USER STORIES

When methadone and injecting collide

EDITOR'S NOTE

My place on the methadone program allows me to keep the same life rhythms as most Australians; I can work a full-time job, be a Mum to a school-aged child and support an unwell partner, and I think I do those things fairly well. Personally I don't inject my dose or sell any of it, though I have shared with needy friends. Before I was on a program, I regularly bought 'done to help me detox or allow me to work when I couldn't score. The deal struck was more symbiosis than commerce; the dose I bought enabled the seller to stay on the program as they simply could not have afforded the costs otherwise and I was grateful they risked their place on it to help me. I use heroin when I need the mental holiday. As my only vice, heroin gives me the release many find in a few wines after a hard week. Others fill the same need by injecting some of their doses, so as to remain in the spirit of the program but to find the relief that injecting can bring the long term user.

The significant shift implicit in moving to methadone should be self-evident, even when some doses are injected; at the very least there should be recognition of diminished harms in legal and financial terms. However the big take-home message for policy makers should be about the lack of treatment choices that people who inject drugs are offered. The option of an injectable pharmacotherapy as offered in some other countries is well overdue in Australia. At the very least, Biodone® should be more widely offered and large barrels and butterflies available at NSPs to make injecting 'done a safer procedure.

UN asked a variety of users about why they injected 'done, or bought from or sold to other users, and how it affected their lives. Why would injectors choose to inject a drug that can cause more damage to veins than some other drugs, has a significant amount of stigma attached to it, and choose to do so even when the equipment to enable its injection is not readily available? Why would people sell their doses when they know diverting could risk their own takeaways?

A note to readers who inject their dose: please make sure you are doing this as safely as possible. If any of the harm reduction issues touched on in these stories seem alien to you, such as the use of wheel filters, please contact NUAA (see p9) and we will make sure you get the appropriate harm reduction advice.

ANNA'S STORY

I remember when I first got on a program, and pretty much right from the start I'd inject my 'done. I thought it was something other users hated, so I'd rarely discuss it outside of people that I know who shoot it up as well. I remember trying drug and alcohol counselling. I was asked what drugs I was injecting. When I mentioned methadone this look of sheer disgust came over the counsellor's face. It was that look that made me realise that this was something you DO NOT talk about.

I think I inject methadone because getting on the program after having used heroin is hard; one day you're injecting and the next you're not – you are supposed to go from injecting every day (once, twice, three times – whatever) to drinking this vile-tasting dose, and that's it – I've never been able to understand that. Just give it up, just stop!

The other problem is that while I prefer heroin, I can't feel it above my dose, it doesn't last as long and it's so expensive. One thing that has really changed since I've been on the program is that I'm not prepared to risk getting in the shit for a shot. That's progress, but I'm sure my doctor wouldn't see it like that.

Even though my doctor wants me to be honest I could never tell that I inject it. When I first started with this doctor I was asked about it. I lied and said I'd injected in the past, but not anymore – I just remember the look on that counsellor's face. I want a good relationship with this doctor, I want take away doses so I can work or go on holiday – to actually live my life. There's no way a doctor would let you have take away doses if they knew you were injecting them.

There are potential risks involved with injecting methadone that you need to be on top of. I practice harm reduction: I use a bacterial filter to filter out bacteria and particles, which reduces the chance of a dirty hit and also the chance of endocarditis. I inject slowly to put less pressure on my veins. Biodone® is methadone with just water added

(and food colouring) so it is preferable, but I am on methadone syrup. This has additives and needs to be diluted with sterile water to cause less damage to veins. Finally I use butterflies and larger-bored barrels to reduce the number of times I need to inject. The butterflies (basically a needle on the end of a fine tube) can be gently inserted into veins and held steady as large injections are completed.

Would I rather not inject syrup that's meant to be taken orally? Absolutely, but until they have more options like heroin on prescription and injectable Physeptone®, this is what I'm stuck with.

PAUL'S STORY

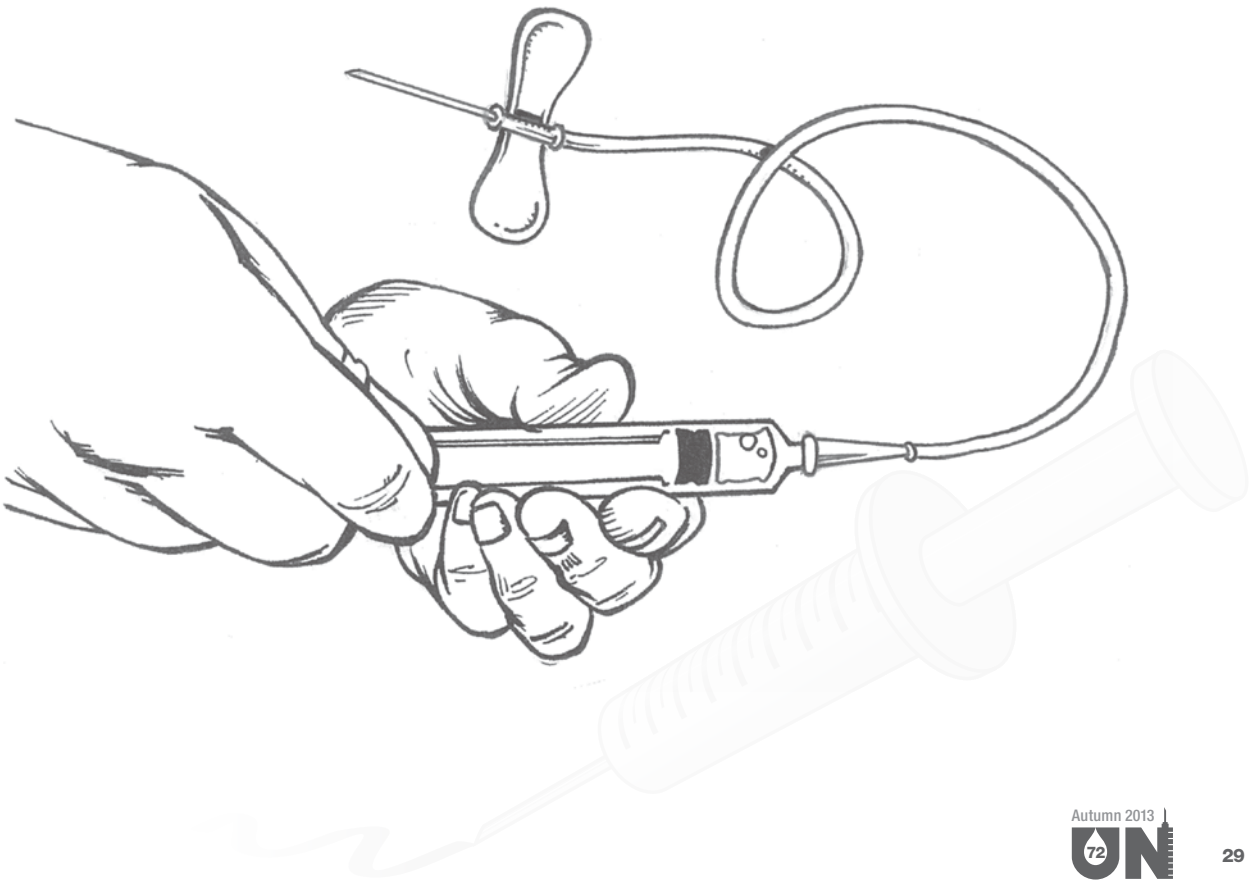
When I can't get heroin, I buy methadone. I never wanted to go on to a program, I don't like having to go to the clinic every day and the tight restrictions that go with being on a program. Being monitored. Urines. Being on a government list. Doctor appointments. All those hoops. It's a useful drug but the way it's administered makes it impossible. Too many restrictions.

I inject it when I buy it simply because I don't like the smell or taste of it. In the past I've bought it watered down and tampered with, so now I stick with a regular guy so I know what I'm getting. I've probably bought tea – but I've been lucky and never bought someone's piss – but I've heard of others who have. That's why it's good to find someone you can trust.

I'm really careful to not leaving opened bottles of methadone sitting around; I store them in child-proof bottles with the lids on. And when I have it I avoid alcohol, as I have seen firsthand that most overdoses occur when there is alcohol, or other depressants, on board.

STEVE'S STORY

I'm on a private methadone program, and on a reasonably high dose. I've been on the same dose for some time. I sell at least one take away dose a week. I'm on a pension and I live in a rental, the clinic charges me $80 per week – that includes extra for take away doses. I need to sell at least one each



When methadone and injecting collide

(continued)

week to get by, and to cover the cost of the clinic. Sometimes I need to sell two doses.

It takes a bit of management, I have to split my remaining doses and spread them out. It's a real shit if I spew up a dose though – that happens sometimes, then, if I've got any left, I wait until I really need it – but before I cramp up – and I have something like a piece of toast to eat then have small sips (of methadone) with water and try laying down or sitting down at least until my dose is absorbed. But that's what I have to do to afford the program at all.

I personally don't inject my methadone. I've tried it, but my veins are fucked – I can't have a shot of anything anymore. But I think for me that drinking my 'done holds me better. I would prefer to not sell any doses at all, but I need to be on the program and it's the only way I can manage it.

