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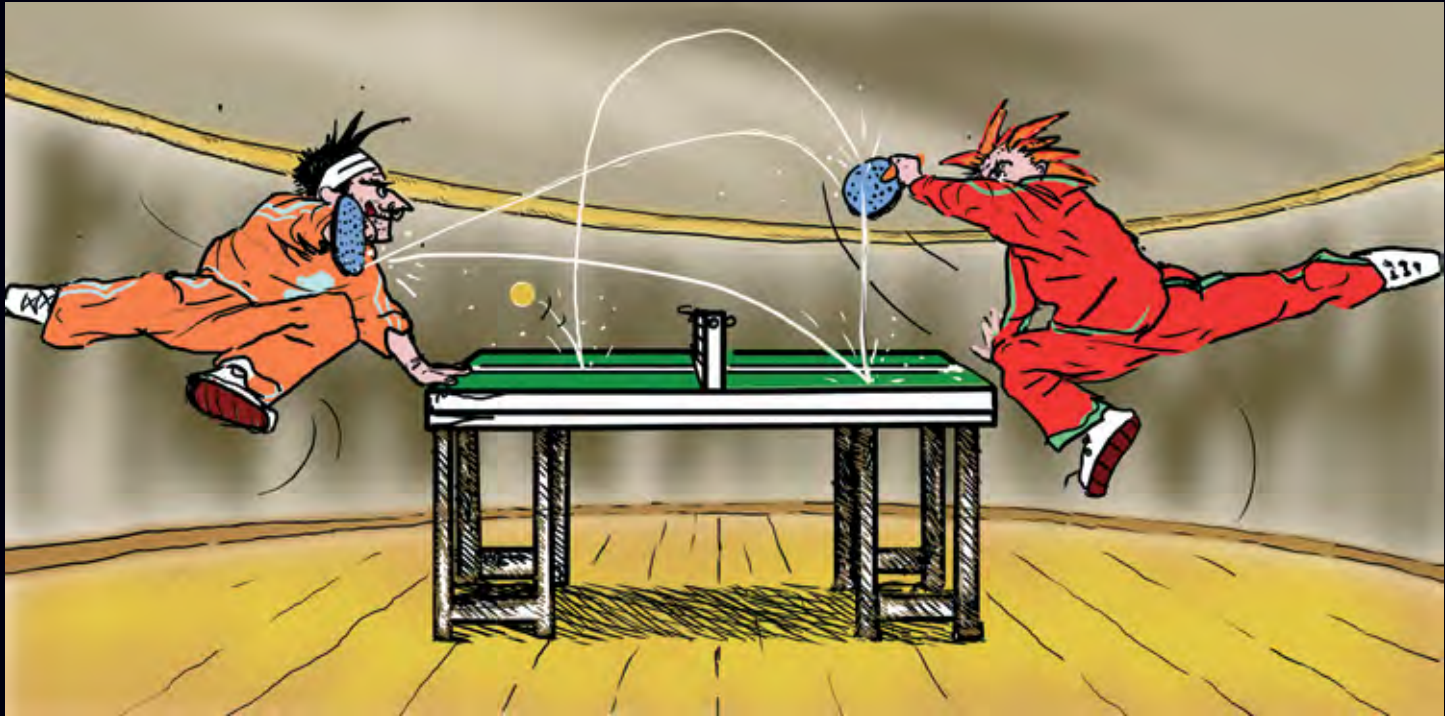
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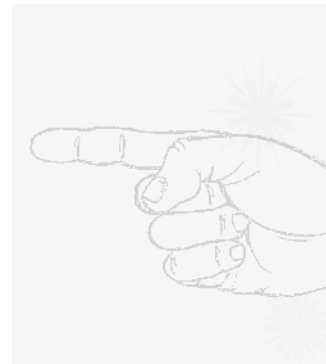
EVERYONE CAN BE AN EXPERT AT OVERDOSE PREVENTION

The Christmas / holiday period, when there's a lot of partying, drugs and alcohol around, can be an especially risky time for overdose.

To avoid overdose this party season:

- Don't mix your drugs.
- Be extra careful when using after you've been drinking.
- Using benzos on top of other drugs (especially opioids) is particularly risky. Always be mindful of what you've had before taking something else.
- Take special care when using prescription drugs, especially Fentanyl.

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ERRATUM

Last issue of UN (#70, Spring 2012) has a mistake in 'Detox Lines List' on p38. We published the Nepean intake number as Western Sydney's; had an incorrect general contact number for Western Sydney; and left out Nepean as a district. We are so very sorry for the inconvenience caused to both users and the services.

