the client had quit smoking? No. (In fact drug users are often encouraged to keep smoking as it is seen as a lesser evil, despite deaths by smoking far outweighing deaths by illicit drugs.)

Why ever should a drug user divulge their use when this is not expected by other non-drug using clients? Why would a drug user trust *anyone* with this intensely personal and private part of their lives when the continual reinforcement of slanted, misinformed, untrue and discriminatory attitudes that abound in society are reinforced by the media, politicians and anyone else looking for a convenient community scapegoat?

People who work in the helping professions must ensure that they actually *listen* to the needs and wants of their clients. What is the outcome the *client* seeks? If they want to cease or reduce their substance use then work with them on that. If they want grief counselling then work on that. If clients state quite clearly that they do not have a problem with their substance use, the counselling professional should *not* then fire the "you're in denial" bomb or divert the issue from their client's presenting issue and decide for them that drug use is the real problem at the heart of any other life problem they are tackling.

Miss Complexity

Punch Drunk

I have been reading your magazine for years and it has helped me to find help for my drug use (with some relapses!).

I find myself back in custody after being out of jail and breaking the cycle for 3½ years.

Because I was lonely I ended up taking two clonazepam after buying them on the street that morning. I swore to myself I would never take pills again as they always were the cause of doing stupid things and waking up in a police cell for something I didn't even remember doing. Pills can be so dangerous; you think you know what you're doing but in reality you don't.

Anyway, I now find myself back in the same old position after taking two pills and doing a break-and-enter.

I have lost my freedom once again for one night of trying to drown out loneliness and boredom. I know in my heart if I could meet a nice woman and find love it would change my life forever – and maybe hers as well.

Phillip

Ed: Phillip has asked if we can run a "lonely hearts" column in User's News. *Unfortunately, we've looked into the legalities and it's just not possible. Sorry, Phillip.*

Kicking HABITS

I have been a member of NUAA, receiving your great magazine, for quite a long time now. I'm not sure if you'll be able to assist me with what I'm about to ask.

Is it at all possible for a list of detoxes and rehabs in NSW with contact details etc. to be put in the next edition please?

I am at my wit's end trying to get a list of available detox centres and rehabilitations that are there for us who've finally had enough and admit we need help! I am on the methadone program, so if they allow that in each one? That info would be great.

Honestly, you're my last hope for a contact/info list. I hope you can help me and any others in my situation. Fingers crossed. I look forward to next edition.

User Needing Help

Ed: We're sorry we can't give you this information in the current issue. We want to cover this important topic in the spring edition, and will be looking for stories from people who have experiences with detox and rehab centres. We will also publish a list of these centres with the kind of information you're seeking. In the meantime, you should contact ADIS on 1800 422 599

Letters to the Editor

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nuaa
NSW USERS & AIDS ASSOCIATION INC

NUAA Annual General Meeting

Monday 24 September 2012

Albion Street Theatre, corner Crown and Albion Streets, Surry Hills

Special Guest: Jack Charles

Renowned actor, musician and Aboriginal elder Jack Charles will take part in a special pre-AGM discussion and audience Q&A. Pre-AGM program starts at 3:00pm. All members and friends of NUAA are welcome.

Refreshments will be served.

NUAA has been advocating for the rights of users for over two decades and has helped effect positive change in many areas of users' lives, including drug treatment services and hep C treatment.

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

In order to vote or run for the Board of Governance, you must be a member of NUAA. If you are not a member and want to join, fill in the form on the back cover of User's News and post it to us no later than Wednesday 19 September 2012, or present it in person at NUAA by Friday 20 September 2012.

If you can't come to the AGM but want to vote, you can send in a proxy vote. Details on how, plus information about running or nominating for the Board of Governance, will be mailed out to all current NUAA members before the AGM. All members are encouraged to stand to become members of the Board.

AGM begins at 6:00pm

The "New Recovery" movement: A WARNING

Over the past two years, something pretty awful has been happening in English drug services. It's making service providers break with national clinical guidance for the provision of drug treatment. It's supported by politicians and policy makers, lobbyists and the media. It's destroying people's lives, wrecking their stability and breaking up families.

It's called "Recovery". And by all accounts, under the name "New Recovery", it's coming your way too.

In mental health, Recovery heralded a revolution for consumers stigmatised and abused by the very people whose role it was to help them. Borrowed ironically from the drug dependency self-help movement in the United States, Recovery was an overarching philosophy rather than a single way forward. It was about people making their own decisions about their mental health condition and treatment: maximising quality of life, improving health, reducing stigma. It was service user-led and became the gold standard for mental health interventions around the world. Building a Recovery orientation into drug services should enhance them, giving more people a wider range of choices about the support they need.

But in the hands of politicians and the treatment industry, Recovery has rocked the foundations of the British health system. The substantial progress we have made towards providing drug treatment on the same basis as other kinds of healthcare – according to need, free at the point of delivery – is under real threat.

Since the 1998 drug strategy, the emphasis across England had been about providing better access to substitute prescribing and keeping people in treatment for as long as possible. This was linked to diverting people from the criminal justice system and reducing the need for criminal activity.