JOSH'S STORY

I inject methadone because now I'm on a program, I'm not prepared to go through what I used to for drugs. When I inject it, it still relaxes me like other opioids, but I can work and live a fairly normal life. I am no longer prepared to risk crime or homelessness. Being on a program has given me that. I would prefer heroin, but not what goes with it.

I have got in trouble injecting my takeaways and then needing to buy more to get me through but feel I couldn't tell my doctor and up my dose or he would stop my takeaways then I might lose my job, or end up just buying more off the street and getting in a financial shit. Trouble is, I'm getting more vein damage, and it's becoming a worry even though I rotate my sites and always use Hirudoid® cream. If I could get an injectable pharmacotherapy I could use smaller injecting equipment and there would be less damage. I try to inject as little as I can to keep my tolerance down.

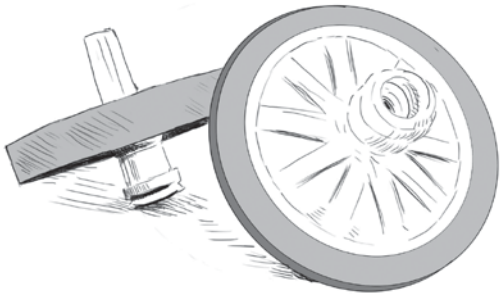
The main harm reduction advice I would give is around avoiding a dirty hit. Wash your hands every time. Never ever inject from a bottle that someone has had a swig from. If you are buying 'done, you need to emphasise to the seller how important it is that the product be unopened and untouched.
[Ed: we'd included swabbing your sites and using a bacterial wheel filter.]

JENNA'S STORY

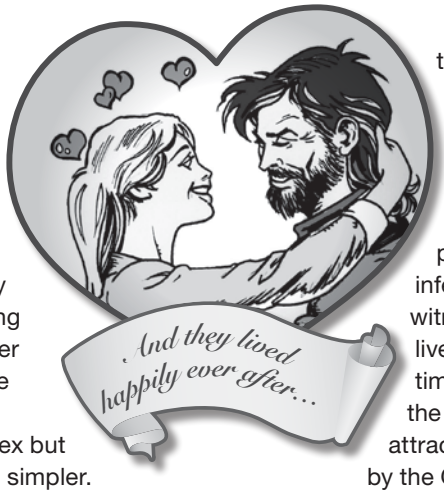
I can't afford heroin. I work, so living the life that would allow me to use heroin every day is simply not an option any more. If we were living in an ideal world I would be able to access an injectable pharmacotherapy, i.e. heroin, like they do in Switzerland, Germany, Denmark and a few other countries. But this is NSW and for some reason I don't understand, I can get free needles if I can afford heroin, but I can't get butterflies and large barrels at an NSP.

Injecting methadone is now a habit I find hard to break, even though there are days when it takes longer to find a vein or I end up losing half of it in a big swollen lump on my arm because my veins have all collapsed, and I think to myself, I would have been much better off just swallowing the damn stuff. Before I went on methadone I never had any trouble with my veins. I didn't even have to use a tourniquet. Within eight months I was butchering myself trying to find non-existent or inappropriate veins in my hands and wrists and eventually my feet. Some would last a couple of days, some would just explode as soon as I pushed any liquid into them. I use a wheel filter to filter out impurities and butterflies to make the injection safer, but I can't always afford them.

I will probably continue to inject my methadone until I can't bear the trauma of searching for a vein that isn't there, or I will somehow manage to convince myself before then that I enjoy drinking the nasty stuff. Or I am finally asked what option would allow me to live a healthy, well-rounded life and then be given access to it.



Finally hope for people
living with Hep C Genotype 1



Hepatitis C is a major and growing public health issue in Australia, with more than 220,000 people already living with chronic Hep C. People who inject drugs represent over 80 per cent of those with chronic hep C infection in Australia. Many people with hep C have been living long-term with the disease for over 20 years and that group of people have greater risk of liver damage.

Hep C treatment can be complex but treatments are getting better and simpler.

The Australian Government recently listed on the Pharmaceutical Benefits Scheme (PBS) two new important medications for the treatment of hep C: Boceprevir and Teleprevir. These drugs target the previously hard to shift Genotype 1, affecting over half of the people in Australia with chronic hep C.

Listing the meds on the PBS means that members of our community will soon have affordable access to these new life-saving medications. The government subsidy is a life or death issue for financially marginalised people who inject drugs, representing a saving of up to $78,000 per person per year for treatment.

Many people have become ill and some have already died while waiting for these medications to become listed.

Annie Madden, the Executive Officer of national users group AIVL said “A significant number of people with genotype 1 hepatitis C have been being discouraged from commencing hepatitis C treatment due to the promise of the availability the new drugs with significantly higher efficacy rates. It is very good news indeed that these medications will now be made available to those who need them before they could become ineligible for treatment due to the stage of their liver disease progression.”

It is very positive to see Australia falling into line with at least 25 other countries that have also approved these new drugs. Australia was a world leader in responding to hep C but ongoing delays to the approval of these drugs was bringing this into question. This approval goes some way to restoring Australia’s reputation by providing a realistic prospect of clearing the virus for many thousands of people.

“The natural history and long progressing nature of hepatitis C infection means that we are already witnessing a substantial burden of liver disease that will only grow over time if we do not act now to increase the effectiveness and importantly, the attractiveness of treatment. This decision by the Government to make these new drugs available under the PBS will be a critical step in changing the current and longer term outlook in relation to hepatitis C in Australia” Annie said.

New drugs Boceprevir and Teleprevir:

- have an expected benefit to 130,000 people
- are part of a new “triple therapy” as they are added to current medications Pegylated Interferon and Ribavirin to form a combination treatment
- are used only for the formerly hard to treat Genotype 1
- increase successful clearance rates, known as Sustained Viral Response, of Genotype 1, to the same success rate other hepatitis C genotypes, that is 50% to 80%
- continue to have some unpleasant side effects as they still include Interferon
- form part of the last wave of expected treatments with Interferon as the next few years will see Direct Acting Antiviral Combinations introduced, which exclude Interferon

NUAA supports people to get informed about hepatitis and treatment choices. Our ETHOS project brings together peers and professionals to work in pharmacotherapy clinics with people living with hep C undertaking testing and treatment.

Adding these new medications into the treatment mix certainly means that people with Genotype 1 will have more chance to clear the virus and in a shorter time. So get tested, get informed and get treated!

Living with Suboxone®
a rocky marriage

EDITOR'S NOTE

Buprenorphine can be a terrific choice for some people and suit their life goals well. Unfortunately, the stigma around methadone means that some people are on bupe when another treatment option might serve them better. We need more options with greater flexibility to support people looking to make changes around their opioid use.

STACY'S STORY

Every day for me is filled with the normal challenges of raising a family, paying the rent, holding down a job. My drug of choice, my most reliable friend, is heroin. She has been so amazingly loyal I can hardly believe our relationship still holds true. I also use a little ice and alcohol.

In order to make my life work, and to stay sane, I use when I can and I'm on the Suboxone® program. This may seem like a conflict of interest; a lot of my friends don't understand why I'm not on the 'done and got on not just buprenorphine, but Suboxone®.

It's this simple. I found when I was on 'done I was tied to something I could never let go of. Not the physical habit, although that was definitely part of it, as was the cycle of doctors and dosing. But mostly, I just don't want the methadone label.

There's a lot of talk about methadone, that it's simply "moving the furniture round on the Titanic" as one famous person put it. I feel that the discrimination of being on methadone is worse even than being a heroin user, with none of the freedoms. I was treated like some low life loser. I had no choices, I was pushed around like a child.

I was seeing a counsellor weekly when I was on 'done and she put me under a lot of pressure to get off methadone. So I reduced down and then went to a mid-term detox/rehab centre where I could take my son, and detoxed. But it was not long before I was using more heroin than ever, and I really needed to get that back under control. I wasn't sleeping well still from the methadone withdrawal and I had to face how much the methadone had helped me maintain my life, something I hadn't really realised before.

The problem with heroin is that with a habit you are sick from when you get up, something I hadn't had to deal with on methadone when I could just get up and get straight into my day as a Mum and wife, and hold down a part time job as well.

But I was not prepared to go back and give up the hard work of getting off methadone, for which I got a lot of praise from my counsellor and family and others around me. I needed something to help manage my heroin use, or I would have lost my son and other things I value. I needed to be able to manage withdrawals when I have had a bit of a binge. My son's sports carnival is not going to be cancelled because I can't get on and have "flu-like symptoms" that make me want to punch a wall or cry or both. I found Suboxone® works great for that, and I can manage how much I use.

With Suboxone® I have a little more freedom. Not lots, but a bit more. And I am treated better by the "establishment". I use bupe when I need to, when I can't get on or have commitments that preclude me from using. I find I can do this successfully through knowledge of my own body, my own habits and a desperate need to make it work.

I get a few takeaways and storehouse some against future need. I also sell some. This is to help me pay for my program, but also because I know other people in the same boat who ask for my help. I help them because I know how hard it is. We are all just trying to make our lives work for us. It is far from perfect. But until there are better options, this is the way I manage my using and the pressures of everyday life so I can be all the things I need to be.