The entries should read:

**Western Sydney Local Health District
(Westmead Hospital):**

Intake line: (02) 9840 3355

General contact information: (02) 9840 3462

**Nepean Blue Mountains
Local Health District:**

Intake Line: (02) 4734 1333

General contact information: (02) 4734 2129

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**Very special thanks to the amazing staff
at NUAA for your friendliness, crackerjack
skills, wide-ranging knowledge and kind
support. Nice people take drugs.**

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DISCLAIMER

The contents of this magazine do not necessarily represent the views of the NSW Users & AIDS Association, Inc. (NUAA). NUAA does not judge people who choose to use drugs illicitly, and *User's News* welcomes contributions which express opinions and raise issues of concern to drug users – past, present, and potential. In light of current laws on self-administration of drugs, however, it should be clear that by publishing the contents of this magazine NUAA does not encourage anyone to do anything illegal. While not intending to censor or change their meaning, *User's News* reserves the right to edit articles for length, grammar, and clarity. *User's News* allows credited reprinting by community-based groups and other user groups with prior approval, available by contacting NUAA. Information in this magazine cannot be guaranteed for accuracy by the editor, writers, or NUAA. *User's News* takes no responsibility for any misfortunes which may result from any actions taken based on materials within its pages and does not indemnify readers against any harms incurred. The distribution of this publication is targeted – *User's News* is not intended for general distribution. ISSN #1440-4753.

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Feeling the love



I am very happy to deliver my first issue of *User's News* since becoming NUAA's Communications Co-ordinator in mid-October.

I have always loved *User's News*, as reader and contributor, but it wasn't until I was confronted with the full history of 70 issues of the mag spanning 24 years that I fully realised the wealth of info, stories and support contained in these pages.

In negotiating the steep learning curve of producing a mag like this, I have raised many a glass to each talented editor who came before me. Their dedication and skills have made this the impressive resource and engaging read that it is.

About a year ago, a review of *User's News* was undertaken. Readers loved the mag, but wanted a few changes. These included: connecting readers more with NUAA as their go-to organisation; more input from users of different drugs and from all cultures; friendlier writing and formatting for those who find reading and/or English tricky; and more ways for readers to contribute. Many wanted more humour and more positive messages about drug users. There were also calls for an updated look that would appeal to younger people and users of all substances.

A tall order, even if we double the size of the mag (which I would love) and not instantly do-able. But we have listened. With the Women's Issue (#67) I incorporated some of those recommendations. This issue explores other aspects. The next issue (#72) will uncover what is important to Aboriginal users.

I want this to be a magazine that supports users at every stage of their use – daily users, controlled users, those in pharmacotherapy, those seeking abstinence, those in forced abstinence, recreational or binge users... and to make sure that the image of all users is positive and life-affirming.

At NUAA (unlike the recovery movement) we don't believe that users can only have a positive, amazing life in abstinence mode. We don't provide harm reduction services just to keep users alive because one day they might stop using and start living worthwhile lives.

We believe all users are incredible, formidable and expressive people, living cool – and sometimes

crazy – lives. We believe that there are lots of ways to live a life that is interesting and fulfilling. We believe drug users can be awesome lovers, parents, friends, workers, business people, professionals, teachers, musicians, artists, actors, sports people... whatever we want to be. And we believe drug users are inspiring, simply because we are human, complex and compelling, doing the best we can under very difficult circumstances. I want to celebrate the fabulousness of drug users in *UN*, while retaining our serious purpose of health promotion and harm reduction: while supporting users through sad times and bad times and hard times.

So having asked you how best to support users through *UN*, we are starting to deliver. The most obvious change is a new *UN* masthead and some fresh design to promote reader friendliness. We have tried to be sensitive to both stimulant and opioid users; and to connect *UN* with NUAA's other activities. #71 introduces NUAA staff on what will be a permanent NUAA dedicated spread to help you get the most out of your user organisation.

The feel for this issue is quite playful. It is Xmas after all! But we retain *UN*'s serious function, looking back at the battles and achievements of 30 years of HIV in Australia. We include harm reduction spreads relevant to this time of year: overdose, home detox and alcohol. In addition, that debate about naltrexone implants just won't die, although it is killing plenty of users. It seems many users are still confused about what all the fuss is about, so we give you more facts and experiences to mull over.

