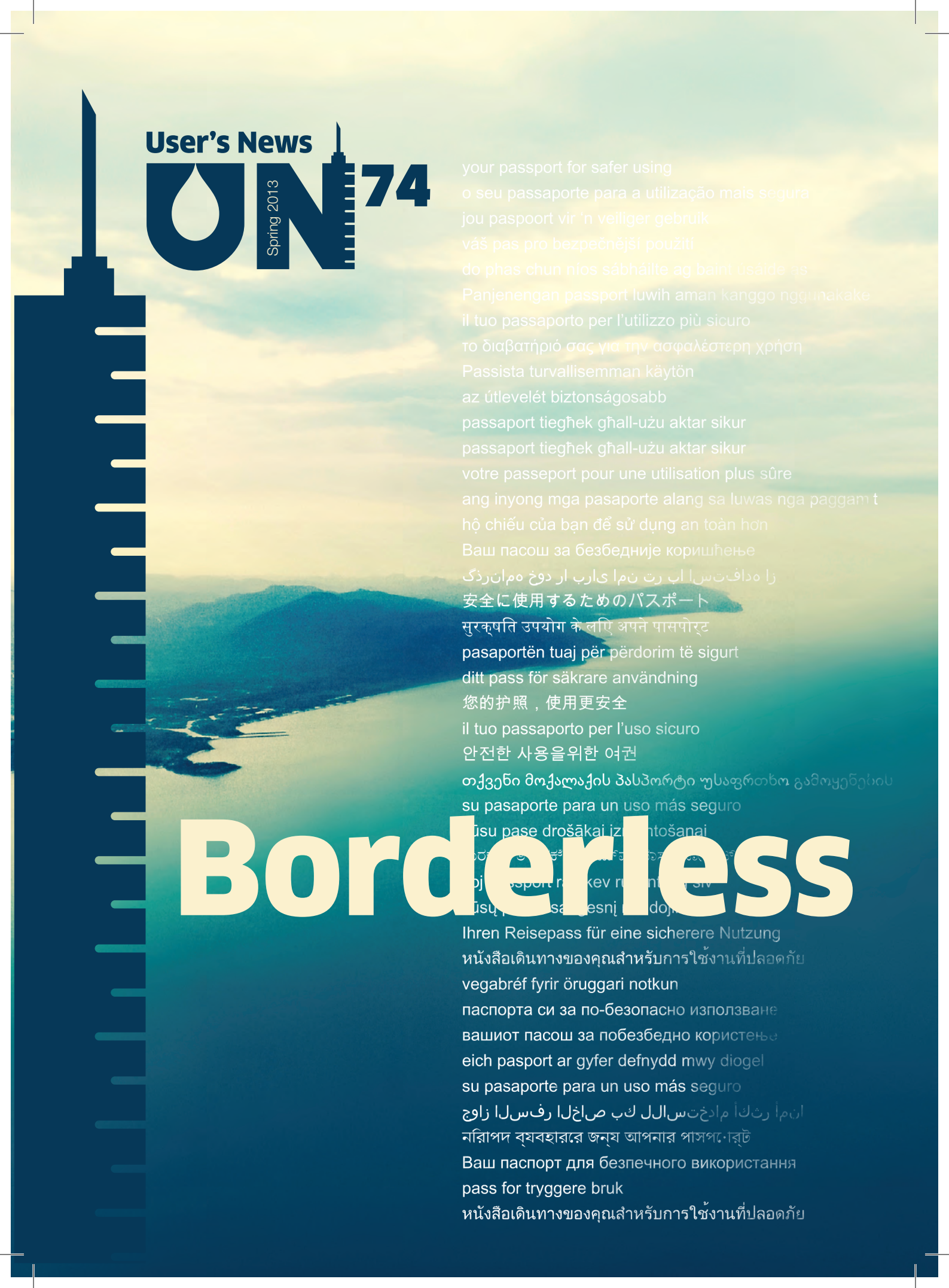

User's News

UN 74

Spring 2013

Borderless

your passport for safer using
o seu passaporte para a utilização mais segura
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安全に使用するためのパスポート
सुरक्षित उपयोग के लिए अपने पासपोर्ट
pasaportën tuaj për përdorim të sigurt
ditt pass för säkrare användning
您的护照，使用更安全
il tuo passaporto per l'uso sicuro
안전한 사용을위한 여권
თქვენი მოქალაქის პასპორტი უსაფრთხო გამოყენების
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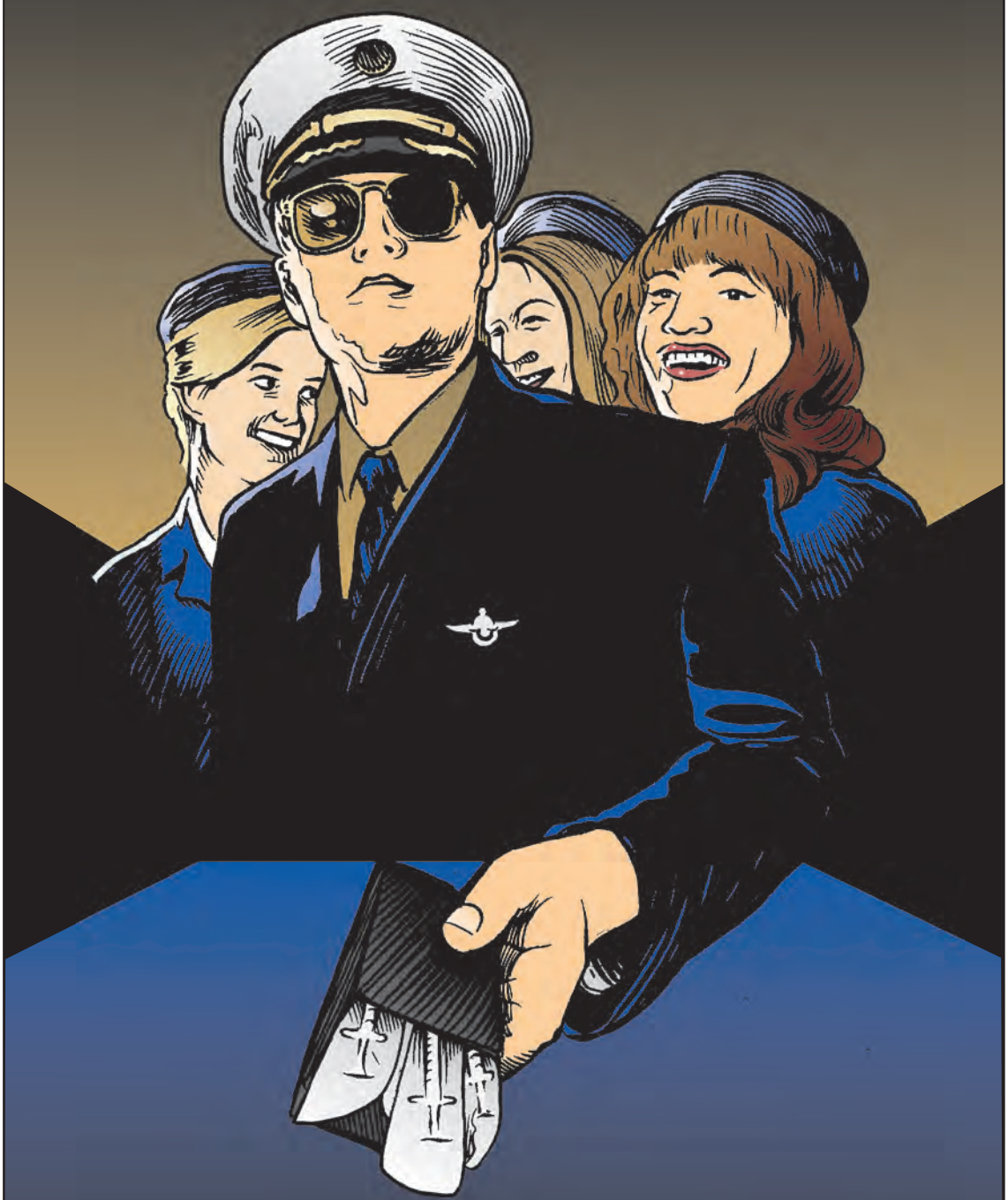
pass for tryggere bruk
หนังสือเดินทางของคุณสำหรับการใช้งานที่ปลอดภัย

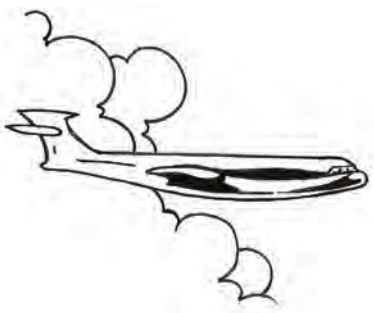
THANK HEAVENS FOR THE BLACK BOX



EVERYONE EVERYWHERE DESERVES A STERILE KIT

Spring 2013

UN 74



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Glenn: Inside cover, p36
Bodine: p11, p26, p27, p28, p41, 45
Tony: p1

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Jwala: p22-23
Raffi: p25
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NUAA would like to show respect and acknowledge the Gadigal people of the Eora nation as the traditional owners of the land on which User's News is published. We respectfully acknowledge all Aboriginal nations within NSW where this magazine is distributed.

EDITORIAL

UNITED WE FLY

My mother was full of advice, some useful - "love many, trust few, always paddle your own canoe" and some just a little crazy - "don't sit in an aisle seat at a rock concert or a pusher will inject you with drugs and get you hooked". In there was a gem about comparison. It went like this: If you compare yourself to others, you will always find people better and worse off than you... prettier and uglier, richer and poorer, more and less talented. Great advice I have passed on to my own daughter. Many of us grew up being compared to an older sibling or even our parents and that fed into low self worth or anxiety. We can attest personally that sometimes comparison can be a very negative thing.

And yet as a culture we are obsessed with comparison and its best buddy competition. Not just of the Olympics and Guinness Book of Records kind, nor restricted to the sort that saturates our media: the NRL (go the Bunnies!), the Great Australian Bake Off and The Bachelor. No, we love to know who has the most liveable city, where you get the most expensive haircut, the skimpiest bikini, the least traffic lights or the fattest school kids. It locates us, tells us what we have in common with our fellow man that we can share and what makes us unique and innovative.

Importantly, it helps define who we are. Like the child who has to learn what s/he is not... not Mummy, not the cat, not the Cat in the Hat .... in order to find out what we are, we bounce against others to interpret ourselves to ourselves.

For some reason, many people who use drugs have a history back to childhood of feeling different - from our families, our neighbours, our colleagues - and this gets emphasised once we begin to enjoy the marginalised activity of drug taking. And while it is somehow cheeky and winky to take part in sexual practices that are not "vanilla", to take part in tutti frutti drug experiences is somehow more abhorrent than titillating to the mainstream population.

Yet there are millions of us. Literally. The World Health Organisation tells us there are 200 million people who use illegal drugs and at least 16 million people who inject drugs. That's well and truly the size of a country (imagine our own republic!). And you can rest assured that is the very tip of the iceberg. These are just the ones who are brave enough to out themselves or unlucky enough to be outed by circumstances. All around this very pretty globe of ours, we have many, many brothers and sisters who celebrate life - and sometimes mourn life - with a drug.

I honestly never meant to be ironic when I called this edition *Borderless*, then proceeded to emphasise those very borders, filling the mag with information about the differences between countries and jurisdictions. That bit was simply a strategy, a positioning. I figure that first we need to get a full awareness of those things that set us apart so we can truly understand the miracle of the things that bind us together.

The purpose of this edition is for us, as people who use drugs and live in NSW, to take stock, to scrutinise where we are in the world, to look around at each other and say, by golly, look how many of us there are. To think about what we can achieve together. To think about what we have accomplished here in NSW and where there is yet progress to be made. To cheer when we get to the part that makes us aware of the advances we have made. To get a sense of what other people in the world suffer simply because they choose to use drugs. To boo when we realise what we have still yet to see through. To know what we can strive for so that we have better services and opportunities.

But mostly, UN is about celebrating the unity of people who use drugs.

Because in the midst of looking at which places treat people who use drugs with respect and which despise us with every letter their law can enshrine, we find shared experience, shared goals and a unity of purpose that is truly wonderful.

Try and stop us, we still use. Limit our access to information about safer using, we communicate on the net. Attack our sense of community, and drug user organisations will spring up around the world. Treat us like lesser citizens, we will joyfully join an international struggle to advance the rights, health and dignity of people who use illicit drugs.

Ralph Waldo Emerson wrote: "To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment."

To not only be ourselves in a world that is abusive in its attempt to change us, but to also develop a world-wide community to care for each other is nothing short of a triumph.

This magazine is full of stories by people who are involved in various drug user organisations, just like our people at NUAA, talking about the things that are important to people who use drugs and the way we are pressing our cause in different parts of the world. That we suffer epidemic levels of blood borne viruses around the world is devastating. That we are in prison, that we are beaten, that we are ill, that we are dying. Yet we are having wins ... in moving drugs from the justice system to the health system, persuading people in high places to listen to us (and the evidence), earning seats at the tables that decide matters that impact us. We have so far to go, but together we are powerful. Together we can.

I hope you enjoy this magazine of comparisons. I hope you feel the compassion I want you to feel for your sister tortured in a compulsory rehab in China and for your brother in jail awaiting execution for daring to move a few grams of drugs. I hope you laugh with our friends in a retirement home for users in the Netherlands and envy across the counter purchases in Asia.

Mostly I hope you feel part of this wonderful family of people who use drugs, sharing the love. Reach around the world and think about us all. And remember how much stronger we are when we tackle injustice, stigma and discrimination together. I use drugs, hear me roar!!

Yours in love and solidarity, Leah.

LETTERS

DEAR UN...

Dear Editor,

The Blackout issue was perfect! You got it spot on! Every word rang true. And the best cover and inside cover yet. Go sister girl!

Evie

Dear Evie,

Thanks for that. We are very proud of the edition. This gives me the chance to say thank you again to all the totally wonderful contributors, especially those who attended workshops and make decisions about what to include, the incredible Guest Editor Jo Brown, my amazing committees and especially peers S and E for all their hard work. And Nicky and Sione at NUAA for keeping the vision burning and the focus on community ownership! Phew, it's like an Academy Award speech, but you know what I mean...

Love Leah

Dear Editor,

Hi, I am the author of UN #72 Girl Seeks Mission Impossible. On paper, it seems like the life story of someone else. I must say I am blown away reading about myself. Especially given that my life today is not near as bad as I had suggested it to be. My life has "moved on". I am now out of prison and in a relationship. I am in safe hands and good company. I have a part time job and am finally taking charge of my life. I am quite embarrassed at my story, it appears to have been overstated or dramatised now. I guess that on paper, I hadn't realised my life was such a mess at the time of writing. I am very grateful for the compassion you have expressed.

Love and respect,

Jean

Dear Jean,

I am so pleased to finally meet you! And glad things are looking up. It can be an odd thing to see your words in print, and I am sure yours touched many people. Please write again for me soon! Your payment should have reached you by now and be just a sweet memory.

Love Leah

Dear Editor,

I'm writing my letter in disgust for the way people think that just because you are a user, you're not a good parent. This increases if you're on a pharmacotherapy program at a public clinic. If you are having or have just had a child, they seem to think they need to link you into parenting courses to help you be a better parent. Why does being on a program make you any less of a parent in their eyes than someone not on a program? Dirty urines mean an instant report to DOCS. I think I'm an excellent parent and my kids don't go without anything they need. My kids are brought up better than I was, and my mother wasn't a user, so work that out. It's downright discrimination.

Tom

Dear Tom,

I am so there with you. I am also a parent and have a child who could not be loved or cherished more. I would love to hear from other parents. Calling all parents: text me on 0406 422 267 and tell me why you love being a parent and/or why you think you are great at the job. I'll pay the first twenty best replies $20 and publish them in the Summer edition.

Love Leah

Dear Editor,

I recently had a discrepancy with my pharmacy about payment for my daily dose of Suboxone®. The pharmacist was saying I hadn't paid for the week and I knew I had paid for the fortnight. She refuses to give receipts, it all hangs on her writing it up in a book. It comes down to the word of a "junkie" against the word of a person with status in the community. And now she won't even take fortnightly payments, only weekly ones, which plays havoc with my budgeting as I get paid fortnightly. I don't want to complain as she is temperamental and likely to kick me off. What do I do?