Living with Suboxone®
eight shots a day

MOGGY'S STORY

I've been shooting my Suboxone® dose for about 2 years now. I was originally on 'done but moved to bupe so I wasn't tied to the clinic every day. I was motivated by takeaways. I lost a job from being bullied about having to go to the clinic each day and I didn't want to have that happen again.

With Suboxone® you can get a week's takeaways, a fortnight's takeaways – you can even get a month but my doctor hasn't offered that yet. I moved to a GP and chemist, picked up on a Saturday and work didn't need to know at all. I could have a normal life.

At this time I was sporadically using heroin. I missed the needle. But it was expensive and I have a mortgage and pets and I want nice meals and clothes and heroin money was eating that up. I did a lot of research on line to see if you could safely shoot Suboxone® and how you did it. My husband and I found a lot of info from overseas, mainly the US.

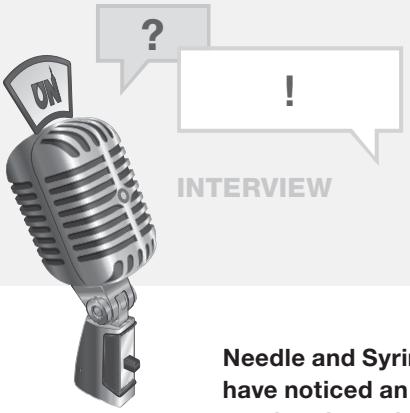
We found that by shooting it's about twice the strength of under the tongue. Not that you feel it so much, but you need to think of the OD risk. There isn't really a sense of getting high, like heroin. There is a really subtle feeling. Not like shooting water – I tested that theory. I definitely get something from it. It's hard to describe, but it's opioidy. I get a sense of relief in my body. Something in the back of my throat. I feel it travelling my veins and that feels right.

I found that by shooting it, it fulfilled the heroin need in me and I don't need heroin anymore. Last time I used heroin was July 2012 and before that November 2011. I still have it around me and can easily get on. I just don't have cravings for it.

On the downside, shooting shortens the action time of the bupe. So I need to shoot up several times a day, which is doing my veins no good. Every few hours I start getting agitated then yawning. I cannot go 24 hours on just one shot, even if I did the whole dose – I would OD or get sick and still go into withdrawals.

I need to follow a harm reduction regimen to shoot up bupe. I mix it up in a 3 ml barrel and always use a wheel filter. I started by dividing the mix from one film into four 1 ml syringes. Now I make 8 smaller fits out of a film because I'm trying to reduce my dose. That's because I am in a trap. With shooting, I'm used to having twice the kick now. To go back to sublingual, I either go through withdrawals or tell my doctor and lose my takeaways. I've withdrawn before, it's the usual opioid deal, not as strong as heroin but relentless, hard.

When I stop, I'm going to miss shooting something shocking. I hate being trapped, I hate the damage shooting multiple times a day is doing to my veins, but I enjoy the ritual of making up my dose everyday and love the feel of the needle going into my arm. But I will stop because I want to go overseas and I want other things in my life and I have no intentions of continuing to put up with an arsehole doctor and chemist like I'm on a dog lead.



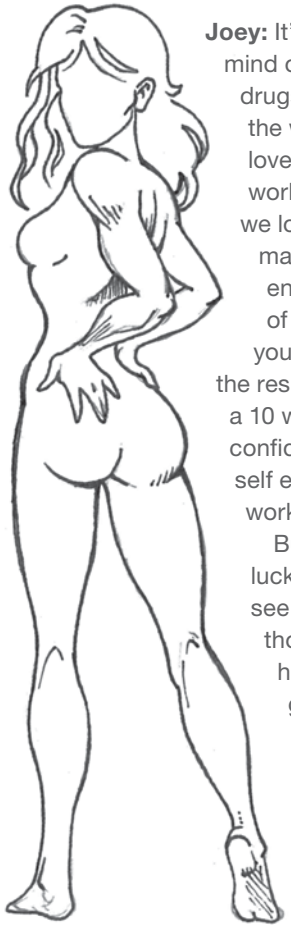
INTERVIEW

PIEDs
making your hard work work harder for you

Needle and Syringe Programs (NSPs) have noticed an increase in people coming through the doors who inject PIEDs or Performance and Image Enhancing Drugs, the category that includes steroids. Managing the equipment needs of a new group of service users is a significant challenge, so *UN* thought it would be useful to have a look at some of the things important to PIED users.

***UN* spoke to Joey, who not only is a buff individual who has used PIEDs, but has been involved in passing on harm reduction information to other PIED users for a number of years.**

UN: **People who use PIEDs are considered drug users by the general community, but they don't seem to consider themselves in that category. Can you give me some insight into that?**



Joey: It's because we don't get any mind or mood altering feeling from the drugs we take. The "addiction" is to the way it makes us look – friends, lovers, people at the gym and at work commenting on how great we look. Don't think the drugs are magical, they're not, it still takes enormous effort to build up, a lot of work. You've really got to push your muscles. But PIEDs really up the results. You can grow significantly in a 10 week cycle of use. You are more confident in yourself, it increases your self esteem when you see your hard work paying off.

But then when you stop, you are lucky to keep a quarter of it. You see yourself going backwards, even though you are working just as hard. So you want to start again, get back what you are losing. It's a body addiction.

UN: **One thing you do have in common with other drug users is the illicit nature of PIEDs. How does the market work?**

Joey: I don't know any doctors who prescribe any more. It's all black market. For most people, they ask around the gym. They don't use there, but will make contacts there. People form buying clubs, as PIEDs tend to come in larger amounts, like bladders [think of those the bags of saline they use in hospitals for drips]. Like all illicit drugs, there's a problem with quality control. You don't know where the chemicals come from, or what rubbish is in it. They're not made by a drug company, just in some garage; the package will just have a typed sticky label with the drug name or no label at all. You just have to trust, same as any other illegal drug. If you get caught selling or buying, it's as illegal as heroin. And at the moment there's a lot of fuss in the sporting industries about PIEDs, there's a spotlight.

UN: **I suspect another thing we have in common is the stigma.**

Joey: People will go to their graves saying they are "natural". Even if they were caught red-handed. Your partner will most likely not know you're using steroids. Getting together to buy steroids is not just about cost, it can also be everyone gets together at someone's place who lives alone or their flatmate is into it, to keep it all dark and help each other inject. Gyms will swear they don't know about it.

UN: **People who use PIEDs seem to be discovering NSPs. Are NSPs the best place for them to come?**

Joey: I think it's essential people go to NSPs. PIED users are often very naive about blood to blood borne viruses. There's a lot of misinformation out there. They just don't see the risks and they need to. Even if they only get the knack of making sure needles are new and that bladders and vials aren't shared. There is often a lot of blood loss at the injection spots and because of where you inject PIEDs, you may need to get someone else to do it for

NUAA is currently formulating its policy on PIEDs and would love to hear from PIED users! Call Jeffrey on 02 8354 7300.

you which adds another layer of risk. But often there are no swabs, no gloves, no hand washing routine. People just wipe the blood off and keep going, maybe injecting another person, without thinking about any possible blood to blood risk. They need to know to make up their own stuff and preferably to inject themselves; or at least just get someone – with gloves on – to do the injecting only. Then you know what you're doing is clean. They need to know a lot of things but they don't have access to the info unless they go to an NSP. Most of what they know is word of mouth, and it's wrong. They think that stuff is for the stereotype of a sick looking drug user, not people who work and are into fitness. They don't know about wheel filters to filter out bacteria. So many things to learn and no-one to teach them. But they are hungry to know, you know. They just don't know what to ask most of the time. But they really want to know. People can be going into NSPs quite deliberately hoping just to pick up something that might be useful.

UN: **What else do they need to know to reduce the harms of PIEDs?**

Joey: There are a lot of issues. It's all risks versus benefits. Where to inject: the shoulder, butt and quads are best. You don't need to inject the muscle you want to build. You need to rotate sites to avoid scarring and infection. Also more isn't better. It may not mean more results just more side effects. Remember you are an individual. You are not like your mates, your metabolism is different. Test with the lowest dosage first, it may be you can get results on a lesser amount and wind back the side effects too. Don't add insulin; you could just end up in a coma. You shouldn't use PIEDs for longer than 8-10 weeks, then you need at least that time off to recover. It's long acting, takes time to get it all out of your system. If you have had side effects (of which there's a long list, from acne, hair loss and breast growth, to kidney and liver damage) you need to wait 'til symptoms go away. And get some tests from the doctor – a minimum of 4-6 weeks after you've stopped using or the results will be skewed.

UN: **Surely it would be better to have special PIED NSPs attached to a gym, or even a vending machine inside a gym?**

Joey: Even getting most gyms to hold pamphlets is impossible. They won't be involved in it or at least seen to be involved. And guys wouldn't access the equipment in front of the other guys. No way. As I said, they'd take it to their graves. So because they don't talk about it, they're not getting the safety information. That's why it's so important they come to NSPs. NSPs need to make them welcome, make it inclusive. Put up photos of body builders. Try to engage them, say you're looking great, got a comp coming up? or whatever, at least show an understanding of the work they put in. When they get more comfortable you will find they have a million questions for you.