All-in-all, this issue includes a mix of bite-sized vignettes of user experience and advice with a diversity of views plus longer get-your-teeth-into stories and articles.

I really hope you enjoy the issue. Please let me know what you think (\$20 each to the first 10 readers to SMS me their opinion on 0406 422 267!). Also tell me if you would like to be involved in making *UN* in the future – writing, researching or drawing; coming up with ideas for articles; or testing out stories, puzzles or recipes.

I really look forward to working with you.

Leah McLeod



News Dose

ATTACK ON METHADONE TAKE AWAYS IN VICTORIA

In Victoria, coroner Kim Parkinson called for an overhaul of the pharmacotherapy program following the deaths of two people in 2009. One person died after taking methadone while intoxicated on alcohol. Neither had been prescribed the methadone they took. In particular, the coroner has slammed the provision of take-away doses which she called “a danger to public health and safety”.

Harm Reduction Victoria, the drug user organisation for Victoria, called Parkinson’s comments “misinformed and misguided”.

“It’s like calling for an end to cars on the basis of one or two road fatalities!” said Jenny Kelsall, Executive Officer of Harm Reduction Victoria. “Methadone saves lives!”

“The majority of dosing already occurs in a pharmacy under the supervision of a registered pharmacist – which the coroner’s comments indicate she does not understand” said Ms Kelsall.

However, Ms Kelsall stressed “the daily regimen of supervised dosing is very restrictive and goes against social integration which is the basic aim of drug treatment. Access to take away dosing allows people to live their lives, to work, to study, and to fulfil family responsibilities.”

Department of Health secretary Fran Thorn stated that takeaway doses played an important part in helping users “lead a normal life” and that any changes to the program would need to consider the charter of human rights.

“Demand for pharmacotherapy programs already outstrips supply – there are simply not enough doctors and pharmacists – and a move to more supervised dosing would add to an already over-burdened system” said Ms Kelsall.

Ms Kelsall also rejected the coroner’s characterisation of methadone clients as “inherently unreliable members of the community”. “This sort of stereotyping is unhelpful” said Ms Kelsall “and highlights clients’ preference for the discretion afforded by takeaways. People who use drugs and people on pharmacotherapy programs have to deal with this sort of stigma and discrimination on a daily basis and it simply adds to the difficulties they face” said Ms Kelsall.

READ MORE: Nino Bucci, Methadone death prompts call for overhaul, 18 October, 2012. <http://www.theage.com.au/victoria/methadone-death-prompts-call-for-overhaul-20121018-27t0f.html>

TREATING PEOPLE WELL MAKES THEM STAY! WHO KNEW?

A new study undertaken in Canada has nominated a methadone clinic in Vancouver’s uptown Saint John as having the highest patient retention rate in the country.

The numbers show 95% of methadone patients at the clinic stayed in the program after 1 year, nearly double the rate at other Canadian clinics.

“No one has come even near that,” said Timothy Christie, regional director of ethics services for Horizon Health, who has been studying the clinic’s methadone treatment since 2009.

He said the difference at the Saint John clinic is that patients don’t have to take counseling, or pass drug tests to stay in the program.

“We showed that it’s the opposite result. By removing all punitive measures, we have nothing but fantastic results for the patients,” he said.

In addition to the high retention rate the study shows a decrease of 66% in the number of patients using illicit opiates. There was also a drop in cocaine use.

At AIDS Saint John, executive-director Julie Dingwell said she can see the difference it’s making for people. “They’re now coming in and they’re making plans for rebuilding their lives. Many of them now are in some sort of stable housing,” she said.

The success may see methadone programs expanded into rural areas. Let’s hope they learn from this and export the caring model as well, not just the methadone.

READ MORE: CBC News, N.B. methadone clinic boasts highest retention rate, 29 October, 2012. <http://www.cbc.ca/news/canada/new-brunswick/story/2012/10/29/nb-methadone-study.html>



News Dose

NEEDLES FOR PRISONERS IN ACT

Following the ACT's 20 October election, Labor will govern for another four years, after Greens MLA Shane Rattenbury announced his support for Katy Gallagher's government.

Rattenbury stated: "I want this to be the most progressive and green government in Australia".

A 100 item agreement was signed on 2 November between the ACT Labor Party and the ACT Greens. Gino Vumbaca, Executive Director of the Australian National Council on Drugs announced that the agreement included the following clause:

Establish a needle and syringe exchange program at the AMC medical centre.

AMC refers to the Alexander Maconochie Centre, a minimum to maximum security prison and remand centre for male and female inmates at Hume. It is operated by the ACT Corrective Services.