Ms Frustrated

Dear Frussy,

This is the kind of stuff that really gets our goat here at NUAA. I so wanted to be your knight in shining armour but unfortunately I have some bad news from our friends at Fair Trading. A receipt has to be given if the amount is over $75, but not if it is under. It sounds like the chemist in question has found out the rules from Fair Trading and this is why she is only taking weekly amounts, that is, amounts under $75. And while you have the right to ask for a receipt, she has 7 days to give it to you. You could remind her that if there are misunderstandings around payment, it creates difficulties for both of you. You could rule up a book with dates and fill it in when you give her the money, in front of her, and ask her to initial it. And you could let her know that you need receipts for your tax, rather than highlight a shortcoming of hers and get her back up. But the best is probably to pay by EFTPOS and your bank statement becomes your receipt. You can also ring the Opiate Treatment Line (OTL) for free on 1800 642 428 (business hours) and let them know about this, so they can let the right people know it is an issue. Someone from the Pharmacy Guild sits on the OTL committee. Now we at NUAA know about it too, and can work towards a solution. And so do all the UN readers. If other people are having this problem, please write to me and let the OTL know. If they get lots of calls about this, they will act. And if I get lots of letters, I can write a feature to bring attention to the issue.

Love Leah

News Dose

FROM AUSTRALIA

BEWARE INSTANT WITHDRAWAL!

A new pharmy combo has been found to cause instant withdrawal symptoms when injected or snorted. Targin® is a new oxycodone product, officially marketed for the "treatment of severe pain, which can be adequately managed only with opioid analgesics". Along with the oxycodone, Targin® includes naloxone, the drug used to treat opioid overdose.

Naloxone is added to counteract opioid-induced constipation – it blocks the action of oxycodone at opioid receptors located in the gut. Naloxone also acts as a deterrent to off-label use.

Injecting or snorting Targin® will result in the sudden onset of withdrawal symptoms otherwise known as precipitated withdrawal. Precipitated withdrawal is caused by the naloxone binding tightly and rapidly to the opioid receptors and removing any opioids which were previously occupying these sites. Unfortunately, many users have injected or snorted Targin® without realising that it is a combination drug and have become very ill without knowing why.

Below are descriptions of Targin®. Take a note so you can identify Targin® quickly.

The ratio of Oxycodone/Naloxone is 2/1 and comes in the following doses:

- Targin® 5 mg/2.5 mg prolonged-release tablets are oblong, blue film-coated tablets, marked "OXN" on one side and "5" on the other side.
- Targin® 10 mg/5 mg prolonged-release tablets are oblong, white film-coated tablets, marked "OXN" on one side and "10" on the other side.
- Targin® 20 mg/10 mg prolonged-release tablets are oblong, pink film-coated tablets, marked "OXN" on one side and "20" on the other side.
- Targin® 40 mg/20 mg prolonged-release tablets are oblong, yellow film-coated tablets, marked "OXN" on one side and "40" on the other side.

If someone is experiencing precipitated withdrawal and reports recently injecting or snorting Targin®, it is important to monitor the person for any severe withdrawal symptoms, and seek immediate medical attention if necessary.

So what if you are on bupe? UN's medical committee advise that for those who have injected Suboxone® and found it bearable "beware, this is a different beast". Note that if you do inject Targin® and the oxycodone outlives the naloxone, then, dose dependent, you could run the risk of OD.

Read more here: **http://proxy.baremetal.com/www.drugsense.org/temp/TARGINXWarningX-XAIVLXAprilX2012.pdf** and **http://aivl.org.au/#p=17971** or contact NUAA for more info.

FROM WESTERN AUSTRALIA

VISITORS TO WA PRISON HAVE CARS SEARCHED BY POLICE AND DOGS

The Western Australian Corrective Services Ministers Joe Francis has declared "war on drugs" one day after prison guards passed a no-confidence vote in him and called for his sacking. After being "alarmed at the amount of drugs in jails", he authorised a massive drug raid at Hakea Prison, with police and dogs going through cars of workers, families and other visitors to the jail. Ninety cars were searched and four women were charged. Police also secured drug paraphernalia including sterile fits. Jon Peach, the Assistant Commissioner of Custodial Operations said it also gave them good intelligence as to "who is visiting who and who is mixing with who". Francis says this is just the beginning of a series of random and unannounced raids with dogs on visitors to prisons

See it here: **http://www.abc.net.au/news/2013-08-29/corrective-services-minister-declares-war-on-**drugs/4923618/?site=newengland

News Dose

FROM VICTORIA
DOCTORS SUPPORT EACH OTHER IN DRUG TREATMENT

Victorian doctors wanting to access treatment for drug dependency praised a peer support approach in a survey of Caduceus, a treatment program designed for doctors. Pharmacotherapy is not an option for doctors wishing to continue to practice medicine. Doctors who have been reported for drug use must achieve abstinence, following very strict guidelines for formal care and regular random urine or blood tests, if they want to maintain or re-attain their medical registration.

While all are in formal treatment programs as required by the Medical Board of Australia, the doctors considered the support they gave each other an essential element of keeping their focus on abstinence.

The group is called Caduceus after the symbol of two snakes around a winged staff, often used to represent the practice of medicine.

Dr Kym Jenkins, medical director of the Victorian Doctors' Health Program (VDHP), the only full-time health program of its kind in Australia, says all doctors who attend Caduceus are being case-managed by VDHP. "There's a whole structure of other things around them at this difficult time, like seeing addiction medicine specialists, psychiatrists and a case manager," she says.

A review of Caduceus found that around 90% of the attendees were male, nearly half attended for between three and four years, 53% reported involvement with the Medical Practitioners Board of Victoria, 25% were GPs and 56% became aware of their substance abuse issues when they were undergoing GP or specialist training.

Half the doctors had issues with alcohol abuse and 41% with pethidine.

Dr Jenkins says the strength of the group is that it gives doctors a chance to air issues specific to their field that other people with substance abuse issues won't necessarily appreciate.

One survey respondent said: "I do believe that doctors share common unique issues and a place to meet together is vital".

Dr Jenkins says Caduceus isn't a 12 step program like Alcoholics Anonymous or Narcotics Anonymous, which hold doctor-specific groups in other states, but it can work alongside those programs.

There is also a national group called Australian Doctors in Recovery (ADR) that is 12 steps based and connected to International Doctors in AA. ADR has a website (http://www.ausdocsinrecovery.org/) and a newsletter, and holds meetings and conferences. There are groups run in all States; User's News readers who fit the bill - doctors who use drugs illicity and are seeking an abstinence based lifestyle - should log onto ADR and make contact.

Read more here: **http://www.medicalobserver.com.au/news/help-for-doctors-with-substance-addiction**

FROM NEW SOUTH WALES
VALE MALCOLM LEECH

It is with great sadness that we note the passing of Malcolm Leech, on Friday 20 September at 12.35am from cancer at the Sacred Heart Hospice, Darlinghurst, age 57.

Malcolm made a significant contribution in many areas of life, including theatre and community. Malcolm was a strong advocate for people living with HIV, a Positive Speaker, and Director, Secretary and past President of Positive Life NSW (2006 to 2012). He will be very much missed.

NUAA's CEO Nicky Bath said "I was lucky to see Malcolm at various events and I always loved bumping into him. He was a passionate advocate and a strong supporter of NUAA – he was also without fail always able to make me smile and laugh. His loss will be felt by so many." Malcolm was a good friend to many of NUAA's members. Our thoughts are with you all at this sad time.

News Dose

FROM URUGUAY
INTERNATIONAL CANNABIS LEGALISATION UPDATE!

Late on the evening of 21 July 2013, following months of intensive debate and negotiation, the Uruguayan House of Representatives passed a bill to legalize marijuana. If approved by the Senate, President José Mujica has said he will sign it, at which point Uruguay will become the first country in the world to replace its cannabis prohibition law with a legal regulatory system.

This does much more than just follow in the footsteps of Colorado and Washington state, which last November became the first political jurisdictions in the world to approve the legalization of marijuana.

It provides a model for how to engage in debate over marijuana policy in a mature and responsible way. When President Mujica first issued his proposal last June, he made clear that he welcomed vigorous debate. International experts were invited from abroad for intensive discussions with people from all walks of civil society and government. A range of specific proposals were considered, all with an eye toward transforming an illegal industry into a legal one to better protect public safety and health.

July's bill pulled together parts of Colorado's and Washington's laws with innovations from Europe and included provisions unique to Uruguay. Adults are permitted to cultivate up to six plants; cooperatives can provide marijuana for a limited number of members; and pharmacies can sell it. Sales to minors, driving under the influence and all forms of advertising are prohibited.

What is most striking about Uruguay's historic move is the demonstration of political leadership by President Mujica. In the United States, marijuana policy reform is an issue on which the people lead and the politicians follow. Colorado and Washington changed their laws through the ballot initiative process, with roughly 55% of voters supporting the reform, while most elected officials sat on the sidelines. Even today, with a majority of Americans in favor of legalizing marijuana the only U.S. politicians to support it publicly are those obliged to implement the new laws in their states). By contrast, when President Mujica made his proposal, he reportedly did it without consulting any polls or political consultants; he simply listened to respected experts about what the optimal marijuana policy would be – and then said, let's do it.

President Mujica is not the only Latin American leader to demonstrate courage in calling for alternatives to the drug war. Presidents Juan Manuel Santos of Colombia and Otto Pérez Molina of Guatemala have boldy demanded that legalization, decriminalization and other alternatives to ineffective, costly and destructive prohibitionist drug policies be considered. More recently, OAS Secretary General José Miguel Insulza has catapulted regional discussion of drug policy to an unprecedented intellectual level. But President Mujica's proposal is unique in changing not just public debate but also actual laws and policies.

All this serves as a wake-up call for Europe, which was at the forefront of global drug policy reform in the latter part of the 20th century but has now been leapfrogged by developments in the Americas. Serious proposals for legal regulation of marijuana are proliferating in countries like Switzerland, Spain, the Czech Republic, Denmark and the Netherlands. And in Morocco, long one of the world's leading producers of marijuana, legalization proposals are now being taken seriously by the national government.

So who's next?

Read more by reformer Ethan Nadelmann and others:
http://www.rawstory.com/rs/2013/08/07/uruguay-president-wants-to-legalize-marijuana-as-a-contribution-to-humanity/
http://ideas.time.com/2013/08/02/what-legalizing-pot-in-uruguay-means-for-the-world/print/
http://world.time.com/2013/08/01/uruguays-marijuana-legalization-bid-opens-new-chapter-in-global-pot-debate/

FROM MANIPUR, INDIA
MAN RUNS AWAY FROM REHAB TO ESCAPE TORTURE

A 25 year old man has reported being severely tortured and chained in a drug rehabilitation centre In Rajasthan, India. He is still under medical care in a critical condition.

This incident is in gross violation of new humane guidelines for rehabs imposed in June this year which explicitly prohibit torture, previously common in Indian rehabs.

Seeking treatment for heroin use, Varthanglien self-admitted to the rehab in September, paying Rs 7500 ($127 AUD - an average month's salary). He was assured he would receive quality care and detox appropriate medications.

After one initial dose of pain killers, Varthanglien was denied further medication and his phone was confiscated. Despite experiencing severe detox symptoms, he was put in chains. He said other inmates were bound in pairs, necessitating them to go even to the toilet together.

Varthanglien managed to escape, but was caught by staff who tied his hands and legs and dragged him along the ground back to the rehab, where he was tortured, beaten and his palms cut open. Due to severe injuries, he lost consciousness and put on oxygen support at the district hospital. After discharge from the hospital, Varthanglien said he was moved back to the rehab centre chained. He was again tortured and beaten but was eventually released. It has been revealed that the rehab concerned was already under investigation for a recent suspicious death from beatings.

Read more here: **http://www.manipurtimes.com/news-article/the-peoples-chronicle-news/item/3370-inmate-runs-away-from-rehabilitation-centre-to-escape-torture**

News Dose

FROM NORTH KOREA

EVERY NORTH KOREAN HAS TRIED ICE AT LEAST ONCE

A new study published in the journal *North Korea Review* says that parts of North Korea are experiencing a crystal methamphetamine "epidemic," with an "upsurge" of recreational meth use and accompanying dependence in the country's northern provinces.

"Almost every adult in that area [of North Korea] has experienced using ice (or *bingdu* as it is known) and not just once," a study co-author told the *Wall Street Journal*. It is estimate around 40% to 50% have "problematic use."

The use is said to be related to a collapse in the health system and lack of availability of medicines. North Korea started manufacturing meth in big state-run labs. The country badly needs hard currency and has almost no legitimate international trade. It was able to exploit the black market trade across the Chinese border by sending state-made meth into China and bringing back money. This ice came back to North Korea through black markets.

Many regular North Koreans started using meth to treat health problems. Real medicine is extremely scarce in the country. But meth is much more common, which means that the prices of medical drugs are artificially inflated, while the price of meth is artificially low. In a culture without much health education and lots of emphasis on traditional remedies, people believed that meth would do the trick for their medical problems.

Read more here:

- **http://www.washingtonpost.com/blogs/worldviews/wp/2013/08/21/how-north-korea-got-itself-hooked-on-meth/**
- **http://blogs.wsj.com/korearealtime/2013/08/20/north-korea-grapples-with-crystal-meth-epidemic/**
- **http://www.washingtonpost.com/blogs/worldviews/wp/2013/03/22/report-north-korea-ordered-its-foreign-diplomats-to-become-drug-dealers/**

FROM CANADA

STILL PLENTY OF CHEAP, STRONG DRUGS AROUND

The global war on heroin, cocaine and cannabis is failing to stem supply, as prices of these drugs have tumbled while seizures of them have risen, according to a new study by Canadian researchers published in the British Medical Journal (BMJ) Open. Data was analysed from seven government-funded programmes that tracked the illegal drug market over more than a decade. Three of the programmes monitored international drugs trafficking; three focused on the United States; and one on Australia.

Researchers found the prices of heroin, cocaine and cannabis tumbled by 81%, 80% and 86% respectively in the US while the average purity of these drugs rose by 60%, 11% and 161% respectively. In 18 European countries, the street price of cocaine and heroin fell by 51% and 74%.

In Australia, meanwhile, the price of cocaine fell by 14% and that of heroin and cannabis by 49%.

"During this time, seizures of these drugs in major domestic markets generally increased," said the study's authors, led by Evan Wood of the Urban Health Research Initiative in Vancouver, Canada. "With few exceptions... illegal drug prices have generally decreased while drug purity has generally increased since 1990," they added.

The global supply of illicit drugs had likely not been reduced in the last two decades, the study said, and the availability of cannabis and opiates like heroin may even have increased. "These findings suggest that expanding efforts at controlling the global illegal drug market though law enforcement are failing," said the paper.

More here: **http://www.theaustralian.com.au/news/world/war-on-illegal-drugs-is-failing-study/story-e6frg6so-1226730574762** and here: **http://bmjopen.bmj.com/content/3/9/e003077.abstract**

FROM ENGLAND

FOIL FOR CHASERS

After years of drug user organisations hassling the British government, on 4 July 2013, foil became legal under the provision of drug paraphernalia. So it is now legal for NSPs in the UK to provide a special foil for chasers that is safer than aluminium foil or other home options. The provision of foil has also proved successful method of making early contact with non-injecting drug users, and delivering interventions to prevent problems before they occur.

Check out this article that includes the UK Home Office ministerial statement in Brit mag Black Poppy: **http://blackpoppymag.wordpress.com/2013/07/07/check-it-out-chasers-finally-the-brits-get-chasing-foil-legalised/**

Exchange supplies provide it in the UK through the post at a very reasonable price. **http://www.exchangesupplies.org/shoplist_foil.php**

A WORLD OF DIFFERENCE FOR HEPATITIS:

WHEN WHO THINKS GLOBALLY, NUAA ACTS LOCALLY

nuaa
NSW USERS & AIDS ASSOCIATION INC

In 2012, the highly respected World Health Organization (WHO) put together an expert committee to work out how to stop a world-wide increase in new infections of hepatitis B and C among people who inject drugs. People who use drugs were offered a seat at the table through our international body, the International Network of People Who Use Drugs (INPUD).

Jude Byrne - who happens to be an Australian working at AIVL and was one of this year's inductees into the NUAA Hall of Fame - represented all people who use drugs around the world. She and her fellow committee members - mostly researchers and doctors - looked at all the evidence available, hundreds of research papers. Then they agreed five recommendations.

These recommendations were put in a final document called *Guidance on prevention of hepatitis B and C among people who inject drugs:*

1. It is suggested to offer people who inject drugs the rapid hepatitis B vaccination regimen.
2. It is suggested to offer people who inject drugs incentives to increase uptake and completion of the hepatitis B vaccine regime.
3. It is suggested that needle and syringe programs also provide low dead-space syringes for the distribution to people who inject drugs.
4. Psychosocial interventions are not suggested for people who inject drugs to reduce the incidence of viral hepatitis.
5. It is suggested to offer peer interventions to people who inject drugs to reduce the incidence of viral hepatitis.

When we got these international recommendations at NUAA, we realised it was an amazing opportunity for important change. So we wanted to work out if they were meaningful in NSW and if so, how we could make them work for us.

We invited local experts, including Jude, people who use illicit drugs and people who work in health and research to four forums to talk about the recommendations. NUAA Wonders forums were held over the first six months of 2013. You would have seen them advertised in these pages. A range of fabulous speakers were on a panel. Many workers and peers attended as audience to offer their opinions and pose interesting questions.