Some PIED users use both steroids and other drugs. NUAA NSP workers report service users who access 1 ml syringes all year round for party drugs, then a couple of months before Mardigras will start asking for equipment for injecting steroids. As the PIED culture includes injecting, some users are comfortable injecting other drugs. Steven, 24, told **UN:** ***"You can't drink alcohol on steroids, but you still want to party sometimes. I certainly get a feeling from taking 'roids, a surge. But not a party feeling. A friend told me about ice and as I was already using needles it wasn't that weird to try it. So now I get 1 mls as well."***

Six things to know
about cannabis

Since Sir Joseph Banks shipped cannabis seeds with the First Fleet in 1788 (for hemp production, wink wink), nearly 2 million Australians choose to use cannabis every year, over 10% of the population. A 2010 survey found 1.9 million Australians had used it in the previous 12 months before the study; 700,000 had used it in the week before the survey; and that one-third of all Australians had tried the weed at some time in their lives. It is likely that as governments consider the prohibition issue, cannabis will be the first drug regulated. Already we have international examples of prohibition lifted for both medical cannabis and cannabis for recreation. There are some risks associated with cannabis, but you can reduce them with a bit of information based on solid evidence. If you find you want to stop using cannabis and need some help, call the Alcohol and Drug Information Service on 02 9361 8000 or 1800 422 599 to find out where you can get support and resources suited to your situation.

IT'S BETTER TO PUFF THAN SUCK

Choking on smoke to keep it in your lungs for as long as possible doesn't increase the effect of the cannabis. Studies show that 95% of the THC in cannabis smoke is absorbed in the first few seconds of inhaling. Holding in the smoke any longer just allows more tar and other noxious chemicals to be absorbed by the lungs. It is better to take small, shallow puffs rather than deep inhalations.

CHOOSE THE RIGHT SMOKING IMPLEMENT TO INCREASE EFFECT AND DECREASE DAMAGE

Joints: Most experts agree joints are the least harmful way to smoke cannabis. But whacking a cigarette filter in the end causes more damage than good, blocking up to 60% of the THC and leaving you with a heap of tar and other toxic substances. Just use cardboard.

Bongs: The cooler smoke may feel less harsh on the lungs, but you actually take in much more smoke than your lungs could handle if the smoke was hot. Not good. Also the water in a bong absorbs a great deal of the THC, so you end up ingesting more tar to get your dose of THC. Make sure the water level in the chamber is at least 20cm below the rim of the mouthpiece, to minimise pleurisy from water vapour and drops entering the lungs. Plastic bottles, rubber hoses, PVC, aluminum or foil all give off toxic fumes when hot. If you do use a bong, keep it clean and change the water a lot. Dirty water does nothing to improve the effect, it just houses germs and the hep A virus. Use a screen or filter in the cone or down pipe to prevent inhaling small particles and water contamination.

Pipes: You run fewer health risks with a pipe. Choose one made from glass, steel or brass – wood and plastic give off noxious fumes.

Sharing: When you share joints, pipes or bongs you can also transmit germs and infections. Individual joints, pipes or bongs are preferable.

SMOKE HARMS LUNGS

It's safer to find other ways to ingest cannabis. Consuming cannabis by inhaling the vapour from a vaporiser is very efficient for the amount needed and for reducing toxins. As technologies improve, they are becoming more popular and are available on the net for around $100.

Another alternative is cannabis cookery, but the results of eating cannabis are far less predictable. Eating can be stronger and last longer than smoking. Experts say the best thing is to make "bud butter", sort of like garlic butter but with cannabis, then to add that butter into savoury or sweet recipes. You can even make a tea with "bud butter" and drink it. Eating is quite different, some say much stronger and trippier, taking anywhere from 60-90 minutes to hit and lasting from 4-12 hours. It may take a while to get used to gauging how much to use, so be cautious and run some experiments.

TOBACCO ADDS SIGNIFICANTLY TO THE RISK

While it is common in Australia to mull up cannabis with tobacco, doing so increases the potential health risks, as the smoker ingests more tar and other harmful carcinogens. Nicotine is addictive. Smoking with tobacco will often lead to using more cannabis by virtue of the nicotine addiction. Although many smokers may mix their cannabis with tobacco to make it last longer, doing so means you will take in more toxic compounds in the smoke to reach the desired effect. Also, it may be harder to reduce or stop smoking cannabis as you may experience nicotine withdrawal. There is no evidence that mixing with herbal preparations are any better for your health and could be worse.

POTENCY DIFFERS A LOT FROM BUSH TO HYDRO TO SYNTHETICS

The strength of different cannabis strains may vary widely. If you are going to use a new batch of cannabis, try a small amount first. Hydro has a higher THC content than naturally grown bush cannabis, so you can use less hydro than bush to get the same effect.

When purchasing any form of cannabis there is no certainty regarding fertiliser, fungicide, or insects that might impact on your health. Under prohibition, without standards or quality control or regulation, the only way to be certain how a cannabis plant is grown is to watch it grow. Synthetic cannabinoids act like THC without including THC. They are usually natural herbs sprayed with synthetic chemicals, and include Kronic (K2), Spice, Marijuanilla and Happy Clappy Mix. There is a lot of variability in content and effect and a lot more research needs to be done. The effect ranges from very potent to totally ineffective, according to consumers. Again, always try a little bit first to see how it affects you.

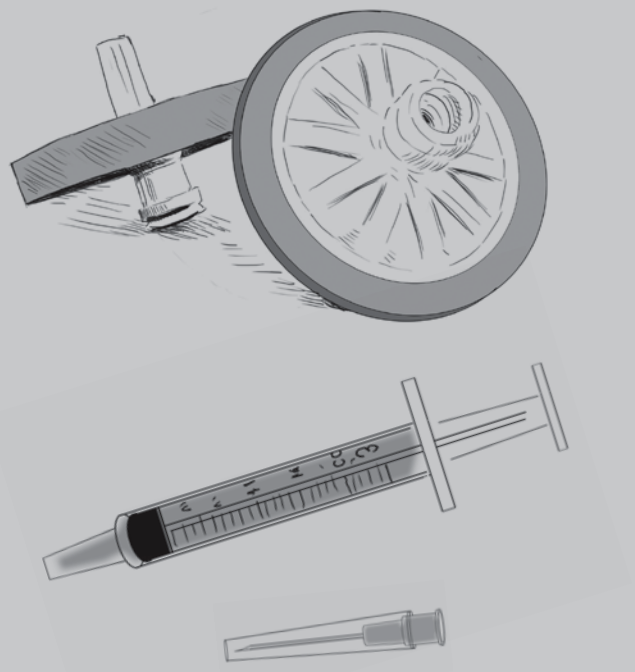
CANNABIS MAY HELP IF YOU'RE ILL

Cannabis has been used as a medicinal product in Europe at least since the 13th century. The earliest evidence comes from China, where a 28th century BC medicine compendium listed the benefits of "ma" – including as an anaesthetic for surgery and discharging pus! There is a lot of sound scientific evidence that has been published in medical journals that proves its effectiveness. In 9 countries and 16 states of the USA, medicinal cannabis can be prescribed by a physician on a legal prescription or as part of a clinical trial. Medical cannabis is prescribed for: nausea (especially as a result of chemotherapy), loss of appetite, chronic pain, anxiety, arthritis, cancer, AIDS, glaucoma, multiple sclerosis, insomnia, ADHD, epilepsy, inflammation, migraines and Crohn's disease. The drug is also used to ease pain and improve quality of life for people who are terminally ill.

The last inquiry in NSW in 2000 found that the evidence shows cannabis is effective in assisting with many health problems, particularly to encourage appetite and alleviate pain. However, due to complications around international prohibition agreements, it was recommended it not be pursued for medical use. Then in 2003 a trial was proposed, but never started. Now in 2013, another inquiry is underway to review the evidence and look at how a system of medical cannabis might work; we are awaiting the results. There have been two main cannabinoids developed for use in medical models. These include Sativex®, an oral-mucosal spray which is approved in Australia under special authority; and Marinol® or dronabinol, a capsule. Studies into diversion on these products found they had no street market value at all. An Australian developed tincture, Mullaway's Medical Cannabis, is distributed free by the maker to any who request it, however this product has not been tested or approved for human use by any formal process.

Pharmy FAQs
part 1: pharmaceuticals

We asked peers to give their best answers to some Frequently Asked Questions about using pharmaceuticals, then got our UN Technical Committee of doctors and pharmacists to check the answers. Here is Part 1 of a series on harm reduction and pharmaceuticals. Please note that the much awaited resource on Fentanyl will be released by mid-year, so look out for that.



Q: Whenever I try and mix up pills, the solution turns into a real mess. What am I doing wrong?
A: It's hard to know without more info on the pill but pills are always tricky to mix up and there are nearly always tricks to the trade. Ask around your peer group how they do it. NUAA can help you access the right information for specific pills. When confronted with a new pill go through these steps. Find out what it is. Ring NUAA or get on the web and do your research. Obtain the right equipment you will need. Then, the most important thing to remember is that practice makes perfect. Also, the utensils you use can make a big difference. Always use a stainless steel spoon. The shape of the spoon can be important too. Most people agree that a soup spoon is the best for mixing in, and a teaspoon best for crushing (in the soup spoon). Another trick is to add the water a little bit at a time. Just like mixing a cake, this will make sure that the mix is smooth and has no lumps. Just keep adding more water. Ideally you should use 3ml of water for every pill. Other tricks are to never heat and that the longer you leave the mix to sit, the more potent it will be. Remember, wheel filters are your best friend.