At a time when we were told that up to 90% of property crime was committed by drug users (a statistic that makes you wonder when they actually found time to *take* the drugs), this approach was hugely appealing to politicians who made massive new investments in the drug treatment system. It also paid for a big increase in the size of the drug treatment field, with thousands of new workers being recruited. Waiting lists that had stood at six months in some areas came down to three weeks. Numbers in treatment increased massively.

However while charities built big reserves of cash and management teams expanded, the drugs field grew fat and compliant. Treatment agencies, over-staffed, and over-managed, were built to deliver outputs that Government wanted, not results that service users said they needed. Although substitute prescribing was readily available because funding rewards were for keeping people *in* treatment, many people found it difficult to access detox or rehab. People were being channelled into one kind of treatment, regardless of need or choice.

It was no surprise when questions began to be asked about what this investment was really achieving. In the midst of this critique, the term Recovery gained traction. It promised much, offering a route away from mechanistic treatment services towards a personalised treatment system. It would help services focus on what consumers actually needed to turn their lives around – providing much more than a script. But the Recovery movement was split between those using the mental health concept of recovery and those whose religious or professional interests required Recovery to be defined solely as "abstinence". This latter group gained significant encouragement from the Christian Conservative movement, who had become enormously influential with Ministers in the Home Office and the Department for Work and Pensions.

For a Government seeking to cut costs, Recovery presented an opportunity. In the 2010 drug strategy the Conservative/Liberal Democrat coalition announced that the aim of treatment for drug and alcohol problems in the future would be Recovery. A war of definitions commenced. Was recovery a personal thing, something to be defined by the service user? Or was it perhaps a clear single outcome that was needed – abstinence? New categories of "Medically Assisted Recovery" and "Full Recovery" were coined and found their places in a hierarchy of

worthiness, with people whose recovery was supported by meds being looked down on and, in some cases, actively discriminated against.

In 2011 a new funding formula was announced. Services were told that they would be paid for success; in other words, for getting people out of treatment and keeping them out for six months. That's considered a success, regardless of whether people end up dead in a gutter or using in a squat. Success for drug treatment, it seemed, would simply be the absence of drug users in treatment. But still we were told that abstinence was not going to be compulsory, that people would be able to make choices; that they would only be *encouraged* to become abstinent.

Meanwhile, services that had expanded through years of investment in methadone maintenance started to disown their own work. Major drug charities set up new partnerships with residential treatment providers and began to work with Government on new "Recovery pathways" focussed on abstinence. Charities whose reputations were built on harm reduction skidded away from it at a rate of knots. Across the country, services began to turn the screw on maintenance services. Restrictions on prescribed pharmacotherapy were tightened up: coerced or enforced reductions, removal of take-aways. New service contracts were advertised that specifically restricted individuals' treatment to periods of one or two years.

In March this year the Inter-Ministerial Group on Drugs published a document called "Putting Full Recovery First." This document made it clear that abstinence was the *only real goal* of Government drug policy. Maintenance with substitute medication was identified as something to be offered as the exception rather than the rule. Shortly afterwards, Government announced that drug users who refused treatment or did not co-operate with it would have welfare payments withdrawn.

This is where we are now. Services that used to provide methadone maintenance are still doing so, but the push is to get people off. Services that don't get people abstinent will lose their funding. Drug users who want treatment can have it, but it's likely that the treatment offered will be time-limited and restricted in many areas of the country. Drug users who claim welfare benefits will have to enter these new abstinence focussed recovery programmes or they – and their families – will lose their benefits.

Many service users are reporting major changes to their treatment regime. It seems the most stable people – those who have been on scripts for long periods and for whom medication has brought the greatest gains – are most under attack.

The likely consequences of this shift are clear to anyone who has made any study of drug policy. Restricting access to substitute medication will increase drug-related harms. We will see increased incidence of chronic health problems like HIV and hepatitis C and increased deaths. The illicit market will strengthen and drug-related crime will increase. Rather than becoming a more integrated part of society, drug users are likely to become more stigmatised, more excluded and less accepted.

Our hope is that legal challenges based on the clinical guidance published by our National Institute for Clinical Excellence and the NHS constitution – or the threat of challenges – may derail this lunatic policy. Many are hopeful that clinicians themselves may stand up for their clients against a Government hell-bent on endangering their health and stability. We can only hope, fight where we can and wait it out until sanity prevails – or until the damage to our communities, drug users and their families becomes too great to ignore.

But please don't hold your breath; there are some kinds of damage to which even the most compassionate seem to find it easy to turn a blind eye.