As a result of these great policy discussion afternoons, NUAA wrote a discussion document. It sums up what the forum attendees discussed then makes some recommendations of our own. This is to begin work on getting the WHO suggestions working for us in NSW by changing some things we think will really make a difference to the spread of viral hepatitis here.

There were lots of recommendations. A few of the things NUAA would like to see in NSW are:

- greater peer engagement and involvement viral hepatitis prevention
- needles, syringes and other equipment passed on freely by people other than paid certified NSP workers
- wider availability of equipment
- more peers employed in the sector with a new policy on recruitment and criminal record checks
- greater representation of peers in the WHO working groups
- availability of larger barrels and winged infusion sets through NSW NSPs with no changes to methadone policy
- wheel filters available from NSPs and from pharmacies at no cost or reduced cost.
- a full range of equipment available at machines and dispensing chutes
- free dispensing machines across all health sites e.g. emergency rooms, hospital, community health centres, youth services, welfare organisations
- sterile equipment in a wide range of non-traditional outlets, e.g. supermarkets, petrol stations, convenience stores, transit stations including train stations and airports.

Have a look at a summary of discussion at the NUAA Wonders forums and the full set of recommendations here! **http://www.nuaa.org.au/files/Policy/NUAA_discussion__document_WHO_guidance_on_Viral_hepatitis_2013.pdf**

And look at the WHO document here: **http://www.who.int/hiv/pub/guidelines/hepatitis/en/**

NUAA gives NSW illicit drug users a voice!

Call us for info, advice and assistance: (02) 8354 7300 or 1800 644 413

Great info and links on line: www.nuaa.org.au

INTERNATIONAL DAYS WE HOLD DEAR

JULY 21

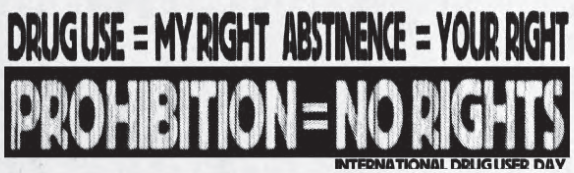
INTERNATIONAL REMEMBRANCE DAY

JULY 28

AUGUST 31

International Overdose Awareness Day
prevention and remembrance

NOVEMBER 1



INTERNATIONAL DRUG USERS DAY

NUAA SOCIAL EVENT FOR MEMBERS...

... to Celebrate International Drug Users Day

5 November

For more details call Jeffrey on 02 8354 7300

DECEMBER 1

WORLD AIDS DAY

ALL OVER THE EARTH WE REMEMBER ABSENT FRIENDS

On 22 July 2013, to commemorate International Remembrance Day, a tree was dedicated in Lawrence Hardgrave Park, King's Cross as a memorial to the many people who used illicit drugs who have died from drug related deaths, be it from overdose, blood borne viruses or other health problems. Many people attended and spoke including family members, those who work with people who use drugs and politicians. The very moving contribution was a speech given by Sione, who identified with a history of drug use and spoke on our behalf at the ceremony. We all have many people to say good bye to. Some names are on the tree on the opposite page. These come from tributes setup in the NUAA NSP and Nowra service. Please write in your loved ones' names. We remember them all with love and respect.

I am honoured to represent people who inject drugs at this memorial. I felt a heavy weight whenever I thought about what I wanted to say today. This issue is intensely personal for me and, I think, for every drug user. I have lost a number of friends over the years including two of my closest friends, Chris and Micky. Chris died on my birthday – which is coming up – and it is a day I now dread all year. While I don't need a tree to remind me about Chris and Leah and Micky and Jaryd and Tom and the others I have lost I am glad that we now have, in a public space, a symbol that says their lives and the lives of all the other people who have died from drug related causes, were and are valued.

What is shameful is that in life we are too often not valued.

While overdose is the cause of death for far too many – and I believe it is increasing again – so too is sheer neglect and, I believe, the war on drugs. Drug users are still vilified in our media – just the other night a current affairs program stooped to its usual low and further stigmatised an already despised group – those on methadone or buprenorphine. When a high rating TV show makes it clear that even if you go looking for assistance with drug issues you are still going to be looked down upon as a criminal rather than someone looking for health care it isn't surprising that we drug users do not seek healthcare except in extreme circumstances.

My friend Micky was complaining of "gut troubles" for a year before seeing a doctor. By that point it was way too late and he died from bowel cancer within months. He didn't see doctors for a range of complex reasons but they included an absolute mistrust of a set of people that had let him down continually around his drug use issues and accused him of drug seeking when he did complain about his health.

So although Micky did not die of an overdose and it is not likely he would have survived even had he sought treatment earlier, his experiences of discrimination around his drug use undoubtedly meant that he never had any chance of beating cancer.

I could tell a number of stories to illustrate this point, but I chose Micky simply because he had spent much of his life trying to fight this stigma and discrimination and I know he would be happy for me to use his story this way.

Until now a focus for these remembrance days has often been overdose. OD is serious. It is horrific in that it is sudden, preventable and often strikes those who we think it won't. But it is just one way to die amongst many. Heart issues plague people who have injected as does hepatitis C, and associated liver problems, along with the lesser risk but ever-present HIV. Stimulant users face issues which are even less well known than those facing opioid users. Issues do not stop at the physical. Often needless isolation from family, friends and mainstream society in general is the lot of the drug user. Many users try for years but can never do enough to make amends to their friends and family.

The police and prison are a very real and constant threat for all users and quite apart from the appalling health care that drug users receive in prison, opportunities to make it in the mainstream dry up after a stint inside.

There are many many ways for us to die and while overdose is important it is also easy to visualise and understand. These other health and social issues are difficult to quantify and to act upon and to speak about. But there needs to be a change in the way we as a society see and think about drug use if we are to stop people dying needlessly. What is crucial is that people who use drugs should be part of the solution. We understand the dynamics I have just spoken about and we care about our peers, which is more than can be said for most people.

While I am, as I said, really glad that a public memorial has been placed here to honour my friends and all the others who have died from overdose and drug related health issues, I want to call on each and every one of you – especially those who wield power – to think also of those who still live every day with drug issues and whose lives are undervalued by just about everyone. I ask you to think about solutions that are not as simple as "stop using drugs" because that is not working and never will work. I ask you to think but also to act to save and champion those few services and organisations –like NUAA, AIVL, MSIC and KRC – who treat users as humans and who value us beyond our drug use. I ask you to work in partnership with people who use drugs. Most of all I ask all of us when we see or think of this memorial to honour the lives of those still living and battling as well as those for whom our actions are too late by actually changing the way we talk and act on drug use issues.

I just want to say finally, because I have the floor that I miss you Chris and Micky and Jarryd.


Leah
Keith
Grant
Stumpy
Daniel
Simon
Phil
Ashlie
Nic
Steven
Chris
Harry
Raffaele
Lisa
Fiona
Jarryd
Tom
Mark
Angie
Jess
Nick
Duncan
Julie
Rebekah
Rochelle
NEVER FORGOTTEN.
Danielle
Jamie
Billy
Myles
Chris
David
Cam
Kevin
Alex
Sean
Mickey
Murray
York
Tessa
Lynette
Roey
Paris
Jason
Angel
Mick
Johnno

GOING GLOBAL

NALOXONE, BLACK MARKET STYLE
INDIA

In an unnamed region of India, an unnamed organisation unofficially buys naloxone on the black market and provides it, along with training, to dealers to prevent overdoses in their community. In an unnamed country in Asia, several groups of drug users who have formed their own harm reduction organisations, use their own resources to buy naloxone on the black market. They use it to train and save their friends in the community.
Read more here: **http://www.naloxoneinfo.org/**

PRESCRIBED HEROIN
UK

An old law in the UK, never repealed, allows GPs to prescribe heroin. Very few of them do it, but there are a few. The UK also runs a newer, more restrictive heroin-on-prescription program - run with all the rules and regulations of a pharmacotherapy program. Heroin-on-prescription is also successfully run in the Netherlands, catering for "chronic treatment-resistant heroin addicts". When in Australia in 1989, doctors and policy makers finally had agreed on terms for a heroin-on-prescription program, John Howard just said no, and that was that.
Read more here: **http://www.bbc.co.uk/news/uk-england-london-13944209**

OLD DRUG USERS DON'T GET OLD, THEY JUST LOSE THEIR STERILITY...
NETHERLANDS

Harm reduction programs have been so successful in saving the lives of people who inject drugs that the Netherlands has a retirement home just for older drug users. It seemed that as users got older, they didn't necessarily want to stop using, and they didn't feel comfortable around judgemental non-users, so now they get to live together and if they still want to use, the other retirees aren't shocked.
Read more here: **http://framework.latimes.com/2011/09/22/inside-a-dutch-nursing-home-for-drug-addicts/#/0**

MAKING LEGAL HIGHS REALLY LEGAL
NEW ZEALAND

New Zealand has seen the enactment of important policy changes to the norm of drug prohibition no other country has experienced. Its parliament has recently passed the Psychoactive Substances Bill which allows for the strictly regulated, but legal, sale of a number of synthetic narcotics commonly known as 'legal highs' or 'party pills.' In presenting the bill, the Associate Minister of Health, Todd McClay said: "Today we take a very significant step to protect New Zealanders, particularly young New Zealanders, from the harm caused by untested drugs and an unregulated market." He said that to delay from legalising these drugs and preventing dodgy black market sales would "put children's lives at risk". Sensible drug policy!
Read more here: **http://www.huffingtonpost.com/avinash-tharoor/new-zealand-drug-laws_b_4019402.html?utm_hp_ref=tw** and here: **http://www.parliament.nz/mi-nz/pb/debates/debates/50HansD_20130711_00000044/psychoactive-substances-bill-%E2%80%94-third-reading**

EIGHT INTERESTING THINGS GOING ON IN THE WORLD WE THOUGHT YOU MIGHT LIKE TO KNOW ABOUT

PROTECTING THE HEALTH OF PRISONERS
SWITZERLAND

Switzerland launched the first prison-based needle and syringe program (PNSP) in 1992, but there are now at least 60 PNSPs implemented world-wide. Other countries include Germany, Moldova, Kyrgyzstan, Romania, Luxembourg, Islamic Republic of Iran and Tajikistan. There is nothing these countries particularly have in common and there is no general rule that guides the PNSP model introduced. Different methods have been effective in different prison settings. Evaluations have proven them effective and safe. A range of injecting equipment has been provided and the results to the health improvements for the prisoners has been encouraging. So far, we know from the experiences of these countries that staff and other prisoners are not endangered and that drug consumption or injecting is not increased... but that HIV and viral hepatitis rates are reduced and overall prisoners have better health. PNSPs signify that prison authorities take seriously their legal obligation to protect the health of prisoners under their care and control.

DRUG DECRIMINALISATION
PORTUGAL

About 12 years ago, Portugal eliminated criminal penalties for drug users in a move to free up the court system and jails and move drug use from a justice to a health issue. Since, then, those caught with small amounts of cannabis, cocaine or heroin go unindicted and possession is a misdemeanor on par with illegal parking. You can carry one gram of heroin, two grams of cocaine, 25 grams of cannabis leaves or five grams of hashish without fear of repercussion. You can carry more if you can convince that this is ten days personal use, but then you will most likely be routed into treatment. Experts are pleased with the results. Unlike the fears, there has been no great drug tourism in Portugal. Recreational use has increased slightly, but problematic use has decreased, as has crime including theft. Portugal now has the lowest lifetime use of illegal drugs. Deaths related to opiates were cut by more than half. New HIV infections in people who use drugs fell by 17% in the first five years. An experiment worth doing.
Read more here: **http://www.dpmp.unsw.edu.au/sites/default/files/dpmp/resources/HUGHES.pdf**

CANNABIS LEGALISATION
UNITED STATES

Not only is the US now leading in medical cannabis, cannabis for recreational use is legal in two US states. This time last year, Colorado and Washington both voted to legalise cannabis so the drug would be regulated, sold and taxed just like alcohol or tobacco. Colorado's Amendment 64 was passed when 53.3% of voters agreed that the prohibition on the production and possession of cannabis should be removed for recreational purposes. Washington, through voter approval of Initiative 502, also approved a similar measure, allowing those 21 and older to purchase up to one ounce of the drug at specially regulated retain stores. Possession is legal, but not public use. Adults can grow up to six plants in their homes. They are still working out how to make this work... but are committed to following it through, with the first recreational stores to open in January 2014 and be separate from existing medical cannabis dispensaries. Details for regulating the industry will be up to state revenue departments, which would oversee the specialty shops. Proponents envision something similar to the state's system governing medical-cannabis businesses, which involves security requirements, the monitoring of plants as they are grown and shipped and auditors who perform site checks.
Read more here: **http://www.reuters.com/article/2013/08/29/us-usa-crime-marijuana-idUSBRE97S0YW20130829**

TRAINING UP DEALERS
CANADA

In Toronto, Canada, a local drug user organisation has a funded program in which local dealers are given extensive training and kits containing harm reduction materials, plus a room in which they can set up. They are then able to provide crack kits, injecting equipment and other materials, and also have naloxone and training in overdose management. There are currently 15 of these and 5 more have been funded. See the article on COUNTERfit in this issue.
Read more here: **http://www.cbc.ca/news/canada/grey-zone-toronto-s-injection-drug-harm-reduction-program-1.996421**

GOING GLOBAL

BARELY CRIMINAL
THE UKRAINE

The Ukraine recently reduced the amount of drug in someones possession that could result in a criminal conviction, including imprisonment. Now a person who is caught with two or three used syringes with trace amounts of an illicit drug in them can be convicted.
Read more here: **http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1883**

FAMILY LIFE
UNITED STATES

Between 2006 and 2010, at least 150 women in Californian prisons were pressured into having unauthorised sterilizations while in prison. Women who already had children were particularly targeted. They reported feeling judged as bad mothers and burdens to the system, undeserving of help and undeserving of children. At least another 100 women were pressured in the five years before this in the same way. Another US-based "charity" organisation, which has already practiced paid sterilisation of women who use drugs, has expanded its work to include the UK. In 2012 they looked at starting a practice in Australia, where again they would target vulnerable women who use drugs and pay for their permanent sterilisation, presumably after giving them the kind of counselling that ensures the women know they are unfit to ever be a parent, as the organisations claims. Some media reports seemed to be supportive, as were other some other faith-based organisations in Australia, but so far, thankfully, they haven't set up shop here and we will continue to fight them if they try.
Read more here: **http://www.thetimes.co.uk/tto/news/world/americas/article3811555.ece**

I AM A DRUG USER
INDONESIA

Many countries in Asia, particularly the ones that have compulsory drug detention centres such as Myanmar, also have compulsory self-reporting. That means, if you use drugs, you can be charged for not reporting yourself to the police as a drug user, but if you do report yourself you are immediately incarcerated in a compulsory drug detention centre. Indonesia takes compulsory self-reporting of drug use one step further. A law was introduced in the last few years in which family members – usually parents – who knowingly do not report their drug using children to the police, can be imprisoned for up to six months or given a 1 million rupiah fine (currently about $100 AUD, a significant amount of money for many people in Indonesia).
Read more here: **http://www.cahrproject.org/wp-content/uploads/2013/01/IDPC-Briefing-Paper-Drug-policy-in-Indonesia.pdf**

FORCED LABOUR
VIETNAM

Decriminalisation in Vietnam – a recent policy in Vietnam effectively decriminalising some illicit drug use means people who would have previously served a one or two year prison sentence are instead spending at least three years in compulsory drug detention "treatment" centres where they do forced labour. When they manage to get released they are registered as drug users and therefore watched over in their community and subject to stringent and invasive practices that continue to limit their freedom.
Read more here: **http://www.release.org.uk/sites/release.org.uk/files/pdf/publications/Release_Quiet_Revolution_2013.pdf**

NO STERILE FITS
UNITED STATES

For many years the US had a federal ban on paying for needle and syringe programs. As a result, HIV prevalence among PWUD has been similar to that of many developing nations with epidemics of HIV in the using community. President Obama changed the law, and there was hope it would spread to the use of US funding for needle and syringe programs in developing countries, which had also been banned from programs using US money to prevent HIV transmissions. However, before anything could change in international development programs for drug users, the law

EIGHT UNCOOL THINGS GOING ON IN THE WORLD YOU NEED TO KNOW ABOUT

was repealed and the US again has a ban on federal funding for injecting equipment, leaving it to individual states to decide if they want to spend any money and how much on preventing blood borne viruses among injectors.
Read more here: **http://stopthedrugwar.org/chronicle/2011/dec/19/congress_votes_restore_needle_ex**