Most pills are safer, work as well but slower (and at times, longer) if they are swallowed. Don't forget – if injecting, go slow and get the taste first if you are not sure of the drug or its strength – and don't use alone.

Q: What is the coating on pills, is it toxic and should I get rid of it before IV use?
A: Yes, get rid of it. It is basically a mixture of colouring agents (usually metallic) and slow release agents. To remove that colourful coating on the outside of your pill, the best technique is to apply tape; it will come off when you pull the tape away. Alternatively, you can use a swab. It is called an enteric coating and is designed to stop the pill dissolving until it passes through the stomach and is in your small intestine. It has no active ingredient in it whatsoever, but can cause health problems if injected.

Q: I hear you are not supposed to heat pills. Why and are there any exceptions?
Heating pills is dangerous and unnecessary. The reason it is dangerous is that when you heat the pill,

the inactive ingredients in the pill change. The best example is when you heat oxycontin. Oxycontin has binders (also known as fillers or wax) throughout the pill that act as a slow release mechanism. As you heat oxycontin, the binders liquify and soften. This means they will go straight through a wheel filter and may end up in your mix. Complications can occur after injection, once the binders have cooled and separated.

Many people use heat because they think they are getting more of the active ingredient out. However, research has shown that cold water extraction – where you crush up the pill very finely and then let soak in water for 5 minutes – is just as effective as hot techniques and a lot safer. "Yes but there is less residue in my spoon, so I must have got more out of it" I hear you say. Not so, there is less residue in your spoon because you have melted all of the binders and they are now in your mix and may soon lodge in your lungs, kidneys, spleen or brain.

It seems there are no exceptions with pills. Cold water extraction is best practice across the board as far as we know. One barrier to using cold over hot is that cold is slower. If, after reading this, you are still going to go with heat, then cool your mixture down while in the spoon before filtering it. You can rub an ice-cube on the bottom of the spoon to quicken the process if you want. This will re-solidify any binder that has melted so it doesn't end up in your mix. It's not perfect but better that shooting all those binders.

NO HOT WATER? THAT'S OK – NUAA SAYS COLD IS BEST!

Q: People say it is dangerous to inject Xanax®. Why? Is there a safer way?

A: It is highly dangerous to inject Xanax®. It is also pointless, because Xanax®, like most benzodiazepines (including Valium®) are not water soluble. This means that they remain in the chalky residue at the bottom of your spoon when you inject it. Recently in the ACT and in the Northern Territory they did a campaign where they asked people who were using Xanax® IV to try bunting it (putting it up your bum) as this is the quickest and most efficient way to absorb Xanax®. People were sceptical at first, but after they gave it a try, the majority switched to bunting, stating that they felt it very quickly and that it was far stronger.

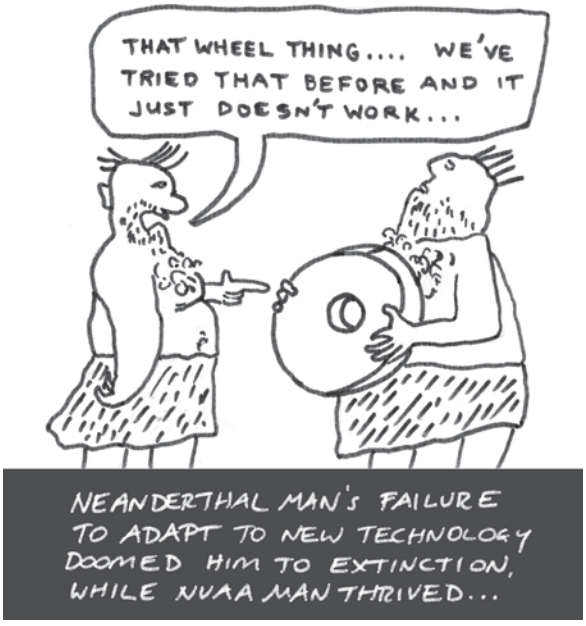
If you are injecting Xanax® and you are feeling it, we wage a bet that you are injecting the entire pill chalk and all. This chalk and other binders are then flowing around in your bloodstream and then lodging somewhere in your body. Probably your lungs (causing emphysema and a multitude of other health problems). It is only then that the Xanax® will start to be absorbed into your body. Please people, injecting Xanax® is one of the leading causes of death by IV use. They even have a name for it – Xanax® collapse. Just try bunting it or if you don't like that idea, crush the pills up and swallow or pop the tablets under your tongue – it isn't worth your life.

Q: How many pills can you put through a wheel filter before it blocks up or how do I know which wheel filter to use?

A: As with anything wheelfilters take a little getting used to. Basically, those NSPs that carry them, including NUAA, stock two types: a coarser filter to get rid of all of the chalk and a bacterial filter to get rid of all of the bacteria but not viruses (see p11). So the answer really depends on what pills you are using and how you have pre-filtered them before using the wheel filter.

Generally, always use a cotton wool ball as a pre-filter before using a wheel filter. Once you have your pre-mix in a barrel look at it. If it is very chalky or gluggy, always put it through the coarser filter (1.2 micron and the ones we stock are red) or the filter

Pharmy FAQs
part 1: pharmaceuticals
(continued)



will block up almost immediately. After this put the mix through the bacterial filter (0.22 micron and blue). If the mix is not gluggy and looks relatively free of large particles, you can put it straight through an anti-bacterial filter.

You will be able to tell when the wheel-filter is starting to block up as it will become harder to push through. Don't push it through hard, get another wheel-filter and finish off the job, making sure to flush the remaining goodness out of the full filter and into your mix using a ml. or so of water. Remember to never re-use wheel-filters. They are designed to catch bacterial and gunk, so once you have used them once, they are just like a big breeding ground for bacteria! Once only guys!

Q: I'm having real trouble coming off benzos. I'm getting horrible withdrawals stopping Xanax®. Do you have some helpful advice?
A: Withdrawing from benzos is a dangerous business. We really recommend you get as much help as you can from a doctor or detox service. Jumping off can lead to fits, or even death. The best way to come off benzos is with a doctor, using a slow oral reduction regime under supervision.

Xanax is up there with the strongest of the benzodiazepines. With Xanax®, you need to reduce your dose then switch to Valium® and continuing to slowly reduce your Valium® dose to ease yourself off. Coming off rapidly can lead to problems including fits. You can also ask your doctor to contact a convenient pharmacy and ask them to dispense the tablets to you daily, since most people feel a strong urge to "just top up today" when they feel unwell – but at the end of the week, you may have taken the same or more than before. Some chemists may charge you a fee but others will not.

If you are getting your benzos from an illicit source, it can be much harder. You must plan ahead and make sure that you have enough to fill your reduction regime and then you must do the same with the Valium®. Depending on your circumstances, it is really worth confiding in a doctor and asking them to prescribe a reduction regime for you. Hey, if they throw you out, don't lose confidence, try another doctor. Remember there is a difference between doctor shopping and shopping for a doctor! You could ask for a medical appointment at a drug and alcohol specialist service. They may supervise your reduction directly or offer advice and support to your GP.

If you are a long term user, it can take months to come good once you decide you want to quit benzos. Perseverance, in conjunction with an understanding doctor and good supportive friends are must haves if you want to get through it with your sanity still intact. So take it slow, set yourself achievable goals and take the time to find a doctor who understands (this can be the most difficult part of all). Good luck!

EDITOR'S NOTE

Hot article! Australian researchers McLean et al in the Harm Reduction Journal look at the effect of filtering when injecting slow-release oral morphine tablets and report on experiments in hot and cold mixes. Find it here:
http://www.harmreductionjournal.com/content/6/1/37

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

NCHSR

HEPATITIS C AND FOOD SURVEY

The Hepatitis C and Food survey has been designed to gain a better understanding of what you think about nutrition and the current Hepatitis C and Food brochure.

This is an anonymous survey and your answers will help improve the current brochure and potentially inform other nutrition promotion programs for people with hepatitis C in NSW. All participants can choose to go in the draw for a $50 Coles Gift Card.

Please go to the following links to complete the survey. If you have further enquires please contact Louise Houtzager at The Albion Centre, phone 9332 9611. The survey will be available until 30 June, 2013.

- Hepatitis C and Food brochure: **http://www.hep.org.au/documents/HepC-Food-980KB.pdf**
- If you are living with hepatitis C and live in NSW, please complete the survey at: **https://www.surveymonkey.com/s/CCRRL8V**
- If you are a health care provider working with people living with hepatitis C in NSW, please complete the survey at: **https://www.surveymonkey.com/s/CCNCQRT**

The study is a collaborative project between The Albion Centre, Royal Prince Alfred Hospital and Hepatitis NSW.

This study has been approved by the South Eastern Sydney Local Health District – Northern Sector Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study should contact the Research Support Office which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email **ethicsnhn@sesiahs.health.nsw.gov.au** and quote HREC ref no 12/275.