This confirms Gallagher's August announcement to trial an NSP at AMC, in question due to the election and opposition from the union representing prison staff.

Earlier in the week, the AMA ACT branch president Andrew Miller had said the most significant health policy

issue that Rattenbury could raise during his negotiations with Labor and the Liberals over who would form the next government was the proposed needle exchange at the AMC. "We have an undertaking from the government but I detect that they could get wobbly on it," Dr Miller said.

"The opposition have been very one-eyed about it and the public health benefit is very clear. The issue of responsibility for people who are effectively under your care is very clear."

Dr Miller said the needle exchange was the biggest point of difference between the parties in health policy and Mr Rattenbury should not hesitate to raise the issue with Liberal leader Zed Seselja.

Seems like Rattenbury listened!!!

Congratulations to all who have worked so hard towards this, including AIVL and CAHMA. Awesome!

READ MORE: Greens back Labor for ACT government, The Age, 2 November 2012. <http://news.theage.com.au/breaking-news-national/greens-back-labor-for-act-government-20121102-28oru.html>; Peter Jean, Greens drive needle exchange: AMA, Canberra Times 30 October 2012. <http://www.canberratimes.com.au/act-news/greens-drive-needle-exchange-ama-20121029-28fyo.html>

CANNABIS LEGAL IN US STATES

Colorado and Washington both voted to legalise cannabis in November. This means the drug will be regulated, sold and taxed just like alcohol or tobacco.

Colorado's Amendment 64 was passed when 53.3% of voters agreed that the prohibition on the production and possession of cannabis should be removed for recreational purposes. Washington, through voter approval of Initiative 502, approved a similar measure, allowing those 21 and older to purchase up to one ounce of the drug at specially regulated stores. Possession is legal, but not public use. Adults can grow up to 6 plants in their homes.

This sets up a direct challenge to federal drug law. Federal authorities have not said how they will respond. Colorado's Governor John Hickenlooper stated "the voters have spoken and we have to respect their will. This will be a complicated process, but we intend to follow through."

Questions about regulation and enforcement still abound. The first recreational stores would open in January 2014 and be separate from existing medical marijuana dispensaries. Details for regulating the industry will be up to state revenue departments, which would oversee the specialty shops. Proponents envision something similar to the state's system governing medical marijuana businesses, which involves security requirements, the monitoring of plants as they are grown and shipped and auditors who perform site checks.

The two states have a lot of work to do quickly in terms of setting up the appropriate rules and structures and the amendment may have to go back to voters if there are problems in making it work.

Read more: Coloradans say yes to recreational use of marijuana – The Denver Post http://www.denverpost.com/breakingnews/ci_21941918#ixzz2Bz1Wz0UW



News Dose

AIVL FIGHTS STIGMA AND DISCRIMINATION

AIVL, the Australian Injecting and Illicit Drug Users' League, held its national conference in late November. AIVL is the national peak body for user groups from each state and territory. The conference was attended by delegates from each jurisdiction, including NUAA. AIVL reported on recent activities, including finalisation of the National Anti-Discrimination survey, wherein people from all walks of life were asked their views towards people who use drugs. The results are on line at AIVL's website: <http://aivl.org.au>. AIVL has also released a short film called *An Afternoon with Max Marshall*, which follows a bigoted shock jock and his younger, more compassionate assistant. The film talks about the way users are perceived and has been received very favourably. You can view it at <http://maxmarshallmovie.com/>

BREAKING THE TABOO AROUND DRUGS

A global campaign has been co-ordinated by the Beckley Foundation aiming to break the taboo on drug policy, draw attention to harms that arise from the War On Drugs and argue for a rational, evidence-based response that is driven by human rights. A celebrity driven social media campaign is joined by a documentary called *Breaking the Taboo*, narrated by Morgan Freeman, and featuring some of the most notable figures in world politics speaking out about the subject: e.g. Bill Clinton, Jimmy Carter, President Juan Manuel Santos of Colombia, Fernando Cardoso (ex-President of Brazil), Cesar Gaviria (ex-President of Colombia), Ruth Dreifuss (ex-President of Switzerland), and Ernesto Zedillo (ex-President of Mexico). The film was released on 5 December in London, 6 December in New York and on-line at YouTube, with Google as a partner, on 7 December. A massive online campaign and petition hosted by Avaaz are other features. Find out more and watch the film and support videos here: www.breakingthetaboo.com

NSW GOVERNMENT THREATEN BAD OLD DAYS FOR SEX WORKERS

A four day conference held in Sydney in early November and sponsored by the Open Society Foundation, Scarlet Alliance and the Sex Worker Outreach Project (SWOP) attracted sex workers, community leaders and human rights activists from 11 countries.