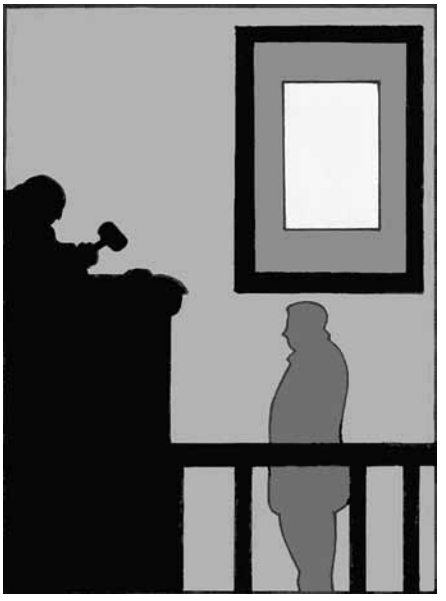
Sara McGrail is an independent drug policy specialist in the United Kingdom

You can bet your life this is just around the corner here in NSW. For an Australian context, see AIVL's new position paper "New Recovery, Harm Reduction & Drug Use." Find it in the "What's New" section of the AIVL website, or at www.aivl.org.au/database

My First Time

I left school to take on a full-time job with a sporting goods store. It kept me very busy, kept me away from drugs and allowed me to bank some money for a home deposit.

That was until I received a $20,000 tax return and took two weeks' leave to spend up and enjoy the good life, perhaps buy myself a car. At least that's what I had in mind.



Within seven weeks my savings and my tax return were no longer "available funds." I had spent it all. Instead of buying something decent and worthwhile, I spent the lot on heroin. So much for buying a car.

Unfortunately, when the money was gone the habit remained. What was I to do? It was my first habit. I borrowed $10,000 to try and win the money back. I had horse bets on favourites that I was told were "sure things". They lost. Never listen to a mug punter tipping a horse; he's not betting on himself.

I couldn't believe what I had done. I asked a mate of mine to snatch a bag off me while I was banking for the sports store. My mate grabbed the bag containing an insured $20,000. This also went on heroin. Police investigating located video footage from a neighbouring business that showed no weapon being produced and me simply handing the cash bag over. It appeared to be a friendly conversation taking place on the recording. The cops talked to my boss since the alleged robbery appeared to be "red hot suspect." The next day I was sacked on suspicion.

Within two weeks I was arrested for snatching business bags on the way to the banks in the same manner and area. I was caught practically red-handed in the "getaway chase" that followed. I was also charged for my involvement in the sport store robbery.

My co-workers were horrified that I had been arrested for the snatch-and-grab as they thought I was innocent, that my boss overreacted and that I would get my job back. My short stint on heroin led me on a very fast road to Silverwater Jail.

I came in with a terrible habit. Hanging out was a greater punishment than any judge could give me. Users generally punish themselves. It took me quite a while to get over my withdrawal. I came to jail shit-scared as a first-timer would, but I remember thinking "if someone wants to kill me, then good on them." It would be the end of my pain, suffering and craving. Luckily for me today, no one did me that favour back then.

Now I am drug-free and doing four years in Cessnock. My life seems to be so much better.

Looking back on what I have done, I cannot believe it myself. My family and friends can't believe how quickly I fell apart either.

I thought drug dependence involved those who were mentally too weak to say "no" when enough was considered enough. But here I am, a recovering user wondering and waiting on my release to parole. I will make this, my first time, my last time too.

In jail I smoke a bit of pot on occasions. I guess that's all I can afford anyhow. I often go to NA groups, but there are a few suspect-looking dudes who come along to win brownie points from the authorities (especially since they seem to have no alcohol or drug issues). I think I will stay away from them and just see my drug and alcohol counsellor for one-on-one sessions.

There will be no more jail for me. I am sure I have learned my lesson. Let's hope so. Jail is no life. I am not driven by too much confidence, knowing that so many ex-prisoners return to jail at some point. I hope I am not another statistic of this system. Time will tell. It usually does.

J

Illustration: Bodine

User's News Workshop • Planning the Future

In 2011, NUAA commissioned an independent review of *User's News* by BB Professional Services. The authors of the review spoke to readers, contributors, NUAA staff and members of the community of people who use drugs. Completed last October, the review's final report is available on the NUAA website: **www.nuaa.org.au/files/UN_Review_BB_Final_Report_Oct11.pdf**

The report was well received by NUAA – it was clear that there was a wealth of valuable feedback as well as useful recommendations for change and improvement. The report clearly documented the success of *User's News* in reaching its target audience and included much first-hand feedback from readers about what they liked, what they didn't and where they thought change could happen. It provided a great springboard for discussion within NUAA about what to do next.

The challenge was to work out how to put the recommendations into practice, what steps to take and who to involve in bringing about changes to *User's News* that would build on its strengths and achievements, respect its readers' views and ideas and continue the process of quality improvement that is a vital part of NUAA's work. To help bring these ideas together a one-day workshop was planned in which people could work through the recommendations of the Report and begin to make concrete plans about how to implement them.

Workers from all projects across the organisation were invited. Peer participants (who contribute to *User's News* in various ways) were also invited, along with members of the NUAA Board of Governance and the various advisory groups that have a role in the print and web resources produced by NUAA. This was a great opportunity for people who normally don't work with each other but who have a passion and a commitment to User's News to share in a day of reflection and planning.

The day aimed to achieve three outcomes: a renewed commitment among staff, board members and peer participants of the value and the potential of *User's News;* agreement on practical strategies to implement the report's recommendations in ways that are achievable and that involve people across the organisation; and a report of the plans and strategies agreed at the workshop.

To begin the day, participants were invited to share what *User's News* meant to them and to give an idea of what their vision for the magazine might be.