My kitchen rules: homebake

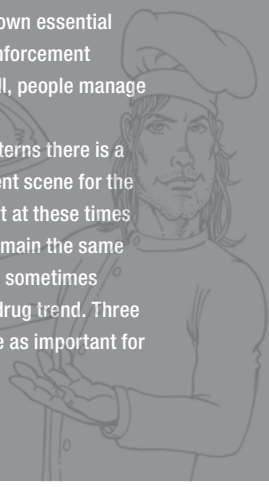
Homebake used to just be something that happened in other states and NZ! It seems, judging by the contributions we've got recently, that people are starting to use it more here in NSW. It's not unusual for drug use trends to change and move around as cultures and other drug availabilities change.

Homebake is the slang name for home-made diacetylmorphine aka heroin. There are various techniques and lots of recipes and how-to guides around. It dates from the 1970s, and in the past was most popular in states like Western Australia where heroin was hardest to get – proving yet again that drug laws do not lead to an abstinent society, but rather to innovation – necessity being the mother of invention.

Home cooked heroin starts with pharmaceutical grade morphine, using prescription opioids in pill form, such as MS Contin® and Kapanol® and adding a difficult to find chemical – "AA".

Basically pills are monoacetylmorphine. Adding AA forms diacetylmorphine – heroin. Getting AA is a well-known essential chemical precursor for heroin conversion so law enforcement definitely has its eye on anyone trying to buy it. Still, people manage to procure it for homebake by doing their research.

As with all "new" or different illicit drug use patterns there is a risk for people who are getting involved in a different scene for the first time. Harm reduction becomes more important at these times and while there are often some principles which remain the same through different types if injecting drugs, there are sometimes harm reduction techniques specific to a changing drug trend. Three readers have nominated some information they see as important for people who are choosing to use homebake.



DANIEL'S STORY

Daniel, 23,has been cooking and using homebake for six years.

Originally I used morphine pills and street heroin, but around 2008 I got in with some people who were cooking and have been using it ever since. They showed me how to cook properly, and now it's what I do. You really have to learn from someone who knows what they're doing.

It's not that complicated once you learn. It's relatively cheap and you get more 'out of it' – both quality and quantity wise. The other thing is that you know what you're getting – cooking yourself, you know no one has jumped on it, you know what is in it.

I think the biggest risk is knowing how much you can handle. Homebake heroin is stronger than the product it's made from – I've seen people drop from a cook from even ⅓ to ¼ of one pill. You can't always judge the strength so you could easily drop. Don't assess your tolerance based on what else you use. Whatever you think you can handle, I'd say have half or even less than that to start off with. It's potent.

It's a skill to cook it, you need to learn from someone experienced. It's important to get the ingredients right and then to get the method right. It's best to have someone show you what it should look like and how to compensate when it's not quite right. It is just like a cooking recipe.

Some people turn MS Contin® and Kapanol® into freebase and smoke it like that. I'd use a glass pipe if I were going to smoke rather than using foil which releases toxic fumes when it's heated. The downside of smoking is that there is residue from the binders when the morphine is in that form. But with injecting, the garbage is collected by using a wheel filter.

I prefer injecting, but I've missed my vein a few times and it's painful. I think it's the AA that makes it especially painful; it can burn like hell. I think it's the additives. I've missed using heroin and other stuff and it doesn't hurt like homebake. But if it's cooked properly and you miss, you may get a bit of 'lizard skin' – red, inflamed, a bit like scales, that goes down in about half an hour – it's not as bad as missing with ice.

When you buy homebake off the street, chances are you 'll be offered it pre-made, liquid in a fit. ***[This is dangerous and not recommended as you just can't tell if the equipment is sterile. – Ed].*** Some people sell a full fit for $50 each. First of all, be very wary and make sure you are getting a new fit. Look closely. Second, it takes a bit of experience to know what you are looking at – to know what the base is and how strong the mix is. So ask questions from the cook and find out what you are getting.

DAVID'S STORY

David, 20, has been making homebake for three years.

I was interested in opiates from the start. I started using heroin, but then got a contact who was selling his prescription morphine. I initially bought heroin from him, but one day he didn't have any and offered me morphine. I liked it. It's a different rush, fast, all red and pins and needles, very different from the slow relax of heroin. Homebake has more of that pharmaceutical feel. I like both feels.

I am interested in chemistry so I went searching on the net to find out how to make heroin. I found out that the whole NZ opiate scene is based on homebake and learned how to cook from a NZ friend. He has published his guide on the net.

I've learnt making homebake is more an art than a science. I am very confident in science, but when you are in a domestic kitchen you are dealing with unstable equipment – ovens or hotplates that don't hold a temperature and variations between stoves. That's why the product can vary greatly between cooks and why you always have to have a cautious approach when using it: try a little and never do it alone.

I make homebake because I can triple the effect of MS Contin®. It is a lot of work, it takes about 30 minutes to do a cook. Compared to the ease of getting heroin powder on the street and just mixing it with a bit of water and using a 1ml syringe, it's time consuming. But it definitely gives you better bang for your buck and that's what I'm looking for.

I agree with Daniel's top tips and comments about the burn if you miss. Balancing the pH is vital. I reiterate that homebake is a variable product; even with experience the product isn't always consistent. I've done seriously strong batches and had a friend drop who would have died had I not been there. Other batches may not end up as strong – but you can't necessarily know. So take the strength thing seriously and be over-cautious.

JOHN'S STORY

John, 38, is a Kiwi who was "raised on homebake".

Having lived in Australia for a number of years, I kind of miss homebake. It's fun to have it when I go home. I miss the feeling but NOT the 30-60 minute wait. Heroin is a lot easier. I'd be sceptical trying to make it from a written recipe. If you are interested, find an experienced cook. If you are buying, buy only from someone you trust or a friend trusts.

The other guys are basically right of course, but I want to clarify a couple of things. AA is a noxious poison and drying it off completely is crucial indeed. Secondly, some people use vinegar or lemon juice. My safety tip is to use citric acid from the baking aisle of your supermarket, and not vinegar or lemon juice. This stage is important. Using too much citric or vinegar leads to the burning feeling too. Adding citric is to balance out the pH levels. AA is highly alkaline and for the gear to be effectively taken up, it needs to be pH neutral. I also want to add that once you get good at cooking, you are a lot more consistent – each batch will turn out very close in terms of strength and safety. Also I recommend always using a wheel filter.

Well it's clear that according to those who have done homebake a bit that it isn't something to be attempted lightly. A number of key harm reduction techniques have come through these pieces. To recap:

- Homebake isn't simple and shouldn't be attempted without experience.
- It is always best to do this with someone experienced and learn the safest way possible.
- Using with a trusted friend is always a good idea in case of overdose anyway but becomes especially important if you are buying liquid and don't know the strength. If alone, use a little first.
- Always use a wheel filter if they are available. This is a good principle no matter what pharmaceutical or pill is being used.
- Always use new equipment – especially if buying or providing liquids – to avoid blood borne virus transmission.

Homebake and other pharmaceutical drug use is a part of the ever-changing nature of drug use and drug trends. For now it is something that is being used increasingly in NSW and it's important to have some harm reduction principles in place for you to fall back on if you come across it.

Surviving The Chaos:
tips for staying healthy

Eating well can be difficult at the best of times, and even harder when unhealthy situations arise. Eating regular meals is half the battle won already, but making healthy food choices is equally important. Being prepared for chaotic situations in advance is a good way to make sure you still get all the nutrients you need. Here are some tips to help you stay healthy, even when times are tough.

Although fresh produce is chock-full of vitamins and minerals, many people tend to choose a multivitamin when they need a nutritional boost. While this may be a good option if you're feeling too unwell to eat, it's important to remember that dietary supplements are very expensive and not necessarily worth the money – you can get the same nutrients by eating a balanced diet, which will also help you get your appetite back!

Saved By the Bell

Being under the influence often leads to going without eating for long periods of time. This could be for a number of reasons, including loss of appetite and changes in mood. Although it can be challenging, it's important to eat regularly so that your body has enough fuel to keep you going. Try setting an alarm on your phone to remind you of meal and snack times. If you're always on the go, carrying healthy snacks around with you is a great way to keep your energy levels up. You could try:

- **A tub of low-fat yoghurt**
- **Fruit – fresh, tinned or dried**
- **A handful of raw, unsalted nuts**
- **Wholegrain muesli bars**

If you're snacking at home, try the following tasty smoothie recipe for a quick fruity fix.

STRAWBERRY BANANA SMOOTHIES (Serves 2)

You will need a blender for this recipe. If you don't have a blender, mash the fruit with a fork and mix all of the ingredients together in a protein shaker to combine them.

Ingredients:

- ½ punnet strawberries, hulled, washed
- 1 overripe banana, coarsely chopped
- 250ml (1 cup) milk
- 85 g (⅓ cup) vanilla-flavoured yoghurt

Method:

1. Place the strawberries, banana, milk and yoghurt in the jug of a blender and blend until smooth.
2. Pour evenly between 2 glasses and serve cold.

TIP: try mixing this recipe up a little by swapping the strawberries and banana with your favourite fruit combinations.

Easy Freeze-y

It can be hard to summon the energy to cook a hot meal when you're not feeling your best. One of the best ways around this is to cook in large batches when you're feeling well, then freeze these into individual portions, ready for reheating on the stove or in the microwave whenever you're in need of a quick, nutritious meal. Now that the temperature outside is starting to drop, it's a perfect time to whip up a hearty stew or nourishing soup.