CAPITAL PUNISHMENT
TOO MANY PLACES

The latest survey (2010) showed that 32 countries had laws that applied the death penalty to drug offenses. Most of them are in Asia and the Middle East, plus the US and Cuba. At least 12 of these had carried out an execution in the previous three years but only six of them regularly kill people for drug offenses, a few never provide any information about how many people they execute and why, and some haven't executed anyone for a drug offense for years or even decades. However, the interesting thing is that over the last few decades, capital punishment has been abolished in many countries. The only crimes for which there has been an increase in countries applying the death penalty are drug offenses. Fortunately this trend seems to have stalled in the last few years. Even Singapore has reduced the number of people being executed for drug related crimes. As for China on the other hand... well, we will probably never know.
Read more here: **http://www.ihra.net/death-penalty-project**

SYSTEMIC STIGMA
RUSSIA

Injecting drug use is at extremely high levels in Russia, with approximately 1.8 million people currently estimated to be injecting. Russia is on what is known as the "Northern Route", a major trafficking route for heroin from Afghanistan. Despite the massive levels of HIV, hepatitis B and hepatitis C in Russia, along with some of the highest numbers of deaths from other drug related causes including overdose, the Russian government will not accept the importance of protecting the human rights of ALL people, and nor will it legalise or allow methadone and other pharmacotherapies. Anyone found with methadone will be as severely punished as a person caught with heroin. Prohibition in Russia has forced a cheaper and more easily obtainable opiate, home-made desomorphine or "krokodil", into wide usage with great harm to people who inject it and a very short life expectancy for users. Instead of providing evidence-based treatment, torture and abuse is regularly reported by people who are incarcerated for drug offenses in Russian prisons and "treatment centres".
Read more here: **http://www.reuters.com/article/2011/01/25/us-russia-heroin-idUSTRE70O22X20110125**

COMPULSORY DRUG DETENTION CENTRES
CHINA

The things that are wrong in Chinese compulsory drug detention centres are too numerous to describe here. We will have to be resigned to looking at just a few. Such as: a) Rapid HIV tests - conducted on people who are entering the centre. The result isn't given to them, but a human rights report recently described at least one centre where the results of the tests were used by the police or prison guards to identify who they should rape and who they should leave alone. The results are usually told to the person as they leave the centre. b) Morning exercises - a part of the "rehabilitation process". A few star jumps accompanied by chanting about what a worthless human being you are and how you have hurt everyone in the country in some way or other. c) Forced labour – also part of the "rehabilitation process". Up to 16 hour days, longer if you haven't completed your quota and you are in one of the worse centres, in which you do anything from embroidery, to manufacturing plastic toys, to farming. Conveniently, the factory conditions and unpaid workforce allow the government departments responsible for the centres to make presumably quite a lot of money. d) Punishment – if you are considered to have done anything wrong you may be forced to stand in icy showers for hours, squat for the entire day, or you will be beaten and tortured. Punishments are given in some places or by some guards for non-payment by the family or prisoner. But every centre is different and some are better than others. There are even some that allow people to receive HIV treatment and other health care.
Read more here: **http://www.hrw.org/news/2012/08/02/chinese-addiction-study-and-human-rights**

THE COOLEST INTERNATIONAL DEVELOPMENT EVER IS HAPPENING

E V E R Y W H E R E

ALL OVER THE WORLD THERE ARE MORE AND MORE PEOPLE FROM THE DRUG USING AND SEX WORKER COMMUNITIES WHO ARE FORMING THEIR OWN ORGANISATIONS AND SPEAKING OUT ABOUT ABUSE AND DISCRIMINATION.

WHAT IS THE INTERNATIONAL NETWORK OF PEOPLE WHO USE DRUGS (INPUD)?

WE ARE A GLOBAL NETWORK OF PEOPLE WHO REFUSE TO GIVE UP OUR HUMANITY AND HUMAN RIGHTS SIMPLY BECAUSE WE CHOOSE TO USE DRUGS.

THE INTERNATIONAL NETWORK OF PEOPLE WHO USE DRUGS (INPUD) WAS ESTABLISHED TO REPRESENT THE INTERESTS OF DRUG USERS ON THE WORLD STAGE.

THE AIMS OF INPUD ARE:

- To advocate and lobby for the rights of drug users on the world stage
- To bring the voices of drug users to the policy table
- To support and seed the development of self-determining networks of drug users that advocate for the rights of drug users
- To promote and advocate for harm reduction as a means of supporting safer drug use
- To build alliances with like-minded organizations in the drugs field and civil society to further the first four aims of INPUD

INPUD'S PRINCIPLES ARE:

- Pro drug user rights
- Pro self-determination
- Pro harm reduction and safer drug use
- Remaining neutral on an adult's choice to take drugs or not
- Anti-prohibitionist
- Pro equality

NOTHING ABOUT US WITHOUT US

Eliot Albers is the Executive Director of INPUD. He was invited to deliver this year's welcome speech at the International Harm Reduction Conference, a conference now held every two years to discuss the state of harm reduction in the world. This time, in June 2013, it was held in Vilnius, Lithuania. Eliot chose to talk about our participation - or lack thereof - in decisions that affect us.

I would like to draw attention to what for people who use drugs are the key values of harm reduction.

Our long time slogan as you are all no doubt aware is 'nothing about us without us'. This is a great slogan that rolls off many lips, but I would like to unpack it a little bit and ask what it should really look like, and what we, as the population central to all of the debates that we will have over the next few days, expect when we invoke these words.

For us, the centrality of meaningful participation in all of the various, complex debates and issues that impact upon our lives is quite simply non-negotiable.

So, what does it not mean? Meaningful participation of the drug using community is not asking us to 'endorse' a document that we have never previously seen, had no role in developing, and not been consulted on. It is not a tick box exercise, a strapline, or an indicator, it is rather a fundamental principle and a value that should lie at the heart of all of your work whether you work in a multilateral agency, in service delivery or in advocacy around drug law reform, harm reduction or human rights.

No process, document or service can be considered to embody this essential principle, a principle that I have no doubt you would all say that you subscribe to, unless our community's ability to meaningfully input, influence, and shape whatever you are involved in has been built in from the start, and followed through in development, implementation and monitoring.

Often we will have things to say and contribute that you will not like, that you may not agree with, and that you may object to. However, we do not say these things for the sake of being obstreperous or difficult but because the lives, well-being, dignity, and human rights of our community are ultimately what is at stake in everything that you do. Remember that for you this is a job, for us it is quite literally our lives.

Sometimes we are invited to participate in processes and made to feel grateful for the fact that we have been given a place at the table, and made to feel that unless we are 'on board' and not 'difficult' we will not be invited back. This is exemplary tokenism as the messages that we have to convey are hard, difficult and sometimes unpalatable. I, and some others in this room have been invited to meetings where we have been told that we are 'trouble makers', simply on the basis that we have asked difficult questions and stood up for the principles that guide us.

This brings me to some of the limitations of identity politics, we are not just here because we happen to use particular drugs in a particular way, but because we have a core politics and set of principles to which we adhere and that are non-negotiable. As such, the involvement of one acceptable token drug user in a process is not meaningful participation; we have to be given the time and resources to consult our community, reflect its diversity, refine our messages, and decide for ourselves who is appropriate to represent us. We are more than aware of the fact that our community is diverse and we need to be able to bring that diversity to the table, albeit a diversity that is rooted in a common ground. The ground from which we are coming is that of being a structurally marginalised, often despised community whose members are subject to systemic violence and human rights abuses on a simply staggering scale as will be more than attested to by speakers from the region in which we now stand.

To conclude, if you are committed to meaningful participation you will find us to be a willing partner. We are here to be part of the solution and not perceived as being the problem. To work with us in a meaningful way will perhaps be difficult, and sometimes uncomfortable or even frustrating, but if you are committed to delivering good services, to producing credible policy statements and research and improving the health and human rights of the most stigmatised, and marginalised members of our community then you have no option but to take the hand that we are offering you in a bid to find peace in the war to which our community is subject.

AIVL IS STANDING UP IN OUR REGION

The Australian Injecting & Illicit Drug Users League (AIVL) is the national peak organisation representing the state and territory drug user organisations like NUAA. It takes on issues of national importance for people who use or have used illicit drugs and produces some fantastic policy documents and resources. They have a rockin' website, www.aivl.org.au which is a must-visit. We talk to Ele Morrison, AIVL's international worker, about her work and the work of our Asian peers in improving the lives of people who use illicit drugs.

UN: Tell us about Asia's amazing drug user organisations

Ele: Most of what we hear about drug use in Asia are the bad things. We hear about people being locked up for years for what would be a minor possession charge in Australia, corruption, prisons where people are beaten and raped and drug users having no rights at all. It's hard to believe anyone living in those circumstances would be willing to admit they are a drug user, much less form a drug user organisation. However, in countries all around Asia including Indonesia, China, Vietnam, Nepal and Myanmar (Burma), this is exactly what is happening.

All of these countries have not just one but several organisations made up of people who use drugs (PWUD), who are trying to change laws, policies and attitudes about drug use. There is even a regional network, the Asian Network of People who Use Drugs (ANPUD) who advocate on behalf of drug users to organisations like UNAIDS, the World Health Organisation (WHO) and the United Nations Office on Drugs and Crime (UNODC).

It is estimated about 3.5 million people inject drugs in Asia. Over the last 10 or 15 years, harm reduction programs like needle and syringe programs (NSP) and methadone, have been accepted into policy by most Asian countries but very few countries have the resources or will to fund these programs themselves. Only 10% of the people who need to can access an NSP and only 7% can get methadone or buprenorphine. In some countries more than 50% of people who inject drugs (PWID) are living with HIV, over 70% are living with hepatitis C, and many are managing both viruses with little or no access to health care.

UN: So what is AIVL doing in Asia?

Ele: In 2008, AusAID began to fund AIVL to support drug user organisations in Asia. It was probably the first time a drug user organisation was funded to work with other drug user organisations in developing countries.

Since then, we've been working with our peers in many Asian countries, trying to find ways to support them to speak for themselves about things important to them. We provide support, education and training for the Asian network, ANPUD, the Vietnam Network of People who Use Drugs (VNPUD), the Indonesian National Drug User Organisation (PKNI) and the Monitoring Network of Human Rights Violations Against People who Use Drugs in Indonesia (the Monitoring Network).

Working with drug user organisations in Asia is rewarding, frustrating, upsetting and uplifting, all in equal measure. I work with people who are hilariously funny, incredibly sweet, motivated, intelligent and brave. I also work with people who die from overdose, endocarditis, hepatitis C and HIV, and I work with people I end up visiting in prison when things go wrong. I work with people who become my friends and mentors, who teach me far more than I am able to teach them.

More drug user organisations are forming all the time in Asia. We will support them for as long as can, to learn the skills they need to speak out for their communities, manage their programs, and improve the lives of their friends. There have already been huge changes in Asia for people who use drugs, and although there is still a long way to go, the people are already there who will make it happen.

UN: What sorts of things do you fund and support Asian organisations to do?

Ele: Each organisation has different experience, expertise and ideas about what it wants to do. So the kind of support we provide is different for each network.

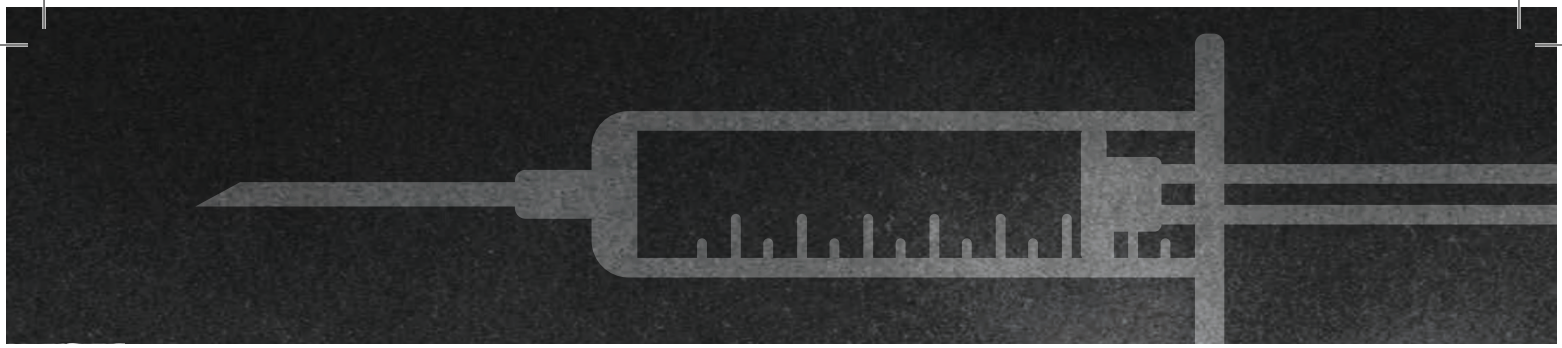
It can be exciting to see what some of them can do with a little bit of support. Amongst other things, we have been able to support drug user organisations to provide naloxone for overdose prevention in China, tuk tuks to transport people to the methadone clinic in Myanmar, STI and HIV checks for sex workers who use amphetamines in Cambodia, and a motorbike maintenance shop staffed by people who use drugs in Indonesia.

In Vietnam, VNPUD members are very motivated but inexperienced in working in harm reduction, so we support them with organisational and consultations skills, as well as basic technical skills in blood borne virus prevention and safer drug use. The national Indonesian network, PKNI, has been around for longer than most of the other Asian groups. Some members have run their own harm reduction services for years. But there is a specific need to support passionate and experienced women within the organisation. So AIVL is supporting PKNI to teach women who use drugs research skills such as interviewing and analysing data. Some will go on to work on a research project designed to improve understanding of the particular barriers and risks women face in accessing support and health services in Indonesia.

I wish we could do more... it is heartbreaking having to tell people we can't support their programs, even though they are desperately needed, because we don't have the funds to support everyone.

UN: You can't possibly speak all Asian languages, though I know you speak some. Is language a problem?

Ele: Many people who use drugs don't speak English, and the cost of translation is high. This makes it far more difficult for them to be involved in international meetings and events, to access resources and to obtain funding from international donors, as all of these things are usually done in English. It can also make communication with AIVL difficult. Google translate and some other computer translation programs can help but they don't always cut it. I recently received a request to support a 'ketone' program for 'testosterone winding first aid'. I think they were actually asking for naloxone to prevent overdose deaths, but I'm still not sure.



UN: You mentioned high levels of HIV. What is happening with treatment for people who use drugs?

Anti-retroviral medications for people who are living with HIV have been made far more available to people with a history of drug use. People who are current drug users are now more able to access treatment where previously they were assumed to be incapable of managing the stringent daily requirements of taking the medications. The result of this has been massive, in unexpected ways. First, a lot of people with a history of drug use have proven themselves capable of managing programs as well as their own medical requirements. Second, a lot of people with a history of drug use have died as a result of the complications of being co-infected with hepatitis C and taking anti-retrovirals for HIV.

UN: Sounds like a lot of work needs to be done in the area of viral hepatitis prevention, testing and treatment?

Ele: I used to be told that hepatitis C wasn't an important issue in Asia. HIV was far more important, more urgent, more of a problem. Hepatitis C testing was rarely done, and treatment wasn't on the agenda. At a cost of up to $20,000US, there was no way people in developing countries could afford hep C treatment anyway. People who use drugs were the first to notice there was a problem, when they saw their friends dying painfully soon after starting the HIV medications that were supposed to give them a normal life.

Many people with a history of drug use in Asia have complex health issues including HIV and hepatitis C co-infection, and little access to adequate health care. Hepatitis C in particular is a major issue that has been ignored for too long. In some areas, over 90% up to 100% of HIV positive users are also hep C positive, making their ability to manage both their hep C and HIV far more difficult.

"I ONCE ASKED ONE OF CHINA'S MOST EXPERIENCED HIV SPECIALISTS WHETHER THE HOSPITAL HE WORKED IN PROVIDED HEPATITIS C TREATMENT. HE TOLD ME HE GAVE A SINGLE DOSE OF INTERFERON TO PEOPLE WHO WERE HEP C POSITIVE, BUT HE DIDN'T ROUTINELY DO HEP C TESTS, NOT EVEN WITH PEOPLE WHO HAD INJECTED DRUGS"

Even the medical HIV specialists don't understand hepatitis C very well. I once asked one of China's most experienced HIV specialists whether the hospital he worked in provided hepatitis C treatment. He told me he gave a single dose of interferon to people who were hep C positive, but he didn't routinely do hep C tests, not even with people who had injected drugs, and he didn't know about PCR tests. Not that establishing whether a person really had hep C or not mattered that much in terms of their treatment, as a single dose of interferon wouldn't make a difference to anyone's hep C status.

AIVL, ANPUD and other drug user organisations are doing research and advocacy to try to make hep C treatment available and affordable. We have provided education and training for people from all over Asia, hepatitis C resources using our Australian resources as a guide, and support to demand affordable hep C treatment. AIVL also recently provided the first ever hepatitis workshops to be given in Vietnam to fifty members of VNPUD who had very little knowledge about hep B, hep C and safer injecting.

UN: We hear lots about the frightening discrimination in Asia... what is the story with being locked up, just for being a user... and how does that affect setting up drug user organisations in Asia?