What User's News _means to me..._

- it's the voice of users and a forum for sharing
- a point of connection with my 'community'
- it proudly reinforces my identity as a drug user
- it's inspiring!
- it's where we can challenge different perspectives
- to me it's of primary importance to our work
- it's in need of a revived identity
- it was my first point of contact
- it's consistent and commendable — we should be really proud of it
- UN is a high quality mag that's well accepted by its readership

My vision for User's News _into the future..._

- UN will be stronger and more able to challenge prevailing discriminatory views
- ..a model of collaboration and advocacy
- I'd like to see greater focus on the longer-term health needs of users
- more rigorously dealing with more complex issues
- broader in style, content and representativeness
- better linked to social media and the website
- more professional, brighter, more 'glam' and without flaws

There was useful discussion of the set of recommendations in the review. In small groups people looked for common themes and key points and prioritised them.

Next came the task of planning how to put the recommendations into action. To do this, the groups used five key planning questions to help them formulate some concrete strategies and plans: ***What do we gain from implementing this? What action do we need to take in order to put this in place? Who will work on making this a reality? What resources are needed? What's a realistic timeframe?***

After a period of intense and engaging work, the five small groups presented their findings to the whole group. The areas they tackled included:

The use of language – suggesting more use of plain English, being clear on when and where to use what type of language, considering the reading and language skills of

the readership, using our connections with the community to model advocacy, developing a pool of translators / interpreters to work on community language issues, integrating *User's News* more strongly with the website.

Consider Sponsorship or Paid Advertising – considering the need to have clear and acceptable policies in place to ensure this works smoothly, using a sub-committee to develop guidelines and criteria that were consistent with NUAA principles and values, engaging others across the organisation to work on this project.

Enhanced Readership Survey – getting a clearer picture of who reads *User's News,* being more inclusive of the diversity among drug users and being smarter about meeting the varied needs of the readership, making use of a social researcher to help gather this information and taking the time to get the best value out of it.

Launch and Events – planning for launch events to better promote *User's News,* making use of a rolling calendar of events across the organisation, seeking more input from other projects and activities in NUAA, designating time for all staff to spend on User's News-related activity, gaining energy from more broadly shared involvement.

Audience and Reach – better address the information needs of a wide readership, tailoring messages, diversifying levels and approaches, increasing the variety of articles, graphics, puzzles, Q&As, columns, *etc.*

People were keen and creative in thinking practically about how to bring about the kind of change that will improve *User's News* and help it continue to better meet readers' needs – diverse as they are. The task now is to build on what was achieved at the workshop and share in the ongoing growth and development of *User's News.*

Reflecting on their work together on this project, participants shared their ideas on what might happen next…

From all that was said today, I think we should…

- *reach out more to the wider drug using community*
- *increase community participation in* User's News
- *involve* User's News *in all NUAA projects (and vice versa) prioritise, organise change and ensure action!*

To support the ongoing quality improvement of *User's News,* I intend to…

- *talk to editor and my manager about how my project can contribute*
- *take more interest and see how* User's News *can fit in everyone's workplans*
- *take the outcomes from today to the advisory committee and develop a workplan that they will manage*

And, finally, a few of the overall comments on the workshop:

- *a very productive day*
- *great collaboration*
- *feel very positive about* User's News
- *an excellent response to a formal evaluation report*
- *this was great — thank you!*

Norman Booker is an independent consultant working in the fields of planning and evaluation, change management, facilitation and professional learning

Illustration: Tony Sawyer

Opinion

Big Brother is Watching You

Over the summer there was a crackdown on festivals around Australia, with authorities maintaining a hard line approach to experimentation with drugs in social settings. Many people, including myself, had their New Year turned upside down and the rest of their lives compromised as a result of these "stings." In March dozens of people fronted Deniliquin Courthouse after two police blockades were set up near Confest, a biennial alternative lifestyle festival that began in 1976. Confest is a peaceful festival that generates little trouble from its participants, and is held in Woorooma Forest by the Edwards River, south-east of Moulamein.

Those people caught with drugs weren't walking around the festival with drugs or giving drugs to people – they were driving towards the festival in their *private* vehicles. The police weren't even drug testing people; they were rampaging through citizen's vehicles, taking their drugs as if taking lollies from a bunch of children. They used sniffer dogs in order to acquire "reasonable suspicion," even though, statistically speaking, they are hopelessly inaccurate when it comes to finding drugs.

As I pulled up to the blockade outside Moulamein Police Station I knew I was in trouble. There were cars pulled up all along the side of the road, people smoking cigarettes on the grass with their heads down in embarrassment and despair as the police rummaged through their cars in order to find out if travellers were planning on having too much of a good time. It was the luck of the draw as to who was pulled over and searched. It had been a long drive and I had spent the previous week organising drugs for what was meant to be a spectacular and soul satisfying trip. It had been a long and difficult year, and all that I wanted was to unwind, have some fun, and meet some interesting people. Instead I was met with a nasty looking police blockade – a wasp nest of oppression – filled with stern faces and blue uniforms. There was no turning back or left or right; all I could do was hope that I'd make it through undetected.

