

## THE POLY EDITION

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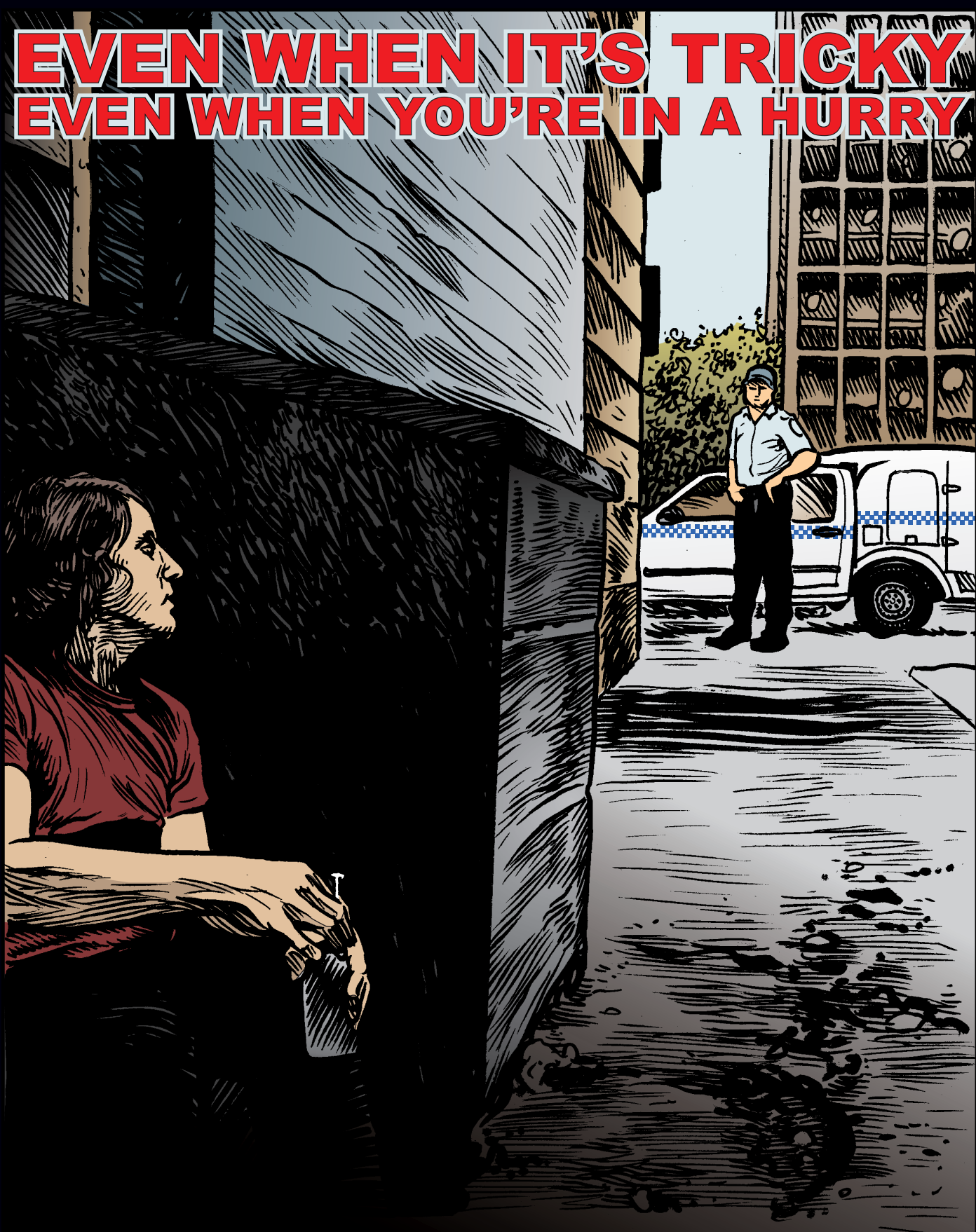
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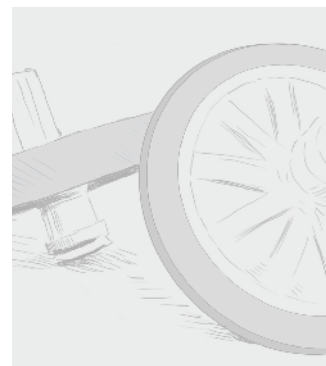
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The contents of this magazine do not necessarily represent the views of the NSW Users & AIDS Association, Inc. (NUAA). NUAA does not judge people who choose to use drugs illicitly, and *User's News* welcomes contributions which express opinions and 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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# Celebrating our worth