Ele: Discrimination is common to drug users and our organisations all over the world. The result of discrimination in Asia is that drug user organisations get very little support, very little funding and sometimes open hostility. Even the people who support us make assumptions. They think that drug users would be too scared to speak for ourselves, so they want payment to travel around speaking for us.

Many Asian countries practice what is optimistically called compulsory drug "treatment" or "rehabilitation". This is the act of incarcerating a person without trial, usually on the basis of a random urine test, for periods of up to five years in prisons, or "rehabilitation" centres. This sees over 300,000 people around Asia being incarcerated in prisons, usually for between one and three years, for a positive urine test that is conducted by the police on the street, in the person's house or at the local police station.

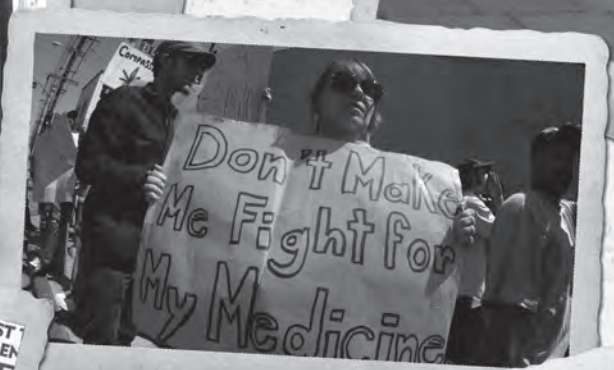
The centres are usually staffed by police or military personnel who have no training in drug rehabilitation, they have no access to any kind of health care let alone health care related to drug use or HIV status, and they are often forced to work (up to 16 hours a day or until they fill quota requirements), beaten and tortured. The treatment involved in the centres is often based on the idea that working is good for you (and it has the added bonus of making money for the centre or the state), and humiliation is necessary. They believe that drug users need to understand how they have hurt the community before they can really change. The relapse rate for people released from these centres is generally acknowledged to be high, at least over ninety percent. However, the government departments responsible for the centres, over 1000 in the region, are reluctant to give them up in favour of voluntary evidence based treatment.

Even after the person has served their time, they will be registered as a drug user for life. They can be made to do urine tests whenever the police want to do them. In China, a registered drug user will be identified to the police whenever they move house, stay in a hotel, catch a plane, or any number of other situations including enrolling themselves or their child in school. Many people who have been locked up in the compulsory centres find themselves pulled out of line when they try to get their kids registered in school and made to wait for the police to give them their "test". Confidentiality and privacy are not respected in these kinds of cases, so everyone else usually knows what's going on.

UN: Do you think some things are changing?

Ele: In most Asian countries, harm reduction has gradually come to be accepted. Most countries now include harm reduction in their policies, and have allowed needle and syringe programs and methadone to be provided to people who use drugs. However, almost all the funding for these programs is still provided by international donor organisations like AusAID, there are still too few services for drug users, and the types of services provided are of low quality or are otherwise inadequate. AIVL is making a difference in helping some amazing and brave people promote safer using within their countries. But there is so much more to be done.

CHEWING THROUGH THE GAG: WE YELL FOR OUR LIVES!




THE THAI GOV'T'S WAR ON DRUGS: DEAD WRONG
STOP THE MURDER OF THAI DRUG USERS
PATENT ON AIDS DRUGS
LIVES BEFORE PROFIT
Abbott
EVIDENCE-BASED DRUG TREATMENT NOW
SHAME RUSSIA SHAME!
KROKODIL KILLS
INPUD
ASAP
UNAIDS
ICAAP15
HEP-C + SILENCE = DEATH
BC / YUKON ASSOCIATION OF DRUG WAR SURVIVORS
ABBOTSFORD CHAPTER
RUSSIAN DRUG POLICY KILLS!
SHAME RUSSIA SHAME
INPUD

INTERVIEW

NOT THE LONELY PLANET:

LIVING AND USING IN THAILAND

Many of us have heard stories of Thailand which suggest it can be a heroin user's paradise- cheap guest house managers selling even cheaper heroin, trekking through acres of poppy fields in mountainous northern Thai/ Burmese regions inhabited by exotic hill-tribe villages, and that scoring is as easy as simply being offered a deal by an over-friendly tuk-tuk driver or Patpong hustler. However, before you book the next discount Air Asia flight to Bangkok for a drug holiday, you should also be aware that the lives of many Thai drug users are far from living in a heroin wonderland. This month UN is fortunate to interview Jwala, who has travelled regularly in Thailand since 1997, and has spent the last few years based in Chiang Mai, and more recently, Bangkok, Thailand.

UN: Where do you live in Thailand and what's it like?

Jwala: Previously, I spent two years living in Chiang Mai, Thailand's second largest city after Bangkok, located in a northern province which meanders along the Burmese border. However, currently I am living and working in Bangkok. I live in an area called Bonkai (which translates as 'Casino Chicken'- for its history of hosting illegal cock-fights.) Despite being only half a kilometre from the embassies of some of Thailand's most powerful trade partners, Bonkai is an extremely high density housing area, which contains innumerable high level apartment blocks. There is a constantly changing mixture of street scenes: early morning markets, street food stalls, and pop-up bars blasting Thai pop-music late into the night. From apartment balconies, one can glimpse giant LCD screens strategically placed above busy highway overpasses to ensure that Bangkok's population are exposed to the latest consumerist goods, which remain unattainable to most. Similarly, the glass and chrome towers which house the city's highly wealthy gloat above the Bonkai tenements, their hi-so lifestyles occasionally providing excitement to Bonkai's residents when the private heli-pads crowning the futuristic towers of Bangkok's elite are used.

As a relatively low income inner city area, Bonkai's residents include a high number of sex workers (male, female and trans*) many of whom are employed within the near-by Silom area (home to the notorious Patpong and BoysTown districts). There are also a number of discreet brothels disguised as 'massage parlours' throughout Bonkai, and condom machines on the ground floors of each apartment block.

Amongst Bongkai's residents, many of whom work extremely long hours, the use of amphetamines such as 'yaa baa' (amphetamine type tablets which are smoked off foil) and 'yaa ice' (crystal meth) are common.

UN: Was it hard to connect with "like-minded people" there?

Jwala: Many of the foreigners I know in Thailand are either Thaiophiles whom I have known for many years (and share particular lifestyle choices with), or are Thais, with whom I share an interest in sex worker rights and drug law reform. Fortunately, through the communities I engage with professionally, it was not difficult to form friendships with like-minded Thai people.

UN: How is it finding and getting sterile fits, spoons, water etc?

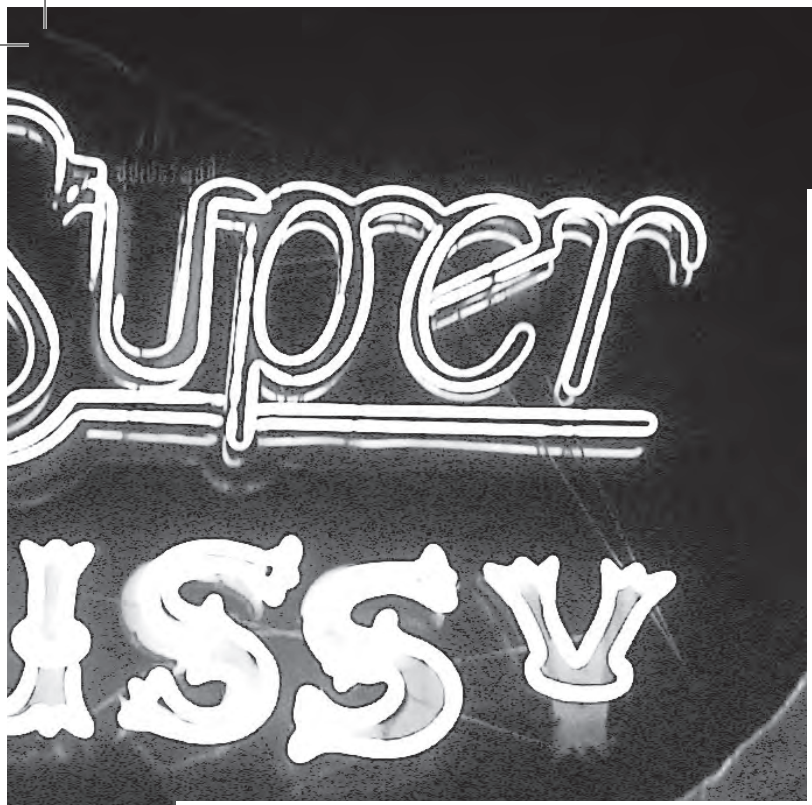
Jwala: Sourcing injecting equipment in Thailand's major cities is extremely easy. Sterile water, syringes and needles of various sizes, cotton wool and alcohol (which most Thai injecting drug users use in lieu of medi-swabs), can be sourced from almost every pharmacy, and some 7-11 shops. 1ml needles cost between 5THB to 10THB (17 to 34 Aussie cents). Many Thai injectors prefer 2 piece 1ml syringes with a detachable 27guage tip (although, this is probably due to the Thai preference for injecting Dormicum tablets in addition to heroin.)

However, outside metropolitan areas, it hasn't always been so easy. I have had difficulties when taking motor-bike trips through rural Thailand. On several occasions I've had to access public hospitals with my (usually successful) story that my diabetic, insulin dependent friend was in desperate need of 29 guage needles. One fateful afternoon the hospital staff misunderstood that my friend was having an insulin incident and were insistent we take an ambulance to our hotel. When I finally communicated that all she needed were insulin syringe, everyone was very relieved!

UN: Can you get on methadone or bupe easily if you need to and is the cost of pharmacotherapy expensive?

Jwala: The cost of pharmacotherapies differs significantly from clinic to clinic, as do policies related to pharmacotherapy access. Provincially funded clinics (which in the Bangkok Metropolitan Health Authority only allow a user a three month methadone reduction script) are much less costly than visiting a private psychiatrist, many of whom involve a significantly more liberal and 'customer focused' prescription policy. For example, one of Bangkok's most notorious psychiatrists, open 365 days a year, charges 500THB ($16 AUD) per 100ml methadone bottle, but doesn't require any form of identification from buyers, nor does he have a limit on how much medication he will sell a consumer on any given day.

At the Chiang Mai provincial clinic program the three month policy is waived and you can access either a long term pharmacotherapy script or a pharmacotherapy reduction program. The program involves traditional Thai remedies, including the use of local herbs to assist in detoxing and traditional Thai massage. The cost of methadone is 1THB (0.033AUD)



per 1mg methadone for Thai citizens and 2THB (0.067AUD) per 1mg methadone for foreigners.

The only pharmacotherapy currently available in Thailand is methadone. Several years ago, buprenorphine was available; I don't know why it was removed from the local market. When I spoke to researchers from Chiang Mai University last year, they told me their trial into the efficiency of buprenorphine had yielded such excellent results that they were advocating the Thai Food and Drugs Administration to re-introduce buprenorphine.

UN: We hear that the laws are really harsh for users in Thailand. How does that affect you on the ground and do you feel vulnerable as a foreigner using drugs?

Jwala: One of my greatest fears is being arrested for any form of drug related possession. Even if there was the opportunity to 'buy' my way out of an interaction with an arresting police officer, it's doubtful that I would have enough disposable cash to afford the extortionate amount that would inevitably be demanded of me. I am always very careful. I have several trusted dealers and take as many precautions as possible to avoid being identified as a user. I cover my injection sites, and if I need to travel between provincial border districts, I try not to carry implements or drugs or conceal them well.

I'm a lot more paranoid about buying drugs in Bangkok, than I am in Chiang Mai and the northern region of the country. Not only are drugs in Bangkok significantly more expensive, the police search foreigners more commonly than Northern police. There also seems to be more 'set-ups' of foreigners in Bangkok than in the North. As for Thai drug users, everyday Bangkok tabloids carry stories describing the success of the Royal Thai Police in ridding Thailand of the scourge of drug users. A typical Thai anti-drugs propaganda story will involve the alleged perpetrators undertaking a photographed 're-enactment' of their crime, before the size of their stash being stage-managed to seem as large as possible, by the drugs being spelt out in Thai script identifying the substances as 'ya baa', 'ecstasy' or 'ya ice'. For anyone caught with illicit drugs, there is a presumption of guilt. The justice system does not protect people accused of drug charges in any way; this is reflected in the extraordinary lengthy prison sentences for people convicted of minor drug offences, including the death penalty.

UN: The laws are one thing, but what do the "real people" think about drug users and is there a lot of stigma and discrimination toward people who use illicit drugs?

Jwala: Unfortunately, there seems to be very little sympathy, empathy or solidarity towards people who use currently (or formerly) use illicit drugs in Thailand. I've seen FaceBook pages of Thai associates which contain pro-nationalist propaganda blaming Thailand's 'moral decline' on users of currently illicit drugs. A popular topic of gossip for neighbourhood street vendors (who don't mind gambling or guzzling whiskey) is who they suspect does or doesn't use drugs! On a policy level, although statistics suggest that over 50% of injecting drug users in Thailand are living with HIV, they are routinely denied ARVs by their treating doctors who assume that drug users are far too 'irresponsible' to adhere to a medical regime. Despite the national policy of the Thai Ministry of Health stipulating that Thai citizens with a CD4 count of less than 350 are eligible for ARV treatment, drug users are considered 'psychologically impaired'. Drug and alcohol treatment is controlled by psychiatrists.

Unfortunately, the stigma and that many drug users face include: being considered untrustworthy; unable to make rational decisions due to inherent mental issues (and the perception that engaging in illicit drug use is a form of mental illness in itself); being considered dirty; being considered unworthy to be accepted as a member of the family (which in Thai culture is akin to being a pariah); being offered only lowly paid jobs, which other non-drug users would receive a higher wage for undertaking; being subject to 'involuntary' rehabilitation for unlimited amounts of time; and being subject to arbitrary police harassment.

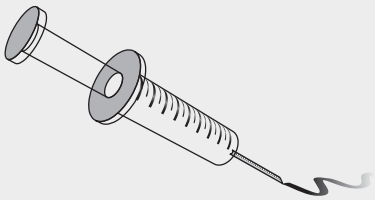
UN: We think about heroin when we think about Thailand, but is there a lot of other drug use as well?

Jwala: Traditionally, Thailand has been best known as a heroin mecca for those of us with a yen for opioids. However, in the past decade, amphetamine type substances, such as yaa baa pills and yaa ice have gained popularity. Yaa baa (a smokeable amphetamine pill) is produced along the Thai Burmese border regions, and until recently was extremely cheap to purchase and widely used by a broad cross section of society (similar to Australia). However, in recent years, yaa ice has become more popular. Yaa ice (known as crystal meth or ice in Australia) is also widely used amongst a broad cross section of society. Ecstasy is also reasonably easily available at night clubs and dance parties on the Southern Thai Islands, as are magic mushrooms and cannabis.

Opium, which for many years was grown by hill-tribe communities in the north of Thailand, and was offered to foreigners visiting hill tribe villages as a matter of course, has become much more difficult to procure due to crop substitution programs implemented by the Thai Royal Family. Ironically, hill tribe communities which once grew opium, now grow the 'legal' drug crop of coffee.

With a drop in the amount of opium produced in Thailand, heroin prices have risen as availability has dropped. Out of economic necessity, many traditional heroin users have now changed their drugs of choice to injecting Dormicum® (midazolam) and methadone - a powerful combination.

Although Dormicom® is soluble in water and is easy to mix up, it is associated with many harms: damage to users' veins, including abscesses, severe memory loss, respiratory function slowed to the point of overdose (particularly as it boosts opioids, such as methadone).



CANADA

HARM REDUCTION WITH BOTH BARRELS

For this article, we go to Toronto, Ontario in Canada, to the COUNTERfit Harm Reduction Program. This amazing program is harm reduction gangnam-style. Our programs here tend to narrow in on blood borne virus prevention - a most worthy focus, but not the full story. COUNTERfit is an holistic program that provides a broad set of harm reduction services to provide support with dignity in many aspects of the life of people who use drugs. Many thanks to the author, peer worker Roxanne and to Raffi, the Program Co-ordinator for this great piece.

AT THE CORNER OF QUEEN AND LESLIE IN THE EAST END OF TORONTO THERE'S A 10 FT. TALL COPPER FLAME THAT TOWERS IN REMEMBRANCE OF PEOPLE WHO USE DRUGS. It was made and designed over a period of 2 years and unveiled on International Remembrance Day in 2013 by the participants of The COUNTERfit Harm Reduction Program. The names of those who have passed from the program are recognized as foundation builders, program creators and inspiration for our futures.

COUNTERfit's memorial for people who use drugs was established to acknowledge the high number of drug-related deaths due to the war on drug users. The project will create a permanent outdoor monument to the lives of people who use drugs who died in our community. It also aims to strengthen our resolve to end the war on people who use drugs and its devastating impact on our friends and families.

Like COUNTERfit the monument is unique, momentous and historic.