CHICKEN AND VEGETABLE SOUP (Serves 4)

Ingredients:

- 1 roast chicken
- 1 tablespoon olive oil
- 1 brown onion, chopped
- 1 large carrot, peeled, chopped
- 2 celery stalks, chopped
- 4 chicken stock cubes
- 3 cups cold water
- ½ cup rice, rinsed
- 1 tablespoon chopped fresh flat-leaf parsley leaves

Method:

1. Remove and discard skin and bones from chicken. Shred meat.
2. Add stock cubes to hot water and stir until dissolved.
3. Heat oil in saucepan over medium-high heat. Add onion, carrot and celery. Cook, stirring, for 5 minutes or until onion is soft. Add hot stock and 3 cups cold water. Bring to the boil. Add barley. Reduce heat to low. Simmer, partially covered, skimming surface, for 25 to 30 minutes or until vegetables and rice are cooked.
4. Add chicken. Cook for 10 minutes, or until the chicken is heated through. Stir in parsley. Season with salt and pepper if desired. Serve.

BEEF AND BEAN STEW (Serves 4)

Ingredients:

- 1 can cannellini beans, drained (see tip below)
- 2 tablespoons olive oil
- 800g beef chuck steak, cubed
- 1 brown onion, chopped
- 3 garlic cloves, chopped
- 1 punnet button mushrooms, halved
- 1 can diced tomatoes
- 1 ½ cup beef stock
- 1 green capsicum, chopped
- ½ packet frozen spinach, thawed

Method:

1. Heat half the oil in a large saucepan over high heat. Add half the beef. Cook for 3 to 4 minutes or until browned. Transfer to a plate. Repeat with remaining oil and beef.
2. Reduce heat to medium. Add onion and garlic to pan. Cook for 3 minutes or until tender. Add mushroom and stock. Bring to the boil. Return beef to pan. Add tomato, stock and capsicum. Bring to the boil.
3. Reduce heat to low. Simmer, covered, for 1 hour 15 minutes.
4. Add beans to pan. Simmer, uncovered, for 20 minutes, stirring occasionally, or until beef is tender. Stir in spinach. Cook for 5 minutes or until heated through. Serve.

TIP: you can use any variety of canned beans in this recipe.

KEEPING IT SIMPLE

Remember, your meals don't have to be fancy to be nutritious. Take the added stress out of your meal planning by choosing quick, easy recipes that you enjoy cooking!

The Albion Street Centre Dietitians

Services That Might Assist You

Service	Description	Hours	Phone Nº
ACON: AIDS Council of NSW	Health promotion. Based in the gay, lesbian, bisexual and transgender communities with a focus on HIV/AIDS.	Mon – Fri 10am – 6pm	1800 063 060 Sydney callers: 9206 2000
ADIS: Alcohol & Drug Information Service	General drug and alcohol advice, referrals & info. NSP locations and services etc.	24 hours	1800 422 599 Sydney callers: 9361 8000
CreditLine	Financial advice and referral.		1800 808 488
NSW Hepatitis Helpline [www.hep.org.au]	Info, support and referral to anyone affected. Call-backs and messages offered outside hours. Email questions answered.	Mon – Fri 9am – 5pm	1800 803 990
HIV/AIDS Infoline		Mon – Fri 8am – 6.30pm	1800 451 600 Sydney callers: 9332 9700
Homeless Persons Info Centre	Phone info and referral service for homeless or at-risk people.	Mon – Fri 9am – 5pm	(02) 9265 9081 or (02) 9265 9087
Karitane Careline [www.karitane.com.au]	Parents info and counselling.	Mon – Fri	1300 227 464 Sydney callers: 9794 2300
Lifeline	Counseling & info on social support options.	24 hours	13 11 14
Beyond Blue	Support and advice for depression		
OTL: Opiate Treatment Line	Info, advice and referrals for people with concerns about methadone treatment. List of prescribers.	Mon – Fri 9.30am – 5pm	1800 642 428
Multicultural HIV/AIDS & Hepatitis C Service	Support and advocacy for people of non English speaking background living with HIV/AIDS, using bilingual/bicultural co-workers.		1800 108 098 Sydney callers: 9515 5030
NSW Prisons HepC Helpline	Free call from inmate phone for info and support.	Mon – Fri 9am – 5pm	Enter MIN number and PIN, press 2 for Common List Calls, then press 3 to connect.
St. Vincent De Paul Society	Accommodation, financial assistance, family support, food & clothing.	Mon – Fri 9am – 5pm	Head Office: 9560 8666
Salvo Care Line	Welfare and counselling.	24 hours	1300 363 622 Sydney callers: 9331 6000
SWOP: Sex Workers Outreach Project	Health, legal, employment, safety, counseling and education for people working in the sex industry.		1800 622 902 Sydney callers: 9206 2166
NA: Narcotics Anonymous	Peer support for those seeking a drug-free lifestyle.	24 hours statewide	(02) 9519 6200
CMA: Crystal Meth Anonymous [www.crystalmeth.org.au]	Regular meetings around Sydney. Call for times and locations.		0439 714 143
SMART Recovery: Self-Management & Recovery Therapy	Self-help group working with cognitive behavioural therapy.		(02) 9361 8020
Family Drug Support Hotline	Support for families of people who use drugs illicitly	24 hours	1300 368 186
Domestic Violence Line	Support group for people affected by another's drug use.	24 hours	1800 656 463
Women's Information & Referral Service	Phone info and referral service for homeless or at-risk people.		1800 817 227
Anti-Discrimination Board of NSW	Administers the anti-discrimination laws of NSW and promotes equal opportunity	Mon – Fri 9am – 5pm	1800 670 812 Sydney callers: 9268 5555
Health Care Complaints Commission	Discrimination, privacy and breaches of confidentiality in the health sector.		1800 043 159
NSW Ombudsman	Investigates complaints against the decisions and actions of local government and NSW police.		1800 451 524 Sydney callers: 9286 1000
CRC: Court Support Scheme	Available to assist people through the court process.		(02) 9288 8700
Disability Discrimination Legal Centre	Provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.		(02) 9310 7722
HIV/AIDS Legal Centre	Provides free legal advice to people living with or affected by HIV/AIDS.		(02) 9206 2060
Legal Aid Youth Hotline	For under 18s. Criminal matters only. Open 9am – midnight on weekdays, 24 hours on weekends		1800 10 18 10
Legal Aid Commission	May be able to provide free legal advice and representation. The Legal Aid Central office can also put you in contact with local branches.		(02) 9219 5000
The Shopfront Youth Legal Centre	Legal service for homeless and disadvantaged people under 25.		(02) 9322 4808
ASK!: Advice Service Knowledge	A free fortnightly legal service for Youth, run by the Ted Noffs Foundation (Randwick & South Sydney) in Partnership with TNF & Mallesons and Stephen Jaques Lawyers.		(02) 8383 6629

CHECK OUT AIVL's ONLINE NSP DIRECTORY AND LEGAL GUIDE: www.nspandlegal.aivl.org.au

For a list of needle & syringe programs across Australia, including contacts, address (with a link to a Google map!), hours of operation and types of equipment supplied, hit up the above link.

There you'll also find a state and territory reference of NSP and drug related laws with info on possession of equipment, disposal, rights during police questioning, illicit drugs and sex work.

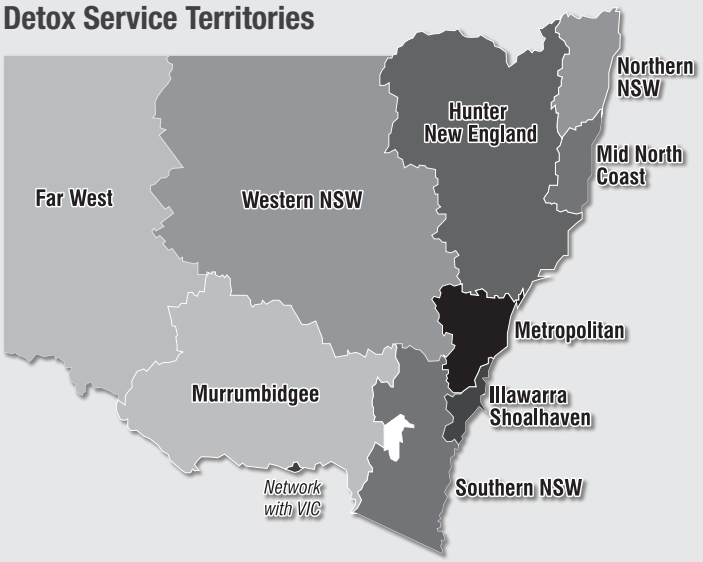
Medical Services

Service	Description	Phone Nº
Aboriginal Medical Service, Redfern		(02) 9319 5823
Albion Street Centre, Surry Hills	Free testing for HIV/hep C and other. Medical care, nutritional info and psychological support for people living with HIV and hep C.	1800 451 600 or (02) 9332 9600
Haymarket Foundation Clinic, Darlinghurst	Walk-in homeless clinic at 165B Palmer St Darlinghurst. No Medicare card required.	(02) 9331 1969
Mission Australia, Surry Hills	Dentist, optometrist, chiropractor, mental health. Medicare card and income statement required.	(02) 9356 0600
KRC: Kirketon Road Centre, Kings Cross	For 'at risk' youth, sex workers, transgender and injecting drug users. Medical, counseling and social welfare service. Methadone and NSP from K1. No Medicare required.	(02) 9360 2766
MSIC: Medically Supervised Injecting Centre, Kings Cross	A safe supervised place to inject. 66 Darlinghurst Road, Kings Cross opposite train station.	(02) 9360 1191
South Court, Penrith	Medical service, sexual health and nurses. Vaccinations, blood screens, safe injecting and general vein care. No Medicare required.	1800 354 589
Youthblock, Camperdown	12-24 years. Medical and dental available. No Medicare required.	(02) 9114 4100