The first step was to pass a breath test, and since I hadn't been drinking this was no problem. The real trouble arose when the officer asked me to pull over and wait in the car. After a short and very nervous wait, a police officer with a drug detection dog sniffed the driver's side of my car, and promptly informed me that the dog could smell something illegal. It was impossible for me to know if the dog actually smelled something or whether the policeman was bluffing. Cars were being pulled over and searched all around me, and the vast majority of people received cautions for having small amounts of cannabis. However, in the boot of my car there was more than just a bag of weed – there was LSD and amphetamines, not hidden very well. I hadn't counted on a blockade and hiding the drugs was just a precaution. They searched my bags and the contents within the bags, and I maintained for as long as possible the lie that I wasn't carrying anything illegal. It was to be a first experience for me – I had never been to such a festival before. Eventually the police found my stash and recorded an interview with me on an old bench outside the police station.

Around 115 people were caught in this one sting alone. Anyone caught with drugs other than 15 grams of weed were issued with court attendance notices, the majority of whom received above-median fines when sentenced by the outback Magistrate a few months later. These fines were clearly issued to send a message to the community about taking drugs on social occasions: if you take drugs, do it at home and on your own! The fear of rebellion – the sheer terror that a bunch of New Year's Eve trippers are going to try and take over parliament.

Police said the operation was to "stamp out an issue with drugs," although their operation has achieved nothing but media attention, dozens of criminal convictions, and contempt for the NSW Police. Perhaps it would be better to ask the people questions about their conduct outside of a court of law rather than trying to solve so called problems by prosecuting them. I spoke to many of the people who were busted with drugs, and I found that many of them

are fine people, out to have their version of a good time. Why did these people feel it necessary to take drugs in the middle of nowhere to celebrate the emergence of the New Year? Perhaps they didn't want to sit in a dirty bar in the city or do the same old barbeque thing. The point is that nobody has really asked them *why,* only declared by default that they need to be judged and punished. The majority of those convicted had never been in trouble with the police before, never mind been before the courts. The crime of having a bag of marijuana or other drugs for personal use just doesn't fit in with the other crimes which actually harm other people either physically or subjectively. Just because someone once possessed a small amount of drugs does not mean that they should be labelled as a criminal. The stigma attached to drug use needs to be dropped, along with it being a criminal offence. How is it that poisonous mushrooms are not illegal to possess, but non-toxic mushrooms that can trigger self-discovery and increased awareness are? None of it makes any logical sense at all.

Is this zero tolerance stance effective when it comes to drug use, or does it merely create contempt for the law? Harsh drug laws cause pain and suffering way beyond what any psychedelic or strain of cannabis can cause. The NSW Police's approach certainly does not correlate with the harm minimisation approach that the Australian Government are supposed to be abiding by. Police always say that illicit drugs are dangerous and that those who take them are risking their health, but is this reason enough to convict dozens of people of criminal offences in which they themselves are the only victims of their own doing?

The subject raises important philosophical questions about existential freedom, and about the intelligence and credibility of those people who are in control. How can people caught with drugs express their true feelings and argue their point when they are threatened with jail time? If you're thrown in front of a magistrate in a court of law, your primary objective is to receive the lightest sentence possible. In many cases this is achieved by lying. A circle of lies is hence created, and it goes around and around. The Government lie about the dangers of drugs, people take drugs anyway, get caught, and lie right back about how sorry they are and that they'll never do it again. What good is this doing at all? It's such a waste of time. Many artists, writers and musicians could have been working on their masterpieces instead of having to deal with the legal consequences of their drug use which often inspires great works of art.

It definitely is time for authorities to grow up, move on, and stop this boring redundant Drug War which causes nothing but misery, alienation, and wasted opportunity.

Carl

Illustration: Anthony Sawyer

Fibroscans : A New Way of Checking Your Liver

Hepatitis C, as we hope you're aware, is a virus that is spread by blood-to-blood contact. Sharing injecting needles is one of the main ways that the virus is spread. There is currently no vaccine for hep C.

Early treatment can be beneficial for many people as hep C can sit in your body for years before it starts to do serious damage to your liver. Some people can have the virus in their body for 10 or 20 years before they're aware they have it. The liver becomes inflamed from the body's immune system continually trying to fight off the virus. After years of fighting, the liver's inflammation leads to scarring of the liver tissue, which is called cirrhosis.

The liver's main job is to remove toxic chemicals from the bloodstream. It also helps you digest foods and makes proteins that help your body grow and heal. Scar tissue on a liver means it doesn't work as well. The more scar tissue that's in a liver, the less well it does its job. So if your liver gets sick, then you can get sick – sometimes very sick.

Until about four years ago, the only really accurate way of finding out how much someone's liver is damaged was by having a biopsy. Blood tests can tell you if you have the hep C virus, but they can't show how damaged your liver is. X-rays often don't show the difference between liver damage from cirrhosis and fatty deposits that show up in the early stages of hep C infection.

Biopsies involve a needle being inserted into the body and a small amount of tissue being taken from the liver. A local anaesthetic is used to numb the skin and liver. People who have a biopsy often stay in hospital for several hours afterwards to recover. Around one in ten people who have a biopsy have major pain afterwards. Many people who have hep C inject opioids, and sometimes have difficulty getting effective pain relief medication after a biopsy from medical staff – either because of stigma or because the medication that's given to them isn't effective. For these reasons, many people who have hep C avoid having biopsies.