The top floors of South Riverdale Community Health Centre (SRCHC), COUNTERfit's host organization, bustle with physicians, nurses and health professionals of different degrees; specialists in diabetes, COPD, chiropractors, dieticians, foot doctors, urgent care, educators and administrators.

The lobby is buzzing at a different level and it is busy with specialists and professionals of a different lifestyle.

"HARM REDUCTION IS A WAY OF LIFE ON THE STREET. PEOPLE DON'T WANT TO BE ILL, NEEDING OR WITHOUT. IT IS PART OF THE SURVIVAL INSTINCT TO MAKE HARM REDUCTION DECISIONS IN THE DRUG USING LIFESTYLE"

The lobby is where you can find the "Fixed" Office of COUNTERfit Harm Reduction Program its staff, employees and service users . The programs and services are user-run and directed by community need. Each service user is a potential service provider. Each service user is treated like staff because everyone has a part to play to make COUNTERfit work and every person is a valuable cog in the system.

The COUNTERfit Harm Reduction Program was developed in 1998 in response to an alarming increase in the number of HIV infections in Canadian cities among people who inject drugs. It has proven to be most effective, a model for other harm reduction efforts. COUNTERfit is part of a larger Urban Health Team of doctors, nurses, social workers, community support workers, social workers and case managers.

I am the Client Support Worker, a primary liaison between the street educated community and health care providers at the South Riverdale Community Health Centre. I am the navigator on the front line and I couldn't be prouder to be part of this amazing representation of human nature and true commitment.

With a past like mine it wasn't easy to get a position that reflected both my school and street education. As an advocate and public speaker as well as an active writer about street educated lifestyles, I am well known in many…diverse circles and very open and "out" about my past. SRCHC wanted to bridge the gap between the lobby clients, walk-ins and clients needing referrals and the people who could provide what was needed so they hired someone who speaks both dialects. I build trust relationships with the street community while connecting people to resources and referring.

Community members are invited to attend meetings, educate themselves, teach at groups and volunteer for paid jobs. COUNTERfit has a variety of ways to engage users in programming. COUNTERfit employs 24 people who actively use drugs.

The Fixed Site Support Worker supports five Harm Reduction Workers who work out of the fixed site, as well as organizing volunteers. Only people who use drugs can volunteer because COUNTERfit recruits its workers from this group. The Fixed Site Support Worker is often seen supporting COUNTERfit Community Clean Ups where community members show our respect and accountability to the community by cleaning up our stomping grounds. Visiting the fixed site, you will probably find it staffed by Harm Reduction Workers: community members who distribute harm reduction materials in the least obstructive way.

Once a week the community centre fills with the smell of frying bacon as the Women's Harm Reduction Health Promoter (WHRHP) hosts a Women's/Trans inclusive drop in. Women in the community make each other breakfast and share information.

The Women's Drop In is set in the fourth floor rooftop garden with a lovely space to eat, do crafts, build relationships, learn and teach. The women access the Wellness Program inside these walls and build clinical relationships that may last as long as they want or need. The women build safety nets and find security to deal with the very different issues that plague the women on the streets. Fresh fruits and eggs and cereal make the job of supporting each other on the street a little easier. It's one morning community women don't have to worry about eating, finding dry socks,

personal hygiene items or a compassionate ear. Peer women run and direct the program with the WHRHP's ready comfort. Men are not allowed to access the fourth floor on Tuesday – even maintenance stops unless the workers are all women. Over coffee the women talk about anything that any woman wants to share including drug alerts, referrals, community events and the small things that make the room so engaging.

The Grief and Loss Group was formed from the women's programming responding to what women needed in the community. The WHRHP deals with the unfortunate side-effects of living so rough and the judgement of society on a mother who is a drug user with children. There is a waiting list for this group that makes me wonder why it isn't a more wide-spread program. It is such a needed part of healing. There is so much grief and loss in this war.

The real uniqueness of COUNTERfit is easily witnessed in the day to day functioning of SRCHC. It is not unlikely that one might see the Program Coordinator happily chatting away to a drug dealer in the lobby or a doctor offering direct service. It is not uncommon to see a social worker walking out of the building to go check on someone who may not have checked in in a while or a peer comforting a peer.

Wednesday small groups of four women bond while making up Harm Reduction kits for the community. They spend half a day rebuilding the stockpiles of Safer Crack Stem Kits, Large and Small Safer Injection Kits, Safer Condom Kits, and Safer Chase The Dragon Kits.

After a comprehensive needs assessment, Molly Bannerman did an awesome job developing the Women's Programming in 2007. The programs for criminalised and marginalised women has flourished and enriched many women's lives since they were started.

Thursday the lobby is filled with bikes and people of every walk of life in the community. While Paul Young plays jazz, he quietly oversees people bringing their bikes in. Repairs and referrals seem to make sense in our community where the bike is the main mode of transportation next to hoofing. It is awesome to watch service-users who don't even speak the same verbal language communicating over rusty chains, broken spikes, and sharing knowledge on bike repair with patience and gentleness with each other.

Friday the Centre comes alive with the aroma of home-cooked food as the COUNTERfit Cooking Group and its rotating members prepare a healthy meal. There are never enough seats in this group. The service users learn not only a few recipes but also find supports and community information.

Harm Reduction is a way of life on the street. People don't want to be ill, needing or without. It is part of the survival instinct to make harm reduction decisions in the drug using lifestyle and this information is not only needed but crucial to obtain and share with service providers. SRCHC understands this and is our main support. Harm Reduction has to have a strong foundation to build on and the community is fortunate to have SRCHC to house us.

COUNTERfit also spreads the news through a monthly rag put together by users named TotalHYPE. Information, drug alerts, poetry, personal stories and artwork are distributed to prisoners, community centres, through the Fixed Site Office and by mail.

Naloxone training is going on in the next room while the HEP C Program is running upstairs. Volunteers are preparing the materials for the kits in the lobby while sipping coffee and making friends. Chair yoga, men's group, outreach clinic, OD prevention training, all provide information sharing and opportunities to connect.

COUNTERfit's Mobile Outreach delivers harm reduction supplies to people's homes seven days a week, until midnight every day, including holidays.

Satellite site workers provide the community with not only harm reduction supplies but also a safe port of access to the centre's resources through their homes. Satellite Site Workers are highly trained, responsible, and accountable employees of COUNTERfit who use drugs and distribute harm reduction materials to their friends and acquaintances.

Through education, support, and diverse methods of service delivery, COUNTERfit has proved to be a powerful vehicle in terms of HIV prevention. At less than 1% seroconversion rates among people who inject drugs in its catchment area, COUNTERfit has the lowest HIV prevalence even though it has the highest rate of needle distribution in Toronto.

Outside the copper flame can never be extinguished, like the passion, courage and resilience of this community and its members.

Like a flame - COUNTERfit is burning through the dark - Bringing light and safety into the community.

OUTSIDE THE COPPER FLAME CAN NEVER BE EXTINGUISHED, LIKE THE PASSION, COURAGE AND RESILIENCE OF THIS COMMUNITY AND ITS MEMBERS. LIKE A FLAME - COUNTERFIT IS BURNING THROUGH THE DARK - BRINGING LIGHT AND SAFETY INTO THE COMMUNITY.

LOST IN TRANSLATION:

RACHEL'S STORY:
GETTING HOT AND SWEATY IN VIETNAM

We all have our ways of scoring when we're out of Australia. Some techniques work better than others, and some situations turn out better than others. Sometimes, often, your best laid plans can take slightly unexpected turns. So far, I've been really lucky and have never gotten into any major trouble. However, on one particular occasion I had one of those slightly unexpected outcomes.

My usual fellow was unavailable, so I had approached a very skinny, quite sickly looking motorbike driver (xe om in Vietnamese). When I am asking someone I don't know, I prefer not to spell out what I want too quickly, just in case they freak out, so when he offered me a ride I asked him if he could help me out with something else. I want to buy something, I explained, *but it's not something I should say here, in front of everyone. It's a bit dodgy.* he nodded at me wisely, with complete understanding. *Yes, I can do that,* he said in broken English.

So I got on the back of his bike thinking, *This is going to be quicker and easier than I thought.* We rode off and I asked him how much I would have to pay. He quoted an amount more than I was used to paying, so I wanted to bargain as well as find out how much I would get for such a high price. So I started to ask the harder questions, and assumed his confusion was because of our language problems.

After a couple of tries at working out the quantity and a price, with him insisting it would have to be a million and me insisting on knowing what I would get for that, he pulled over to the side of the road. It took about five minutes and some hand gestures for me to realise he thought I wanted to pay him for sex!

Ooohhh I said as it finally dawned on me. Oh no, um, that's not what I meant. Um, I'm looking for something else, umm …

One of my first thoughts was how incredibly skinny and sick he looked, and that I might hurt him with my big foreign body. So with some more explicit words and some more hand gestures, he finally realised what I meant.

Ooohhh. Oh no. that's no good. Very bad. I can't do that. We should have sex. Lots of women come to Vietnam and do it.

Like most drug users, sex really wasn't what I was in the mood for, and I couldn't be persuaded to go for the easier bag of pot either.

No no it's bad, very bad, police, trouble, I can't … okay, 3 million.

WTF? 3 million!! I don't think so!

With both of us finally on what I thought was the same page, we bargained some more down to what I thought was an agreement. I got back on the bike and we kept going, down a back road in a dodgy part of town.

Usually I'd be left in a café somewhere while they went to visit a good friend who would never rip me off and then returned with the goods. And I'd never been invited into someone's dorm room (many young, single people in Vietnam, especially the kids with no families and no money, live in dorm rooms with several other young people and no facilities). There was something not quite right about it so I wasn't keen to go with him.

I asked him what I was doing there and finally, with some more hand gestures and some more unusual cross-cultural communication, it became clear why it had been so hard to get the price down. He had decided that scoring might take a while, and that it would be best, while we waited and gave it a bit more thought, to continue with the original plan of paying my unhealthy looking friend for sex...

3 STORIES OF CROSS CULTURAL NEGOTIATION

JACOB'S STORY:
SLOWER IN GOA

It was the 90's and I'd been tagging along with a gay New Zealander who had designs on taking his own life for fear of dying a gruelling death. He was living with HIV and was constantly forecasting the onset of AIDS, so got the bright idea of splurging the last of his savings on a drug holiday to India. My role in going was to ultimately escort his body bag on the return flight home. He told me he thought I had the stomach for it. In hindsight, I should have told him it wasn't so much stomach that I needed, as grit, cunning and prudence. Navigating the nuances of Indian law can be a tricky affair once the rupiah run out.

We set off direct to Bombay, now called Mumbai, and arrived in the early evening. Within half an hour of looking we spotted two guys loitering on the stairs, between the columns of that same, iconic hotel. Or had they spotted us. The chemist was handily tucked away in there too. We never had any trouble getting plentiful supplies of clean needles and other works nor were we ever asked any searching questions about the equipment we bought. This was essential for negotiating using with my friend, so that I was protected against HIV.

The four of us scurried off, hailed a cab and winded our way through the dark streets into an outlying corner of the city somewhat less salubrious than from where we had just come. All I recall thinking is that we would never see our money again and that I was on the edge of an above ground warren of mud brick, or that's the way it appeared in the dark. I think we argued and stressed for about ten minutes huddled up in the cab and then the two familiar eager little faces both bobbed out of a hole and scrambled to get back into the car.

It was Bombay Brown: only semi refined and we were encouraged to smoke or at least use lemon. Three days later, we went South for our White and a little sandy strip of Indian Ocean paradise: Calangute Beach Goa.

This is when the real fun began, though not without a few hitches from the get go.

We were robbed the first night. A hotel inside job if I've ever known one: but what can you say. Not only were the travellers' cheques, cash, decent clothes etc, gone, but the left over Bombay Brown I'd smuggled down on the domestic flight was missing too. This meant that the hoteliers always had the option of framing us, or simply telling the police what they had found in our possession if we chose to point any fingers. So the first full day began with a trip to the local police station to report the theft. Once there I had the creeping suspicion that we weren't so much objects of their sympathy as potential victims of prey.

We managed to find some white, but while my friend returned to Mumbai to organize through the American Express head office another issue of travellers' cheques, I was left penniless and stranded for the next three days.

In the end I sold just about all I had remaining of value to get by until his return and as the month drew to a close so too did my friend's grim fantasy: though on different planes, we both touched down in Sydney alive and kicking. He went on to live another 10 years, and broke to boot.

LOST IN TRANSLATION:
3 STORIES OF CROSS CULTURAL NEGOTIATION

JERRY'S STORY:
SPOONING IN AUSTRALIA

This is not an educational story, but it's a moment I believe should be recorded and applauded even if the person can't hear the applause from wherever they are.

Obi, an Indonesian friend of mine, came to Australia for a mix of work and holiday. When he was here, he told me he wanted to sample the local goods - in his case this meant heroin.

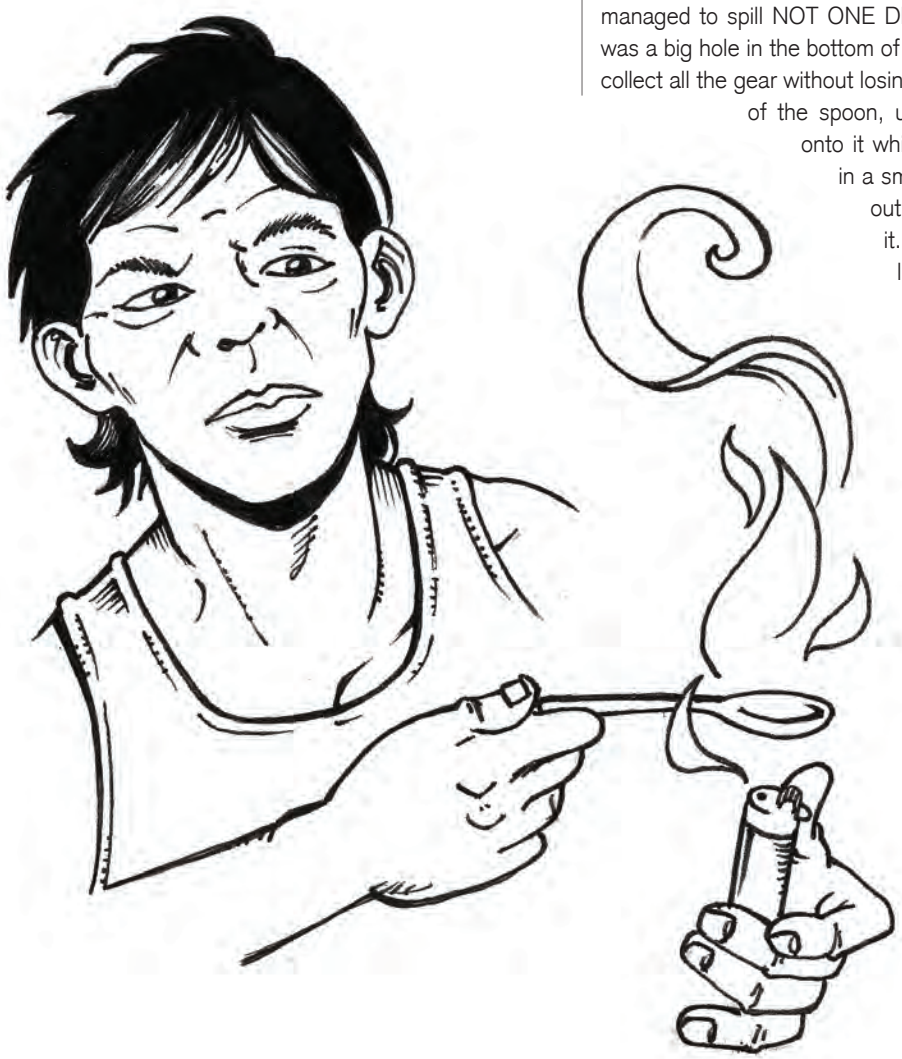
An Australian friend and I decided Obi should not only try the local drugs, but should have an authentic local experience in the process. We figured everyone should have a shot in a public toilet once in their lives... so we took Obi and a friend who had come to Sydney with him, to a local public toilet for heroin, Australian-style. It was a disabled toilet and we were all crammed in together, huddled on the floor. It was pretty crowded!

Because our visitors weren't used to our equipment, we explained the process we used to mix up. The gear we had needed some heat, so we had to overcome their scepticism about our plastic spoons by demonstrating the heating of the spoon. *You can heat it,* we assured them, *you just have to do it very carefully. Don't let the flame go directly onto the spoon.*

Three of us mixed up, one by one, and had our shots. Then it was Obi's turn. Perhaps he got a bit cocky, having seen the three of us manage without any problems. His flame directly contacted the spoon. Sizzle melt whoosh. There goes a sizeable chunk of plastic up in toxic smoke. That's not all that remarkable.