We intended Issue #72 highlight issues of importance to our Aboriginal readers. However, guided by an amazing seven-strong Aboriginal editorial sub-committee led by guest editor, Ms Joanne Brown, we will now release our Black Out *UN* in Winter so as to make it all it possibly can be. We've been out and about in city and country getting drawings and writings and look forward to presenting the incredible views of Aboriginal readers to you as Issue #73.

Delaying that edition has given me the opportunity to present this issue that spans multiple drug types.

Most people who take drugs are either polygamous in their approach or at least seriously serially monogamous. By choice or convenience, we mix and match substances as we move through different phases of our lives. If you can't be with the one you love, love the one you're with!

*"With NUAA, I know I am not alone. I know there are people who will guide me with lessons hard won to keep me alive and healthy."*

Each drug requires different knowledge for it to be used effectively and efficiently. More importantly, we need to know how to keep ourselves and our friends safer. This set of skills and information is loosely called harm reduction and embraces a helluva lot more than avoiding blood borne viruses, though obviously that is vital. It's about caring for yourself so as to cram in as much good living and awesome experience that you can. Harm reduction can mean everything from managing your use with the help of done or bup; to finding ways to get better bang for your buck so you can get your bills paid; to eating the right foods and getting enough sleep so you don't wig out during a binge or drop; to knowing the tools of the trade for filtering away a dirty hit and keeping your veins working. It's also about managing our drug use to be useful and functional and available to our families. It can even mean taking breaks when things get too hectic. This doesn't mean cutting the fun or the edge. But it can

mean cutting the angst and it does mean cutting the stereotypes.

NUAA is my best and greatest harm reduction tip. It's my secret weapon against stigma and discrimination. It's the mountain at my back and the lion at my feet. With NUAA, I know I am not alone. I know there are people who will guide me with lessons hard won to keep me alive and healthy. I know they get what it is to be a person who takes illicit drugs in 2013, and will treat me with love and respect knowing all my little secrets.

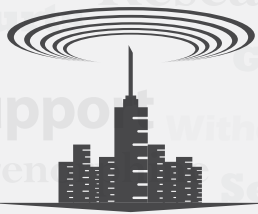
*"UN is the way I have not just of staying safe, but of knowing I am worthy of safety."*

For me, *User's News* is the voice of all that experience. More than just a mag, more than a "targeted resource", more than a bunch of stories or a collection of technical detail, *UN* is the way I have not just of staying safe, but of knowing I am worthy of safety.

A note about the cover choice this quarter. I often attend meetings on behalf of people who use and inject drugs or are in treatment, and I can feel the frustration of the doctors, public servants and other industry professionals around the table as I repeat the same messages and views each time we meet. Why do I repeat myself? Out of necessity. Because we can't seem to get even the simplest messages heard. Because any change is very hard won. So while the parrot is a little visual pun about poly drug use, and a little bit about being Australian, it also represents the messages that we users are forced to repeat over and over without any satisfaction. Polly want choices. Polly want affordability. Polly want quality. Polly want input. Polly want autonomy. Polly want respect.

And as we stand together again at the beginning of another issue of *UN*, to again celebrate choice, change and harm reduction, let's reiterate: Polly wanna life worth living!

*Leah McLeod*



# News Dose

## HEROIN TRUMPS METHADONE! NO KIDDING...

A new study from Canada has concluded that heroin on prescription is not only more effective than methadone, it is more cost-effective. The study, published in the Canadian Medical Association Journal (CMAJ), attributed most of the economic benefits to the fact that recipients of medically prescribed heroin (diacetylmorphine) stayed in treatment longer than those receiving methadone. Both results are associated with reduced criminal activity and lower health care costs. Additionally, an individual in the diacetylmorphine group was more likely to live longer than someone receiving methadone maintenance therapy.

The findings were drawn from the North American Opiate Medication Initiative (NAOMI), a trial of medically prescribed heroin that took place in Vancouver from 2005 to 2008, as well as administrative drug data from British Columbia. NAOMI was North America's first-ever clinical trial of prescribed heroin. The researchers used a cost-effectiveness analysis to compare treatments over a one-, five- and 10-year period, as well as a lifetime horizon.