In 2008, a couple of hospitals around Australia introduced a new machine called a Fibroscan. The head of the machine (called the "transducer") is placed on the side of your body and creates mechanical pulses against your skin. These pulses gently vibrate through your body. The vibrations that bounce back are recorded by ultrasound. Scar tissue will bounce vibrations back more quickly than healthy tissue. It takes around ten pulses to get an accurate reading of liver damage. The best thing about this procedure is that patients no longer have to go under the knife to find out how damaged their liver is.

Three hospitals in NSW currently have a Fibroscan machine: St Vincent's Hospital in Darlinghurst, Royal Prince Alfred Hospital in Camperdown, and Concord Hospital. Many different clinics and hospitals around the state are working to obtain funding for Fibroscans, but they're not cheap. A portable version of the machine, which can be used in rural and regional clinical outreach, should be available soon.

If you have hep C and are worried about your liver, talk to your GP about a referral letter to the Liver Clinic in one of these hospitals. There is a waiting list, but the procedure is quick and easy.

Fibroscan image copyright Echosens

Get the Machine That Goes "Ping!"

A couple of years ago, the Royal Prince Alfred Hospital had just received a new Fibroscan machine and were looking for "guinea pigs" with hep C to be tested so that doctors and nursing staff could learn how the machine worked. They started off testing medical staff, but they weren't getting the full scope of the machine from the results.

One of the RPA nurses also worked at the clinic where I get dosed. As she knew I'd been diagnosed with cirrhosis of the liver from hepatitis C, she asked me to be tested. I'd never heard of Fibroscan machines, but I was happy to help out – especially when she told me I didn't have to go under the knife. "Non-invasive," she called it.

A couple of weeks later, I went to RPA to get tested. As I was getting ready to lay down on the examination table for the Fibroscan, I thought how easy this all seemed compared to when I had a liver biopsy, several years before.

I'd had hep C for years. While I was locked up for "commercial", I decided to see how bad my liver was. The prison doctor asked me if I would be prepared to have a biopsy, even though I could get treatment without it. I said yes. A couple of weeks later I was on my way to hospital (not RPA, I should add). They put me on the operating table and the officer with me asked if I minded if she could watch. "No worries," I said.

The doctor came in and said that he was a trainee. I told him I didn't mind; they need someone to practise on. He started marking me with a felt-tip pen for where he was going to cut. Just as he was about to puncture my side, in came the registrar. "What are you doing?," he asked in a shocked voice. It turned out the trainee marked me in the wrong spot. He was way out. Thank God the registrar came in. He showed the trainee doctor the right place to cut and stayed around to supervise.

I didn't want to watch, so I lay on the table looking up at the screw as the trainee went in. The screw mouthed the words "do you want them to stop?" I mouthed "no" back at her. When the doctor cut, I could feel a lot of pressure and a bit of pain. As the screw watched what was going on, all the colour slowly drained from her face. She nearly fainted and had to leave. I wasn't worried; I thought it was kind of funny. I concentrated looking at the ceiling as the doctor continued. After about 20 minutes, he finished up. After he and the registrar left, one of the clean-up crew came in unexpectedly early. Looking at the floor, the cleaner gasped, "Oh my God, look at all this blood!" One of the nurses grabbed her and shushed her, pointing at me. The cleaner didn't expect me still to be there. She was really apologetic, but she'd never seen that much blood after a biopsy. I was still pretty relaxed. She reminded me of that old carpet ad on TV: "Mister Hart, Mister Hart, what a mess!"

When I finally got up, I looked at the pool of blood on the floor. No wonder everyone carried on: it was massive. The hospital had me stay the rest of the day to recover from the blood loss so they could keep an eye on me. The screw had to stay with me. "I don't know how you handled it," she confessed. "I would have told them to stop!"

Luckily I didn't have much pain after the operation. I was tender and a bit sore, but it wasn't as big a deal as it was for a lot of other people, who had bad pain afterward.

The results came back quickly, and they were much worse than my previous blood tests indicated. I was confirmed to have cirrhosis of the liver. The good news was that they started talking to me about new treatments.