Here to learn from NSW's sex work industry since laws were reformed in 1995, delegates were instead shocked to find the current government rethinking decriminalisation through a sex industry law review.

"Decriminalisation is the best form of regulation for sex workers. It has delivered successful health outcomes and removed corruption. But this government is proposing a return to the bad old days", Janelle Fawkes, CEO of Scarlet Alliance said.

NSW and NZ lead the world as the sole jurisdictions with decriminalised sex work. International accolades include a recent UN report, *Sex Work and the Law*, which calls for a review of all discriminatory laws that hamper effective HIV response. "Repeal of discriminatory laws is the best way to fight HIV", stated Olga Szubert from the International HIV/AIDS Alliance.

Delegates spoke of the abuses against sex workers in their home countries, much of it at the hands of the police. "It was great to see how the police can work with sex workers as opposed to being perpetrators of abuse" said Stacey-Leigh Manoek from South Africa's Women's Legal Centre.

Many countries spoke of human rights and public health problems stemming from the criminalisation of sex work. Delegates shared a common goal of decriminalisation at home, and had looked to NSW as a beacon of hope.

Australian sex workers will continue to campaign to maintain decriminalisation in NSW and to have similar laws introduced Australia-wide.

Source: NSW sex work laws an example to the world, 2 Nov 2012. www.news.com.au/breaking-news/national/nsw-sex-work-laws-an-example-to-the-world/story-e6frku9-1226508995974



News Dose

ANTHRAX IN HEROIN EUROPEAN USERS AFFECTED

Anthrax infection continues to infect, hospitalise and kill heroin users in Europe. Another heroin user has been hospitalised, subsequent to injecting heroin contaminated with anthrax. The most recent patient came from Oxford in the UK, following cases in Germany, Denmark and France earlier this year. Of the 3 cases reported in England, two were fatal. In 2009/10 there was a similar crisis in Scotland resulting in 14 deaths.

INPUD, the International Network of People who Use Drugs, has issued an Anthrax Warning to all heroin users.

Anthrax is a bacterium which creates spores that can infect the body, producing lethal poisons and causing death. You can acquire anthrax infection through injection and inhalation (smoking). Symptoms include general unwellness, nausea, difficulty breathing, raised temperature and headache. Infection through inhaling may result in

unconsciousness which is not affected by naloxone.

Between 2 and 12 days after exposure, an affected injection site may show a clear blister or abscess, a black dry scab, massive swelling and discharge. Wheel filters are not guaranteed to remove anthrax spores. They are resistant to boiling or organic solvents.

It is likely the heroin was contaminated by the use of bone-meal based cutting agents, or contact with animal hides from an Afghan source. This is a European issue, so if you are travelling, be careful. Those smuggling Afghani heroin internally by swallowing or by anal or vaginal insertion are particularly at risk. While in Australia our heroin comes from Burma rather than Afghanistan and it is very unlikely we will see anthrax here, we need to be mindful. The only safe heroin is sealed pharmaceutical diamorphine. Another good reason for drug law reform.

You can read INPUD's warning here:

<http://www.inpud.net/INPUDanthrax.pdf>

ABORIGINAL HEALTH RESEARCH

Do you identify as Aboriginal?

Do you have any health conditions
that affect the liver (e.g. hepatitis C)?

If so we would like to hear from you!

We at NCHSR (UNSW) are currently conducting research on your experiences of liver care and treatment.

If you want to share your story or find out more, please call our Aboriginal liaison officer on the toll free information line.

If you participate in our study you will be reimbursed \$30 for your time.

Information line: 1800 775 257



LETTERS

Dear UN,

In the last issue, Smitty had quite a story to share: *The day I died twice*, but a few of us puzzled over the mention of grey cerebral fluid frothing out of his mouth during CPR. I had a chat to a doctor who reassured me this was impossible. The substance was most likely bile frothing up from the stomach due to the cocktail of drugs in there.

I worry that this story may deter readers from performing CPR. If people are worried, you can get special mouth guards or even cup your hand like a funnel.

We thoroughly enjoyed the story, Smitty – no wonder you had a headache! But rest assured all your brain matter is still safely in your head where it belongs.