Local Health District Intake Lines

Service	Phone Nº
Northern NSW Local Health District Drug and Alcohol areawide intake (Tweed Heads/Lismore)	1300 662 263
Hunter New England Local Health District Drug and Alcohol intake line	(02) 4923 2060
Western Sydney Local Health District Drug and Alcohol intake line	(02) 9840 3353
South Eastern Sydney Local Health District (Randwick/Sutherland)	(02) 9113 2944
Northern Sydney Local Health District Drug Health Services (Hornsby/Ryde/Manly)	(02) 9926 7775
Illawarra Shoalhaven Local Health District	1300 652 226
Central Coast Local Health District Drug and Alcohol intake line (Wollongong/Shellharbour)	(02) 4734 1469
Mid North Coast Local Health District Drug intake line (Coffs Harbour/Kempsey/Port Macquarie)	1300 662 263
Nepean Blue Mountains Drug and Alcohol Service Drug and Alcohol intake line	(02) 4734 1333
Sydney Local Health District Drug and Alcohol intake line (Concord/Balmain/Canterbury/Camperdown)	(02) 9515 6311
South Western Sydney Local Health District Drug and Alcohol intake line (Liverpool)	(02) 9616 8586
Far West Local Health District Drug and Alcohol Helpline (Broken Hill/Ivanhoe/Tibooburra/Wentworth)	1300 887 000
Murrumbidgee Local Health District Drug and Alcohol line (Albury/Griffith/Wagga Wagga/Deniliquin)	1800 677 114
Southern NSW Local Health District Drug and Alcohol Line (Yass/Queanbeyan/Bega/Goulburn)	1800 677 114
Western NSW Local Health District Drug and Alcohol Helpline (Orange/Dubbo/Bathurst)	(02) 6881 4000

New South Wales Regional Detox Service Territories



Greater Sydney and Metropolitan Detox Service Territories

Where to Score Fits ?

SHOOT CLEAN!

NSP Location	Daytime Nº	Alternative Nº
Albury	(02) 6058 1800	
Armidale/Inverell	0427 851 011	
Auburn Community Health	(02) 8759 4000	
Bankstown	(02) 9780 2777	
Ballina	(02) 6686 8977	0467 809 250
Bathurst	(02) 6330 5850	
Bega	(02) 6492 9620	(02) 6492 9125
Blacktown	(02) 9831 4037	1800 255 244
Bowral	ADM at back of Hospital on Ascot Road	
Byron Bay	(02) 6639 6635	0428 406 829
Camden	(02) 4634 3000	
Campbelltown (MMU)	(02) 4634 3000	
Canterbury (REPIDU)	(02) 9718 2636	
Caringbah	(02) 9522 1046	0411 404 907
Coffs Harbour		0408 661 723
Cooma	(02) 6455 3201	
Dubbo	(02) 6885 8999	
Goulburn S.East	(02) 4827 3913	(02) 4827 3111
Grafton	0417 062 265	0429 919 889
Gosford Hospital	(02) 4320 2753	
Hornsby Hospital	(02) 9477 9530	
Ingleburn	(02) 8788 4200	
Katoomba/Blue Mountains	(02) 4782 2133	
Kempsey	(02) 6562 6022	0418 204 970
Kings Cross (KRC)	(02) 9360 2766	(02) 9357 1299
Kings Cross (Clinic 180)	(02) 9357 1299	
Lismore	(02) 6622 2222	0417 062 265
Lismore – Shades	(02) 6620 2980	
Liverpool	(02) 9616 4807	
Manly	(02) 9977 2666	0412 266 226
Merrylands	(02) 9682 9801	
Moree	0427 851 011	
Moruya	(02) 4474 1561	
Mt Druitt	(02) 9881 1334	
Murwillimbah/Tweed Valley	(02) 6670 9400	

NSP Location	Daytime Nº	Alternative Nº
Narellan	(02) 4640 3500	
Narooma	(02) 4476 2344	
Newcastle/Hunter	(02) 4016 4519	0438 928 719
New England North	(02) 6686 8977	0428 406 829
Regional Area (referral service)	0427 851 011	
Nimbin	0429 362 176	
Nowra	(02) 4421 3111	
Orange	(02) 6392 8600	
Parramatta	(02) 9687 5326	
Penrith/St Marys	(02) 4734 3996	
Port Kembla	(02) 4275 1529	0411 408 726
Port Macquarie	0417 062 265	0437 886 910
Queanbeyan	(02) 6298 9233	
Redfern Harm Minimisation Unit	(02) 9395 0400	0408 661 723
Rosemeadow	(02) 4633 4100	
St George	(02) 9113 2943	0412 479 201
St Leonards (Royal North Shore)	(02) 9462 9040	
Surry Hills (Albion St Centre)	(02) 9332 9600	
Surry Hills (ACON)	(02) 9206 2052	
Surry Hills (NUAA)	(02) 8354 7300	
Sydney (Sydney Hospital Sex Health Centre, CBD)	(02) 9382 7440	
Tahmoor (Wollondilly)	(02) 4683 6000	
Tamworth	0427 851 011	
Taree	(02) 6592 9315	
Tumut	(02) 6947 0904	
Tweed Heads	(07) 5506 7556	0417 062 265
Wagga	(02) 6938 6411	
Windsor	(02) 4560 5714	
Woy Woy Hospital	(02) 4344 8472	
Wyong Hospital	(02) 4394 8472	
Wyong Community Centre	(02) 4356 9370	
Yass	(02) 6226 3833	
Young	(02) 6382 8888	

nuaa
NSW USERS & AIDS ASSOCIATION INC

This is not a comprehensive list. If you can't contact the number above or don't know the nearest NSP in your area, ring ADIS on (02) 9361 8000 or 1800 422 599. ADIS also has a state-wide list of chemists that provide fitpacks.

LONG'S STORY

"People were using and dealing everywhere." That's how Long remembers the 90s when his family first moved to Cabramatta.

With little experience or interest in drugs, he resisted for nearly three years. But the pressure, and the opportunity, was always there. Eventually it proved too great. **"A lot was happening in my life at the time,"** Long reflects. **"Both my brothers were using, and many of my friends. It just seemed like the thing to do."**

Within weeks Long was smoking heroin regularly. **"The first time became a second time, then a third, then a fourth... it was very social, and so easy to get hold of."**

Harder times lay ahead. A stint in prison resulted in a forced detox, plunging Long into withdrawal for the first time in his life. Within months of release he was using again, injecting this time, and it was several more years before he seriously considered treatment. **"Eventually, I just became tired of the lifestyle, chasing every day,"** he says.

Long's initial choice was rehab. But he left on the first night. **"I was basically locked away. They gave me something, but didn't prepare me. They didn't care."** Undeterred, he went to a clinic the next day and began a replacement therapy which he's still on today.

Long knows treatment is a very personal thing, and success isn't always easy. But with the support of his family and doctors, his current program is working for him. **"I really like it. It's brought stability back to my life."**

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

NSW USERS & AIDS ASSOCIATION INC

PO Box 1069 Surry Hills NSW 2010 Australia
345 Crown Street Surry Hills NSW 2010
t 02 8354 7300 or 1800 644 413 f 02 8354 7350
e nuaa@nuaa.org.au w www.nuaa.org.au
Monday – Friday 10:00 am – 5:30 pm
except Tuesday 2:00 – 5:30 pm

The New South Wales Users & AIDS Association (NUAA) is an independent, user-driven, community-based organisation funded by NSW Health. NUAA aims to advance the health, rights and dignity of people who use drugs illicitly; provide information, education, and support for drug users; promote the development of legislation and policies to improve drug users' social and economic well-being; and improve the quality and standards of services available to drug users.

NUAA relies on a strong & active membership - people who support the work & aims of the organisation. NUAA membership is free, confidential, and open to anyone interested in the issues affecting people who choose to use drugs illicitly. You can become a member of the association (receive voting rights, stand for election, and receive *User's News*) by sending a completed form (below) to NUAA. You can use the same form to be placed on the *User's News* mailing list. Copies of *User's News* are posted free of charge in a plain envelope.

To join NUAA – or just receive *User's News* – complete this form and post it to NUAA:

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

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

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

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

Name: .....

Address:.....

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

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

Email:.....

Mail Preferences:

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

I am allowing NUAA to hold the above information until I want it changed or deleted.

Signature..... **Date:**.....

Personal Information Statement:

We collect this information to add you to our database and/or notify you of information and events relating to NUAA. We store this information either in hard copy or electronically or both. Access to your information is strictly limited to staff who need it to act on your behalf. Your information will not be passed on to any other organisation. You can access and correct your personal information by contacting our Privacy Officer on (02) 8354 7300 or freecall 1800 644 413.