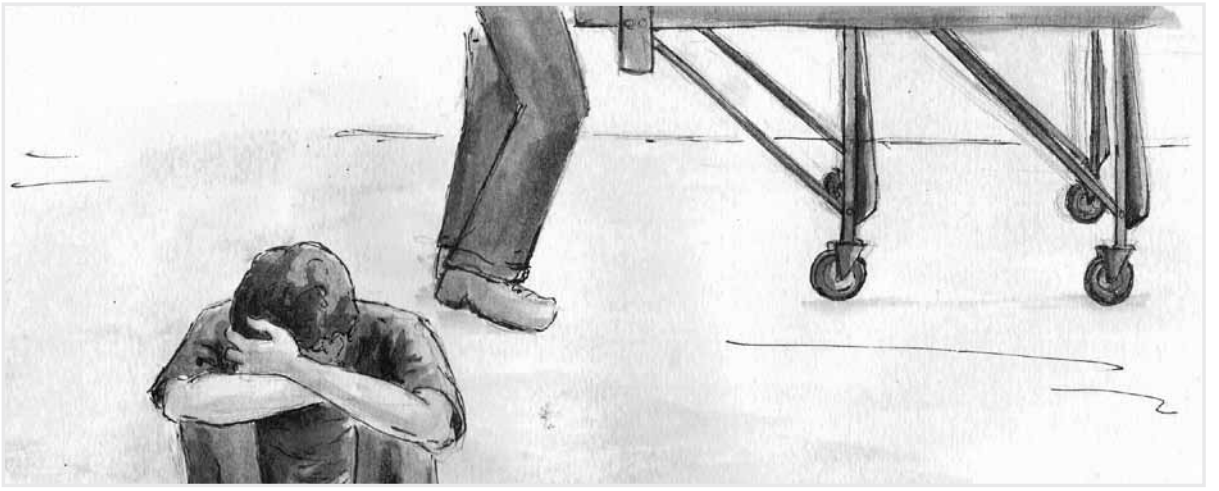
So when I was asked to test a non-invasive procedure, I said "sure." With the Fibroscan, you lay down, they put gel on your side near your ribcage and they run a machine up and down your side. It makes a light tapping against your skin, like someone tapping you on the shoulder. After about ten readings from different positions, they get a good picture of your liver. It's so easy.

Jo

Illustration: Glenn Smith

User's Story

The Last Fight



When it first started, this argument seemed no different to the many that had erupted before it.

Mac and I had been together for six years. Our first three years together were perfect. Then we discovered heroin. As our usage increased, unfortunately so had the disagreements. Once things started getting thrown at each other, I felt that the best thing I could do was to remove myself from the situation, as I would normally do. Being my usual smartarse self, I turned to him as I stormed out the door and yelled with absolute hatred, "You are nothing but a waste of air!"

I had (and still have) major issues with conflict, so removing myself is my only coping mechanism. As this fight was particularly bad, it took longer than normal to calm down. It was an absolutely stunning day so I just kept walking. After two or so hours my anger finally relented so I headed home. I walked through the front door, past the lounge and headed to the kitchen and started to make coffee.

As I was over most of my anger I went to find and ask Mac if he wanted one too, a kind of peace offering. I called up the stairs: no response. I called again: still no response. He must still be ignoring me, I giggled to myself, but proceeded to make us both a coffee. I walked down the hall and got to the lounge door. How I hadn't noticed when I came in I don't know, but Mac was laying down on the lounge room floor. I walked towards him, thinking nothing of it. As I got closer I noticed on his other side there was a spoon. It was then I noticed the other paraphernalia. He had gone and got a shot! Yay!, I thought, just what I need. I asked him, "Did you put mine away?" No response. Then I looked closer. There was only one fit on the floor. That's when it hit me.

Now this is where things get a bit hazy. I do know I was absolutely freaking out. I do know he had no pulse. I do know his colour was wrong. I did try everything I knew in regards to CPR and, at some point, my neighbour was there calling 000, but everything else is a blur. Whether I've blocked it out or it happened too fast, I don't know. But the end result was an ambulance arrived and I was either removed by my neighbour or the paramedics, or I chose to sit out in the front gutter myself. I can't say how long I sat there. I actually don't even remember crying at this point, but when the guy in uniform sat next to me in the gutter, placed his hand on my shoulder and said "I'm very sorry," I realised I had lost him.

I didn't use heroin again for a very long time after this and I now do not take anyone for granted. Love is special. I make sure those I love hear this from me each and every day.

Owen

Illustration: Sasanki Tenakoon

A Day at the DRUG COURT

It's a busy Monday in Toronto. There's a chill in the air as a bunch of us clamber out of the bus from Fassifern towards the Toronto Court House, a bland slab of neo-brutalist architecture on the edge of a shopping centre. After the politest security check I've ever experienced we mingle in the foyer, waiting for today's Hunter Drug Court session to open.

Inside the Court room a panel of probationary officers, lawyers, health officers, police prosecutors and presiding Judge Roger Dive assess the morning's list of participants, checking off requirements, comparing notes. Outside, participants mill and wander, recognising old friends, comparing their predicaments, tempering nervousness with small talk.

A little after 11:30, the doors open. Despite the formality of the setting, the Court is more relaxed than your average Magistrate's Court. Some participants are eager to make a good impression, arriving in business suits, combing their hair down before they enter the Court room. Others arrive in thongs and board shorts. A young family sits up front, waiting for their father to appear. The daughter is given a colouring book and some pens by a court officer.

One by one, participants approach the judge and talk about their week: difficulties with staying straight, parole hassles, trying to get paperwork together. Their victories are greeted with applause by the seven-member Court panel and the gallery.

One participant is doing clear urine tests, obtaining regular dosing and has been to the dentist for root canal work. He's negotiated an extra two visits with his son every month and is on the SMART program. Judge Dive removes two "sanctions" – black marks for program breaches – from the participant's record. He gets a hearty round of applause.