I also wanted to say to UN that we love the mag but think you should be careful about printing things that are inaccurate like this. People trust that UN has correct info, and may not distinguish between a user story and an info article. This is the way stupid myths start.

C.A.

Dear C.A.,

Thanks for bringing this to our attention. We want people to have accurate info in our pages, and love it when readers help us do that better. Apologies to our readers for the confusion.

I couldn't contact the author, but am positive they had no intention to deceive. It's likely they were told this by a professional to shock them into safer use in the future.

I talked to a physician who agreed cerebral fluid can leak if someone has suffered a serious fracture of the skull through trauma – like a car accident or being hit with a blunt object – but only ever from the nose and ears. It is never associated with overdose.

C.A. is right – don't let this be an obstacle to doing CPR! It may save their life and will stop them suffering brain damage. Those protective shield face masks mentioned only cost a couple of dollars at pharmacies.

To do rescue breathing: Roll them on their back; tilt their head back to open the airway; make sure their mouth is clear; listen and feel if there are breaths. If they're not breathing, start rescue breathing. Pinch their nostrils, make a good seal with your mouth on their mouth, then blow til their chest rises. Take your mouth away til their chest falls. Give 1 breath every 5 seconds, keeping their head tilted back. If there is no heartbeat, start chest compressions, 2 breaths followed by 30 chest compressions, until the ambos arrive. Check out our section on overdose in this issue pp36-40 for more on how to deal with an OD, including how to get a stock of naloxone.

Leah

Call to previous authors: if you have had a story published over the last year, and haven't yet received payment for it, please contact UN so we can sort it out. Email usersnews@nuaa.org.au or phone (02) 8354 7300.

Next Issue

The next issue of User's News will be a special edition looking at matters that are important to Aboriginal people who use and inject drugs in NSW. Contact us if you would like to take part in putting the issue together.

User's News
UN 72

There are many ways to be involved:

- ▶ You could be on a committee to plan the issue or choose what should be included.
- ▶ You could gather stories and illustrations, do research for fact sheets or report on community events and news items.
- ▶ You could write or draw your story or your opinion to go in the mag or offer to tell your story in an interview.

You can call Leah on (02) 8354 7302 or email usersnews@nuaa.org.au to talk about the issue and how you can be a part of it. Contact us now, so that you can be involved right from the start. We would really love to hear from you.

Introducing...



NUAA gives NSW illicit drug users a voice!

Call us for info, advice and assistance: (02) 8354 7300 or 1800 644 413
Great info and links on line: www.nuaa.org.au



Amy
Organisational
Services Manager



Annie
Community Services Worker,
Needle and Syringe Program



Chris
Community Programs Worker,
PeerLink Toronto



Quyen
Outreach Worker



Sione
Director, Programs
and Services



Lucy
Community Programs
and Services Manager



Sarah
Organisational Services Planner



Tom
Finance Officer



Fiona
Policy and Advocacy Co-ordinator



Jeffrey
Policy and Advocacy Co-ordinator



Leah
Communications Co-ordinator

What would you like politicians to know about using in jail?
If you've got something to say, contact Fiona at NUAA!

NUAA staff, here to work for you



Tarnia
Community Programs Worker,
Consumer Participation



Maurice
Community Services Worker,
Needle and Syringe Program



Paul
Community Services Worker,
Needle and Syringe Program



Yvonne
Community Programs Worker,
Peerlink Mt Druitt



Quentin
Community Services Worker,
Needle and Syringe Program



Earl
Community Programs Worker,
Peer Participation Program (PPP)
and Tribes 2



Hope
Community Programs Worker,
Ethical Treatment of People on
Opiate Substitution Therapy
with Hepatitis C (ETHOS)



Candice
Community Services Worker,
Needle and Syringe Program



Nicky
Chief Executive Officer

Needle and Syringe Program (NSP)

At NUAA's office, 349 Crown St, Surry Hills, 2010

Discover the difference a peer-run service makes.

Friendly, warm and welcoming! Free supply of your harm reduction needs including some speciality items. Tips and advice on safer using. Referrals to other health and aid services.

Opening Hours Mon & Thu: 11:00 am – 4:30 pm
Tue: 1:30 pm – 4:30 pm
Wed & Fri: 1:00 pm – 7:30 pm

Coin-operated needle and condom vending machine available outside the NSP for use out of hours.
NUAA's mobile service operates through Sydney suburbs for NSP supplies, advice and referrals.
Call 0487 387 442 to arrange to meet.