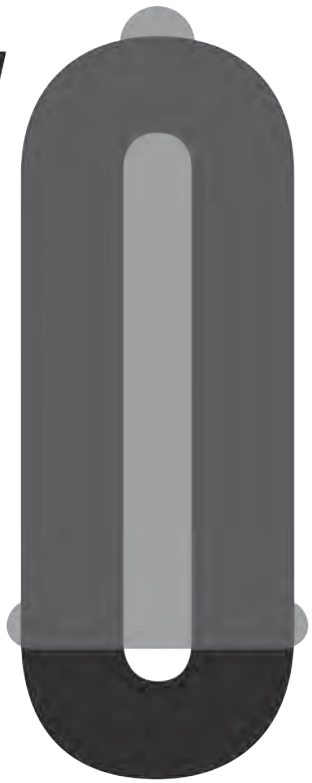
The amazing part of this story is that Obi somehow managed to spill NOT ONE DROP of gear. Not one. There was a big hole in the bottom of his spoon and he managed to collect all the gear without losing any in the remaining section of the spoon, up near the handle, and held onto it while we got a new fit, chucked in a small bit of cotton and sucked it out. I've never seen anything like it. it was an amazing display of luck, quick wit, a steady hand and a steady heart. Cheers to you, Obi.

The sad part of this story (I didn't warn you about this bit) is that Obi recently died of an overdose, back home in Indonesia, where peer naloxone is unheard of and ambulances don't attend to drug users. Rest in peace Obi. You are sadly missed by many.



ENDING HIV

LOVE YOU



[TEST MORE] + [TREAT EARLY] + [STAY SAFE] = [ENDING HIV]

For free condoms visit endinghiv.org.au

acon

ENDINGHIV.ORG.AU

Designed by Frost*

CULTURAL CONNECTIONS

Below are a number of vignettes that represent what some particular men who participated in a User's News workshop in Liverpool in August 2013 wanted to share about their lives. These guys, all in their 30s, found they had many similar experiences both as children - growing up Vietnamese boys in refugee families - and as adults - leaving home early, drug use and jail. Importantly, they share a value system around honour and trust. They also had something really amazing in common: Even though they were often the only one in a large family to use drugs, their siblings having found success at work and home ownership, these men were the ones that had actively addressed generational abuse and had made a decision to treat those they love with respect, affection and gentleness. In the context of life in a new country, the only home some knew outside a refugee camp, they have been able to take family relationships from the practical to the emotional. They are community focused, whether that community be formed around culture, family, gang membership or drug use. It was a great pleasure to meet these very intelligent, well-informed and admirable men and I am grateful for their frankness and trust. I hope to bring more content from the Vietnamese community in the future in these pages... and get women's stories too! Because these guys are awesome.

"People just think of Vietnamese kids, gangs and violence and drugs. But they don't understand. Of course we stuck together. It was a brotherhood. We comforted each other. We understood each other. We kept each other's secrets. We worked together to survive. It was a gang, but more than that, it was family."

"On the streets, it's about camaraderie, sharing, about trust, brotherhood, taking care of each other. Refugee families are not well off. So it is one for all and all for one in the Vietnamese community. We stand shoulder to shoulder. In jail, whites are the weak link, they don't stick up for each other. Sadly it is even changing for our younger ones, they are more what's in it for me? Opening up to Australia is good. Selfishness is not."

"I would never treat my kids the way I was. I know how it feels. I treat them with love and affection. I want to have a good relationship with them. I want them to have a good life and be happy."

"I have a love / hate relationship with my Dad. He risked his life for his family, bringing us out from Vietnam. But he was a hard man too, I was hit a lot, every day. He would say, I love you so I have to toughen you up. He is my father and I love him, family is everything, and it's just how things were done when he was growing up, a different world, so I understand him. But still, it was man strength against boy strength and that wasn't fair. Now I am a father and I have seen how things are done in Australia, I treat my children with love and respect and affection, but it wasn't that way with my father and me."

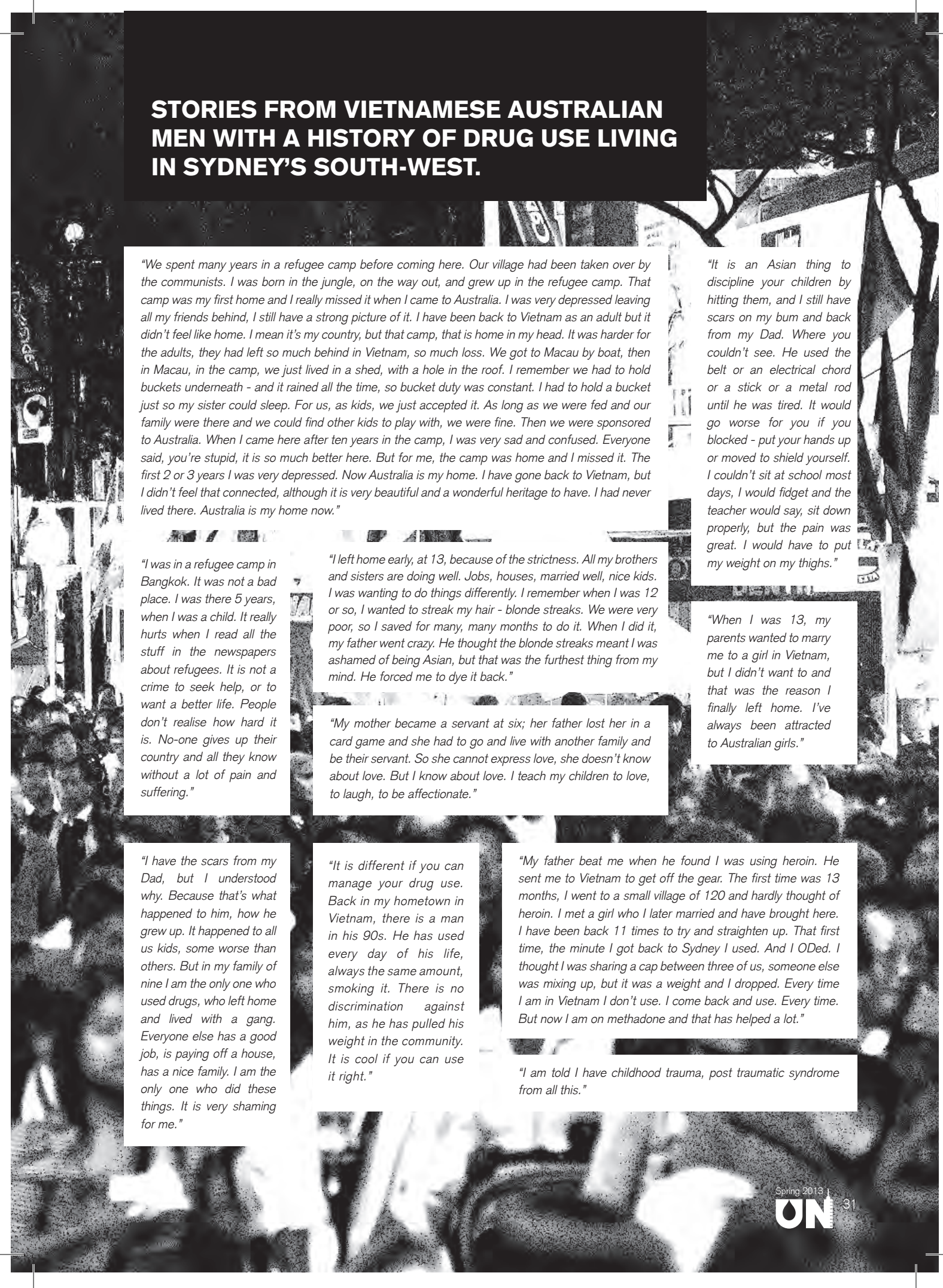
"Many of us try to get partners that don't use. We need to trust them, know they won't harm us, keep us on the level. Women from the old world. My wife is a lovely woman. I love her very much. She knew all about me when she met me, but she still married me. I have gorgeous kids. I don't hit them like my father hit me. I try to show them what is right and what is wrong, and tell them if they are going wrong, not just come at them for no reason like my parents did. I am very close with my wife and kids. It is different than when I grew up."

"We Vietnamese have serious trust issues. Honour is very important to us. We could be at the bottom of the pile, with no money but our pride would come first. We would never let anyone know. Face means a lot. You are judged on how you dress, how you speak. Asian people can always tell who is using heroin just by looking at them, it's in the complexion. It is considered very shameful to use drugs."

"My Dad went through much suffering so we would have a better life. My mother too. She would make herself look like a crazy person to avoid rape. They sold everything they owned."

"The island that was my home in Vietnam was taken over by the Communists. Ironically a huge chunk of it has been sold to Donald Trump."

STORIES FROM VIETNAMESE AUSTRALIAN MEN WITH A HISTORY OF DRUG USE LIVING IN SYDNEY'S SOUTH-WEST.



"We spent many years in a refugee camp before coming here. Our village had been taken over by the communists. I was born in the jungle, on the way out, and grew up in the refugee camp. That camp was my first home and I really missed it when I came to Australia. I was very depressed leaving all my friends behind, I still have a strong picture of it. I have been back to Vietnam as an adult but it didn't feel like home. I mean it's my country, but that camp, that is home in my head. It was harder for the adults, they had left so much behind in Vietnam, so much loss. We got to Macau by boat, then in Macau, in the camp, we just lived in a shed, with a hole in the roof. I remember we had to hold buckets underneath - and it rained all the time, so bucket duty was constant. I had to hold a bucket just so my sister could sleep. For us, as kids, we just accepted it. As long as we were fed and our family were there and we could find other kids to play with, we were fine. Then we were sponsored to Australia. When I came here after ten years in the camp, I was very sad and confused. Everyone said, you're stupid, it is so much better here. But for me, the camp was home and I missed it. The first 2 or 3 years I was very depressed. Now Australia is my home. I have gone back to Vietnam, but I didn't feel that connected, although it is very beautiful and a wonderful heritage to have. I had never lived there. Australia is my home now."

"It is an Asian thing to discipline your children by hitting them, and I still have scars on my bum and back from my Dad. Where you couldn't see. He used the belt or an electrical chord or a stick or a metal rod until he was tired. It would go worse for you if you blocked - put your hands up or moved to shield yourself. I couldn't sit at school most days, I would fidget and the teacher would say, sit down properly, but the pain was great. I would have to put my weight on my thighs."

"I was in a refugee camp in Bangkok. It was not a bad place. I was there 5 years, when I was a child. It really hurts when I read all the stuff in the newspapers about refugees. It is not a crime to seek help, or to want a better life. People don't realise how hard it is. No-one gives up their country and all they know without a lot of pain and suffering."

"I left home early, at 13, because of the strictness. All my brothers and sisters are doing well. Jobs, houses, married well, nice kids. I was wanting to do things differently. I remember when I was 12 or so, I wanted to streak my hair - blonde streaks. We were very poor, so I saved for many, many months to do it. When I did it, my father went crazy. He thought the blonde streaks meant I was ashamed of being Asian, but that was the furthest thing from my mind. He forced me to dye it back."

"When I was 13, my parents wanted to marry me to a girl in Vietnam, but I didn't want to and that was the reason I finally left home. I've always been attracted to Australian girls."

"My mother became a servant at six; her father lost her in a card game and she had to go and live with another family and be their servant. So she cannot express love, she doesn't know about love. But I know about love. I teach my children to love, to laugh, to be affectionate."

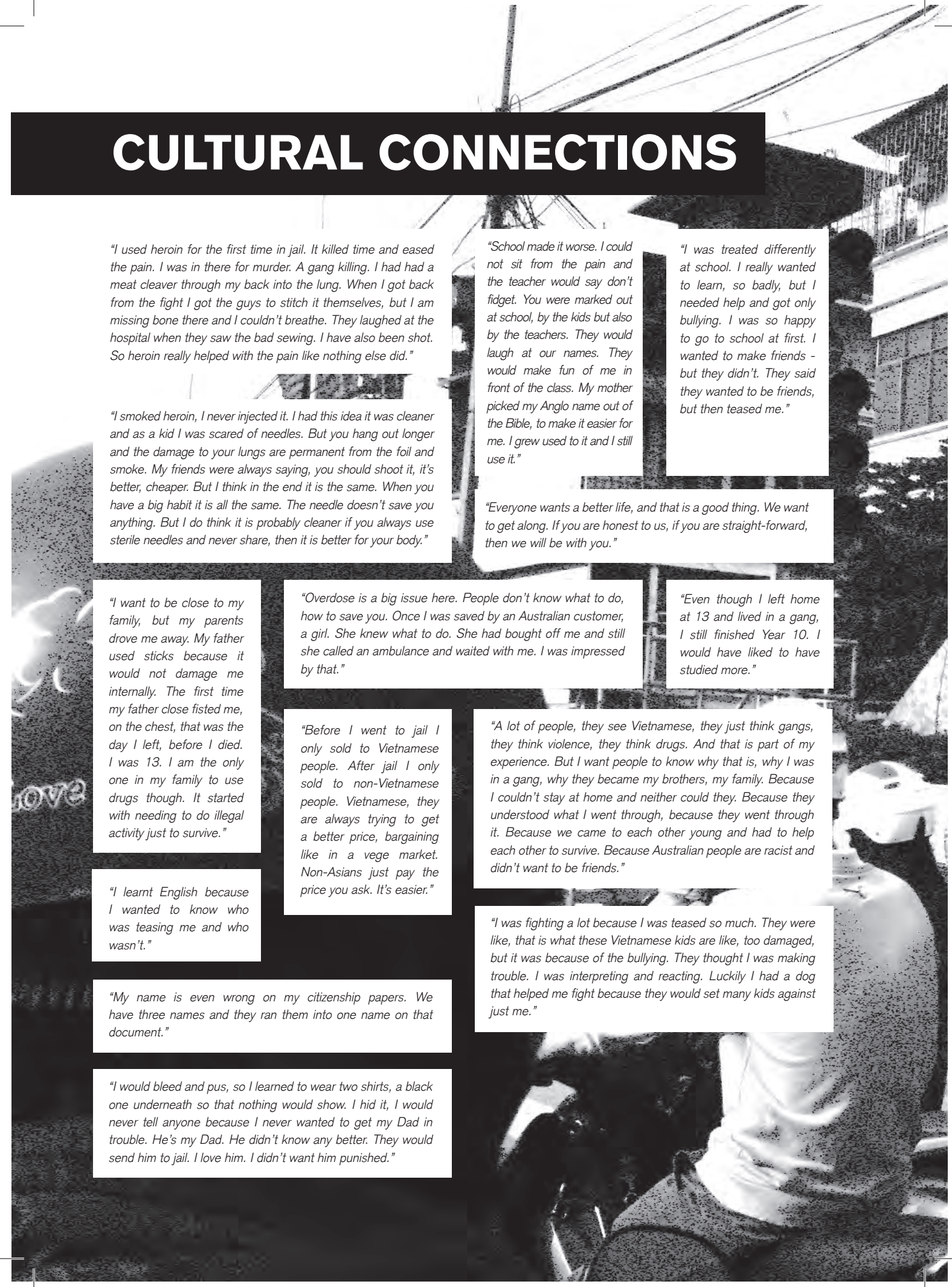
"I have the scars from my Dad, but I understood why. Because that's what happened to him, how he grew up. It happened to all us kids, some worse than others. But in my family of nine I am the only one who used drugs, who left home and lived with a gang. Everyone else has a good job, is paying off a house, has a nice family. I am the only one who did these things. It is very shaming for me."

"It is different if you can manage your drug use. Back in my hometown in Vietnam, there is a man in his 90s. He has used every day of his life, always the same amount, smoking it. There is no discrimination against him, as he has pulled his weight in the community. It is cool if you can use it right."

"My father beat me when he found I was using heroin. He sent me to Vietnam to get off the gear. The first time was 13 months, I went to a small village of 120 and hardly thought of heroin. I met a girl who I later married and have brought here. I have been back 11 times to try and straighten up. That first time, the minute I got back to Sydney I used. And I ODed. I thought I was sharing a cap between three of us, someone else was mixing up, but it was a weight and I dropped. Every time I am in Vietnam I don't use. I come back and use. Every time. But now I am on methadone and that has helped a lot."

"I am told I have childhood trauma, post traumatic syndrome from all this."

CULTURAL CONNECTIONS



"I used heroin for the first time in jail. It killed time and eased the pain. I was in there for murder. A gang killing. I had had a meat cleaver through my back into the lung. When I got back from the fight I got the guys to stitch it themselves, but I am missing bone there and I couldn't breathe. They laughed at the hospital when they saw the bad sewing. I have also been shot. So heroin really helped with the pain like nothing else did."

"I smoked heroin, I never injected it. I had this idea it was cleaner and as a kid I was scared of needles. But you hang out longer and the damage to your lungs are permanent from the foil and smoke. My friends were always saying, you should shoot it, it's better, cheaper. But I think in the end it is the same. When you have a big habit it is all the same. The needle doesn't save you anything. But I do think it is probably cleaner if you always use sterile needles and never share, then it is better for your body."