Another participant needs root canal work as well, but he's terrified of the dentist. "If you don't go to the dentist, I'll look you up, okay?," Judge Dive jokes.

You can tell the difference between people who've been in the program for a few months and those who are new to it. The newies have a guarded, haunted look, almost afraid to move in case they do something inappropriate. Seasoned regulars are well-behaved but relaxed and open.

It's still, however, a court room. Judge Dive sternly observes two young people up the back who are fidgeting, giggling and playing with their smart phone, ejecting them swiftly.

The NSW Drug Court was established as a pilot program in 1999 as an answer to the bulging prison intake for people convicted of property crimes related to their drug use. Broadly modelled after successful US programs, the Drug Court has seen nearly 2000 participants go through its program, with around 150 participants admitted each year. The Court operates here in Toronto and in Parramatta, Dive's usual stomping ground.

According to a 2008 report from the Centre for Health Economics Research and Evaluation, the NSW Drug Court saves the state around $1.75 million a year over conventional imprisonment of its participants. Graduates of the Court were 58 per cent less likely to be re-convicted of a drug-related offence.

One possible source of the Court's success is the way it treats participants like human beings, not "The Accused." Although the court setting is formal, it allows for an unexpected level of personal interaction.

Between quick bites of a store-bought sandwich in his chambers, Dive agrees. "I'm only a visitor up here but I have been here for a few weeks, so it has given me the chance to catch up on some of their stories. Often those small things seem to make a big difference; just knowing about needing to go to the dentist or about fixing the boat to go out on the river. You can almost see them smile, like this is someone who knows what's going on.

"We hear people say, 'That was the first certificate I've ever received in my whole life,' or that's the first round of applause that they've ever received. So it's often a really big deal. There was a lovely moment in Parramatta at one stage where a young fellow was gonna get his first round of applause. He'd had no drug use, kept all

his requirements all week – he'd done everything. He arrived bright and early but there were very few people in the courtroom. When we called him down, he said, 'Oh look, can I have my call back later when there's more people?' We said, 'Absolutely!' So he waited 'til he had a good crowd. Positive reinforcement from a figure of authority and a caring team is a big part of it."

Prospective participants can't be referred to the Court if they're convicted of a violent crime. People who have a recent history of violence are unlikely to be accepted. Larger-quantity drug suppliers are forbidden from participation. "Those who might supply drugs on a street level to support their own habit, they're not excluded under the legislation," says Dive. "Most of the crime is breaking into houses, stealing cars. I'm only generalising, but women are often involved in serious endless shoplifting for resale, or sometimes involved in fraud offences."

Another key to the Drug Court's effectiveness is the unusual amount of teamwork amongst Court officers, prosecutors, Legal Aid, health officers, probation and parole workers. "We have this quite extraordinary process where there's sharing of information and working together. A very innovative and clever part of the legislation is that, as a district court judge, I can deal with serious crimes that can't be dealt with by a magistrate, but I also have the jurisdiction of the magistrate. Someone might have an old community service order, aggravated break-and-enter charges which can only be dealt with by a judge, goods-in-custody charges which can only be dealt with by a magistrate. We can drag all of that together rather than have them shipped off around the state, dealt with in different jurisdictions for no good purpose.

"The teamwork amongst all of the agencies is absolutely critical. You've seen what was happening, where someone needs accommodation so Health are talking to Probation who are talking to Police and the Department of Public Prosecutions, and everyone's sort of going, 'Okay, where can he live? Can he stay at his mother's?' If I was to sit in there on my own with a court case, I would have no ability to get the referral to a rehab or get the Community Offender Support Program organised. So much goes on outside the courtroom by the team working during the week."

Not everyone in the program gets applause come Court day. One participant that morning had missed a drug test through illness but didn't tell his parole officer. Another breached her curfew and avoided her test because someone tempted her with a joint. Both receive sanctions. You can sense the pain on their faces as their life stories are read out to the Court by defence counsel. Later in the session, the fidgeting smart phone pair return to see their partner and friend being led by officers into the dock, a rarity in this Court session. He's new to the program, has to wait for a rehab bed and is swiftly led back to the truck. The pair at the back are in tears, distraught at such a fleeting glimpse of their friend.

Many of the participants' stories are tragic, but Dive sees a brighter side as well. "I have a very different working life to other judges in that there are many positive things that I see throughout our working week. It's full-on, as you would have seen this morning, but it's perhaps not all as sad and miserable as many of my colleagues. Extraordinary things happen. At Christmas I got an email sent on to me from a couple who graduated from the program in 2007. They're still in touch with us. They've moved to the south coast. He's working. She's working. The baby who was born on the program is now at pre-school. It's really terrific stuff. I'm well aware other judges never have those experiences. Sadly, what comes back to them is those who've failed to stick to a good behaviour bond or another alternate order. They never hear back from those who successfully complete them, whereas here, the success stories come back to see us."

At the end of the Court session, a group of participants return to the bus stop for the long journey home. Some are cheery at how the Court session went; others are burdened with bad news or daunted by the long road ahead. I'm reminded of two remarks Judge Dive made to different participants: "Life gets complicated." And "we deal with things, then we move on."

Mathew Bates