"NAOMI demonstrated that heroin-assisted therapy is a more effective treatment option than MMT, but now, thanks to this study, we can also confidently say that there are significant economic benefits of using this medication," Senior Investigator Dr. Anis said. "The question I get most about heroin-assisted therapy is whether we can afford the increased direct costs of the treatment," says co-author Dr. Martin Schechter. "What this study shows is that the more appropriate question is whether we can afford not to."

The NAOMI study was a randomized trial aimed at testing whether medically prescribed heroin was more effective than methadone therapy for individuals who were not currently benefiting from conventional treatment. The results showed that patients treated with the prescribed heroin were more likely to stay in treatment or quit heroin altogether and more likely to reduce their use of illegal drugs and other illegal activities than patients treated with oral methadone.

Read more here: <http://medicalxpress.com/news/2012-03-medically-heroin-effective-costly-current.html>

## NSP HERO DIES

Dave Purchase died at 73 in late January. He was a great man, a lovely man, a brave man. We mourn the loss of him.

In the mid 1980s, the bearded biker was lying in a hospital bed after being hit off his Harley by a drunk driver. He was due to get a small pay out and would have some money for the first time in his life. He mulled over what to do with it. Finally he hit on the idea of spending it on clean needles to hand out in the streets, to stop drug users getting HIV, a new but devastating illness killing off many of his friends.

After he finished his rehabilitation, he got some training in drug and alcohol work and set himself up outside a shooting gallery on his local streets of Tacoma, Washington State. Sitting at a borrowed television table every day, he did a needle swap with passers by, up to 10 fits at a time, and handing out mittens and biscuits at the same time. Within 5 months, he had exchanged 13,000 clean needles

for used ones, and getting media attention in the process. He did this illegally and entirely from his own wallet. He added bleach, cotton swabs and condoms in 1989. He later developed kits that people around the country could buy. For \$50, you got a card table, folding chair and a supply of fits, to set up your own roadside NSP.

Dave went on to become a major NSP guru advocate, getting political favour and public funding for needle exchange, despite public opinion that NSPs encouraged drug use. He founded the North American Syringe Exchange Network, which now distributes more than 15 million syringes annually.

Dave once said he would never stop giving out needles. "I'd have to live with that," he said. "This is life and death. There were unnecessary deaths, unnecessary and preventable deaths."

Read more here: <http://www.nytimes.com/2013/01/28/us/dave-purchase-who-led-needle-exchange-movement-dies-at-73.html>



# News Dose

## GOING FOR GOLD FOR DRUG USE?

Fairfax Media is partnering with the Global Drugs Survey, created by Adam Winstock who is a Consultant Addiction Psychiatrist and researcher based in London, although he worked in Australia for a few years. They are working to create "the largest and most up-to-date snapshot of drug and alcohol use in Australia, and how we compare with the rest of the world". Dr Winstock ran a similar survey last year, reporting 15,000 people filled it out globally, including 500 from Australia, showing that, for many, drug use was characterised by confusion and dishonesty. "People are appalling at knowing how their drug use compares to other people," he said. Nearly 40 per cent of people who had been asked about their drug use by their GP either lied and said they never used drugs, or downplayed their use. About 22 per cent of alcohol drinkers did the same. I wonder if they wonder why? Check out AIVL's survey on stigma and discrimination if you are in any doubt.

The survey has been launched in Australia, the US, in partnership with NBC, and in the UK, with The Guardian, Mixmag and the Gay Times. Dr Winstock said he created

the project to capture a broader snapshot of drug use than is usually available. "Most governments are interested in drug use patterns among the sickest and most disadvantaged," he said. "But that represents a fraction of the people who use drugs". Great that this message has got through at last. Results of last year's survey have been published in the British Medical Journal, the Lancet and Addiction, and have helped produce a project called the drugs meter, where people can find out how their drug use compares to others.

The survey asks a range of questions about your use of specific drugs, what happens if you are caught with them, new drug trends and the consequences. It will also ask about the short- and long-term benefits and harms of different drugs. Drugs covered by the survey include cocaine, ecstasy, cannabis, ketamine, mephedrone, alcohol, tobacco, "legal highs" and prescription medicines such as temazepam and opioid painkillers.

Read more here: <http://www.smh.com.au/national/health/global-drug-survey-to-rank-australian-use-20121116-29g8s.html>

The drugs meter is here: <http://www.drugsmeter.com/>

## GIVE ME THE CHILD TIL HE'S SEVEN... AND I'LL SHOW YOU THE MAN

The story was billed by the Sydney Morning Herald like this: "Which of the thousands of fresh-faced children starting high school this week will grow up to be the rebels?"

Researchers from the National Drug and Alcohol Research Centre at the University of NSW are studying more than 3000 NSW high school students to try and discover whether personality traits predispose them to drug and alcohol problems, and if early intervention can prevent them. The program is part of a new Centre for Research Excellence in Mental Health and Substance Use, headed up by Maree Teeson. Nicola Newton, a chief investigator in the school project, said children would be targeted with four personality traits known to put them at higher risk of drug and alcohol misuse: anxiety, impulsivity, negative thinking and sensation seeking. "These children ... have different motivations for using substances," she said. "Because of their personalities they can cope in maladaptive ways when they are put in a difficult situation". A similar study,

conducted in Britain and published last week in the journal JAMA Psychiatry, found targeting at-risk students decreased their problem drinking by nearly 50 per cent. Please note that when UN hears the word "maladaptive" used about people who use drugs, we reach for our guns.... Too impulsive?

Read more here: <http://www.smh.com.au/national/health/behaviour-study-aims-to-discover-children-at-risk-of-drug-and-alcohol-problems-20130130-2dl6h.html>



# News Dose

## NORWAY IS SMOKIN'!

AMAZING news from Norway! The Government has announced its intention to “liberalise” smoking of heroin under “controlled circumstances” including smoking rooms. Of course smoking or chasing has far more relevance in European countries such as Norway given their access to brown/smokable forms of heroin. However, it is an important step forward towards more sensible, pragmatic and humane drug policies particularly because the main stated ‘driver’ of this policy shift is as a way to reduce what Norway regards as ‘shamefully high’ rates of heroin

overdose deaths. Health Minister Støre hopes the move will see more people attracted to smoking than injecting. Currently 160 grams of heroin are injected each year, while 118 grams are smoked.

Australia also has a shamefully high heroin overdose death rate that has been climbing over a number of years (along with deaths from other pharmaceutical opioid use). The provision of safe and legal alternatives for Australian opioid users continues to be an urgent public policy and human rights issue in Australia.

Read more here: <http://www.newsinenglish.no/2013/03/01/state-set-to-allow-heroin-smoking>

## QUICKIE HIV TEST CUTS ANXIETY

A 30-minute test for HIV has been approved for use in Australia’s sexual health clinics, following 18 months of trials in NSW. This is an important step in reducing the transmission of the virus. Before this, patients had to wait several days before they were informed of the results of a full blood test. The Therapeutic Goods Administration has now given its approval for the new test to be available throughout the country. The test will not be available through GPs at this stage but at sexual health clinics that have experience in dealing with infections, so there can be immediate counseling on results and advice on ways forward for patients. Note the new tests do not replace the current test. Because of problems with false negatives and false positives, people being rapid tested will also be given the usual tests to make sure of accurate results. With HIV back on the increase, we need to be more mindful than ever about clean fits, condoms and other harm reduction techniques for drug use and sex.

Read more here: <http://www.abc.net.au/news/2012-12-17/super-fast-hiv-test-cleared-for-australian-use/4431742>

## ORDER OF AUSTRALIA FOR ILLAWARRA NSP WORKER

Another Australia Day honour for harm reduction. A health worker for the Illawarra Shoalhaven Local Health District, Michael Fernandes, has been awarded the Medal of the Order of Australia for his service to the community through public health programs. Manager of the First Step program, a health worker in the Needle and Syringe Program since 1992, and an adviser to other NSW area health services, Michael contributed to the prevention of communicable diseases, including HIV and hepatitis C. “To get a Medal of the Order of Australia on Australia Day is an incredible honour.” he said. Michael said his job could be challenging, but it was often more challenging for the people he helped. Congrats Michael to all from NUAA.

Read more here: <http://www.illawarramercury.com.au/story/1259242/primbee-man-recognised-for-health-fight/>