"School made it worse. I could not sit from the pain and the teacher would say don't fidget. You were marked out at school, by the kids but also by the teachers. They would laugh at our names. They would make fun of me in front of the class. My mother picked my Anglo name out of the Bible, to make it easier for me. I grew used to it and I still use it."

"I was treated differently at school. I really wanted to learn, so badly, but I needed help and got only bullying. I was so happy to go to school at first. I wanted to make friends - but they didn't. They said they wanted to be friends, but then teased me."

"Everyone wants a better life, and that is a good thing. We want to get along. If you are honest to us, if you are straight-forward, then we will be with you."

"I want to be close to my family, but my parents drove me away. My father used sticks because it would not damage me internally. The first time my father close fisted me, on the chest, that was the day I left, before I died. I was 13. I am the only one in my family to use drugs though. It started with needing to do illegal activity just to survive."

"Overdose is a big issue here. People don't know what to do, how to save you. Once I was saved by an Australian customer, a girl. She knew what to do. She had bought off me and still she called an ambulance and waited with me. I was impressed by that."

"Even though I left home at 13 and lived in a gang, I still finished Year 10. I would have liked to have studied more."

"Before I went to jail I only sold to Vietnamese people. After jail I only sold to non-Vietnamese people. Vietnamese, they are always trying to get a better price, bargaining like in a vege market. Non-Asians just pay the price you ask. It's easier."

"A lot of people, they see Vietnamese, they just think gangs, they think violence, they think drugs. And that is part of my experience. But I want people to know why that is, why I was in a gang, why they became my brothers, my family. Because I couldn't stay at home and neither could they. Because they understood what I went through, because they went through it. Because we came to each other young and had to help each other to survive. Because Australian people are racist and didn't want to be friends."

"I learnt English because I wanted to know who was teasing me and who wasn't."

"I was fighting a lot because I was teased so much. They were like, that is what these Vietnamese kids are like, too damaged, but it was because of the bullying. They thought I was making trouble. I was interpreting and reacting. Luckily I had a dog that helped me fight because they would set many kids against just me."

"My name is even wrong on my citizenship papers. We have three names and they ran them into one name on that document."

"I would bleed and pus, so I learned to wear two shirts, a black one underneath so that nothing would show. I hid it, I would never tell anyone because I never wanted to get my Dad in trouble. He's my Dad. He didn't know any better. They would send him to jail. I love him. I didn't want him punished."

STORIES FROM VIETNAMESE AUSTRALIAN MEN WITH A HISTORY OF DRUG USE LIVING IN SYDNEY'S SOUTH-WEST.

"The gear is not as good as it was up to a couple of years ago. It was great up until about 2009-2010 but the quality is poorer now. A lot of them do Fantasy now, or GHB. Even if the heroin was ok, it has become a never-ending cycle for me. I can never get enough to feel stoned, even if I have a long break. My tolerance is too high. I can't get enough - so that means I have had enough. There's nothing in it for me anymore. I am on bupe and I smoke pot every day, but I don't do heroin anymore."

"I remember once a judge said to let me go, and the police told them in the cells that my parole was revoked so I would spend longer inside til it was sorted out. Out of spite."

"I don't understand civilian crime. We say, get other crooks, don't get poor workers who are so easy and weak! If you are a weak person, steal off a weak person. We don't. We steal off dealers, off big crooks. Yes, you may get hurt. Yes, it is harder. But it is more honourable. It is better money and there is not the guilt of taking off some poor person who has worked very hard for everything. I feel no guilt stealing from a crook. You can't hang onto that kind of money anyway, it is karma."

"I inject heroin. I have never once shared a needle, although needles aren't always easy to get out here (in Liverpool)."

"I was always trusted as a dealer. I was always fair and sold at a good price. For my customers that used a lot, I offered them larger amounts at a discount, to save them money, even though it lost me money. I used to deal to all the people with jobs of all sorts - nurses, lawyers, business people, they all trusted me. All sorts of people use heroin. Not just gang members. All sorts of people in all sorts of jobs. I have sold to them all."

"I have been hassled by the police a lot. 95% of them are dickheads. 5% are ok. You are always guilty until proven innocent, not the other way around."

"I was ashamed when I went to jail. But Aussie families, they seem to boast of it. We don't want people to know, but they are always telling people, so-and-so is in jail, like it is something to be proud of. I don't understand this at all. In my family, I am the only one to take this path. All the others have good lives. My family are ashamed. They wouldn't boast about it."

"Once I wouldn't squat, so the policeman punched me in the head. I was on the ground, so he gave me another two or three kicks. Just like the communist regime."

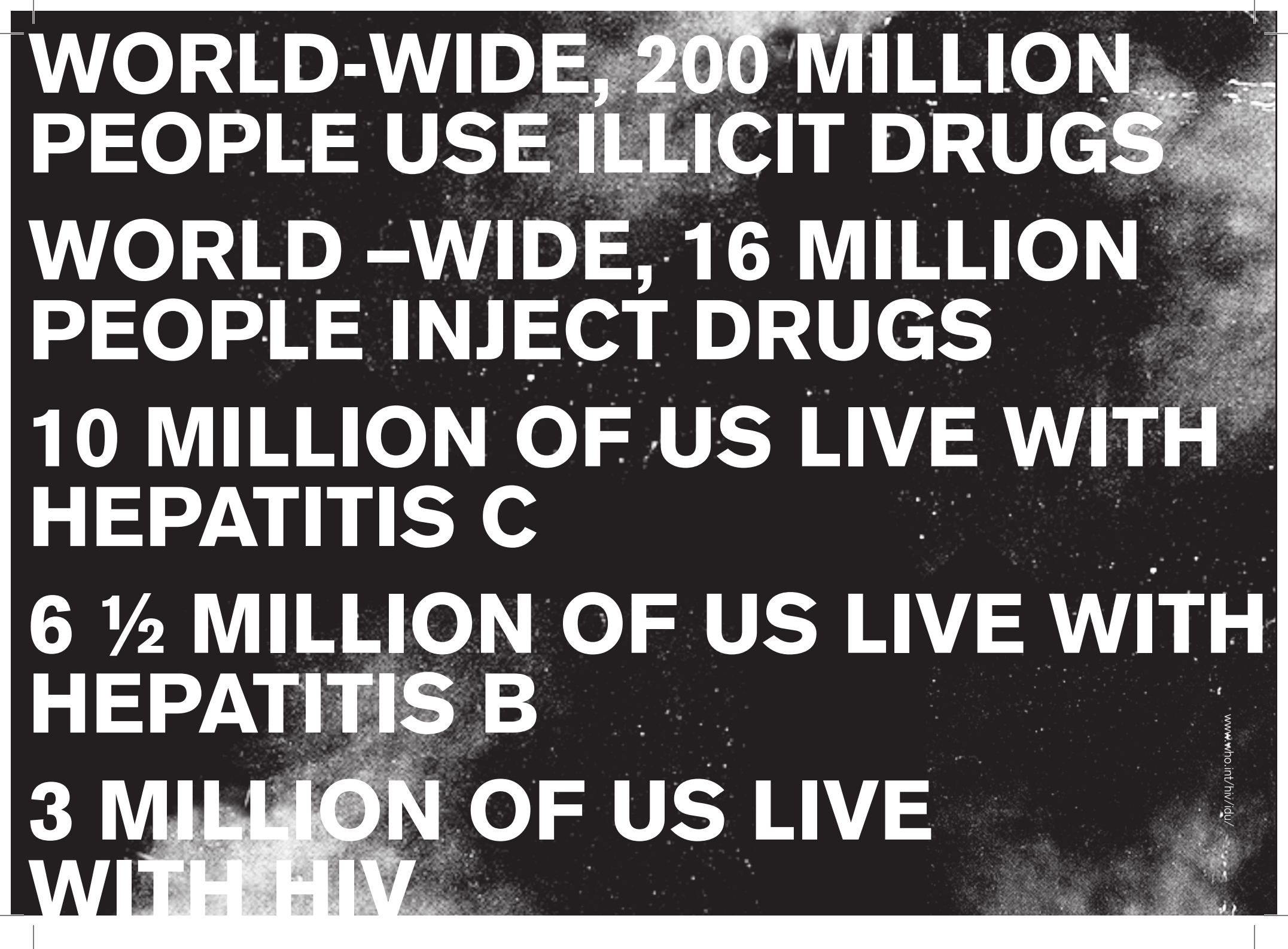
"You need to care in your community. There are many dealers who don't use. For them it is just money, just business, like gambling. They don't care. They just take the money anyway and put it through the casino. With users, it's different. We take care to sell a better product. It's about trust."

"I am on bupe now and I haven't used heroin for over a year. But the police think we will never change. I have just turned 30. I am too young to say I will never change! I am working full-time and still they say I will never change! Because that is what they think."

"We have had to learn our rights very quickly. We didn't know what they were and they took advantage of that - publicly. At first, I didn't know they couldn't keep me more than four hours in detention. No-one told me that. I had to learn it. I didn't know you didn't have to strip naked in public. I didn't know you didn't have to squat. You have to learn what your rights are, that gives you power. When I came it wasn't any different to the communist regime. You never knew why anything was happening."

"You think, why try to change when you can't get a chance. Still, using is all I know. I had a loan and I lost my job and I had to repay it. All I know to make money is dealing, so that is what I did. When you have a family you do what you have to do."

"I have dealt drugs a lot and I never can hang onto that money. I have a house, a car, all those things through drug money. Then it is gone. That is just what happens with drug money. Here one day, then gone the next. No matter how humble you are, quick money changes you, you feel like it's endless. Then you end up in jail and the government takes everything. Your house, your car. Once I came out of jail after 18 months and my Australian girlfriend had sold everything, there was nothing left. One day I saw her, and she was wanting to come back to me, and I was like, don't even look at me. I can't trust you. Trust is too important."


WORLD-WIDE, 200 MILLION PEOPLE USE ILLICIT DRUGS
WORLD –WIDE, 16 MILLION PEOPLE INJECT DRUGS
10 MILLION OF US LIVE WITH HEPATITIS C
6 ½ MILLION OF US LIVE WITH HEPATITIS B
3 MILLION OF US LIVE WITH HIV
www.who.int/hiv/idu/

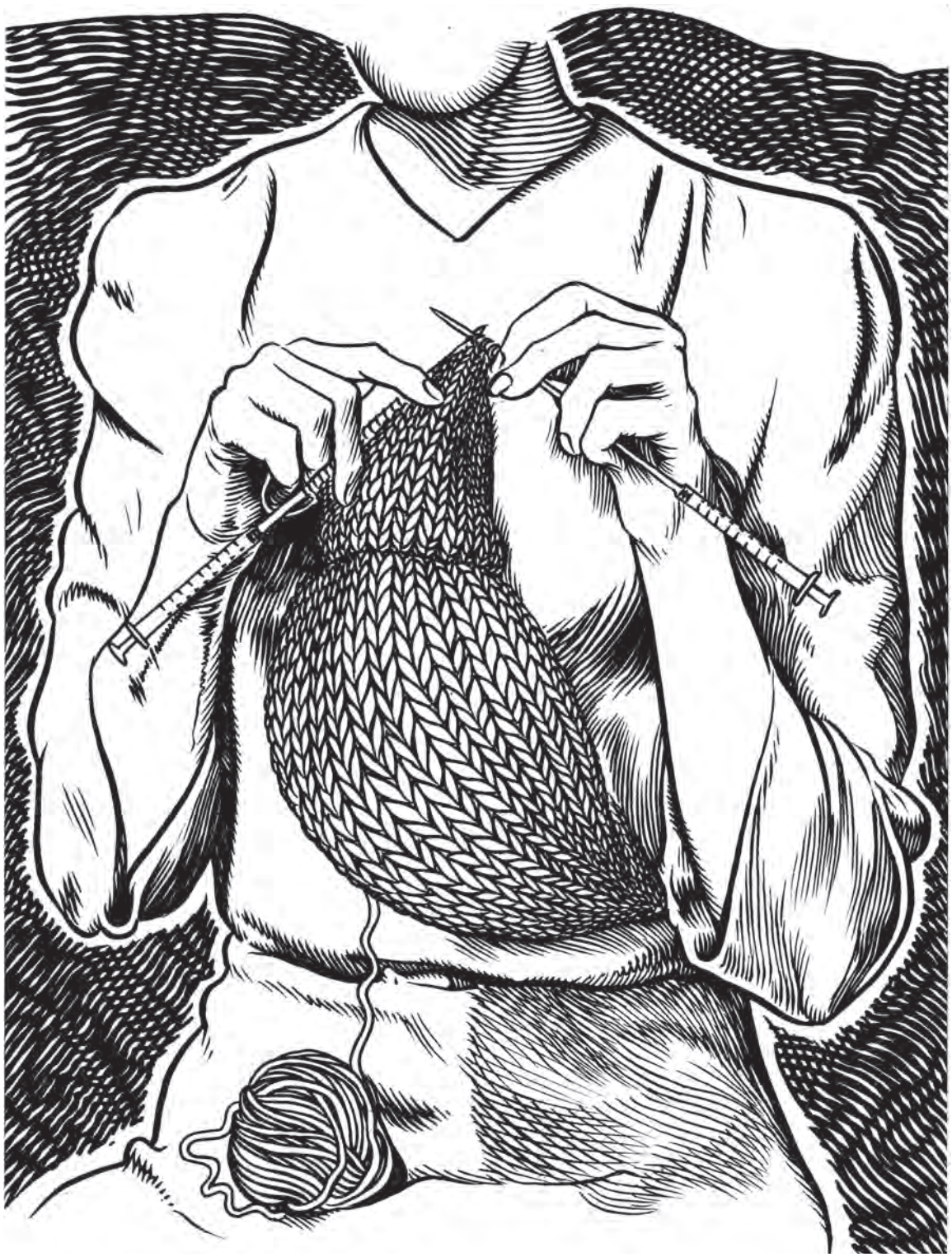
STOCKTAKE

HEPATITIS C AROUND THE WORLD

MANY PEOPLE PEOPLE WHO INJECT DRUGS GET HEP C. THIS IS LESS IN COUNTRIES THAT HAVE NSPS AND PUBLIC HEALTH AND PEER EDUCATION CAMPAIGNS. THIS IS A LOOK AT THE PERCENTAGE OF PEOPLE WHO INJECT DRUGS WHO HAVE HEP C, PER COUTNRY. CHECK OUT THE INFO AT THE BOTTOM OF THE PAGE THAT EXPLAINS WHY THESE FIGURES AREN'T DEFINITIVE.

These figures are the best that are currently available, but have some limitations . Not all countries have been included because not all countries collect data on drug use or hep C prevalence. Some countries do not have HCV testing. Some countries have better reporting mechanisms than others. The source article was written in 2011, but some data is from as early as 1990. Data like this is taken from a number of sources, and the highest figure recorded and the lowest recorded are noted. Figures shown here are median figures – the amount between the highest and lowest recorded. Percentages rounded up or down to nearest whole number.

HEP C UPDATE



DRUG USERS KNIT NEW LIVERS WITH STERILE NEEDLES

TREATING PEOPLE WHO USE DRUGS IS THE FIRST STEP TOWARDS ELIMINATING HEPATITIS C

JASON GREBELY FROM THE KIRBY INSTITUTE UPDATES US ON NEW INTERNATIONAL RECOMMENDATIONS TO HELP USERS WITH HEP C

Hepatitis C infection remains a major health problem among people who inject drugs. In Australia, about 6 out of every 10 people who have injected for more than three years may be infected with hepatitis C. One of the biggest problems is that people who were infected with hepatitis C in the 1970s and 1980s are ageing and starting to develop serious complications of hepatitis C such as liver scarring, liver cancer and some are dying due to liver failure. But, the number of people treated for hepatitis C has been pretty low (only 1-2 out of every 100 people who inject infected with hepatitis C are treated per year).

Among people who use drugs, there are a number of different reasons why treatment might not be considered. This includes not having any noticeable effects of hepatitis C infection, the side effects of treatment and just the fact that there are other priorities that people have in one's life (it's sometimes not always about hepatitis C!). But, among doctors who provide treatment, sometimes hepatitis C treatment is not offered because of concerns that people who use drugs might not take their medications and not respond to therapy, that treatment might increase drug use (given they are concerned that flu-like symptoms of interferon treatment may mimic opioid withdrawal) or that people who use drugs might just become reinfected after successful treatment. Doctors sometimes second-guess whether to recommend hepatitis C treatment to people who inject drugs because they don't understand how drug use may affect successful treatment. Unfortunately, these are all myths and there is no information to suggest that any of this is the case!

But, exciting news has come for people who inject drugs that are interested in hepatitis C treatment! The first ever International Recommendations for the Treatment of Hepatitis C among people who inject drugs were released last month. The guidelines show that people who inject drugs can be very successful with hepatitis C treatment, particularly when they have treatment in clinics that have a lot of support. There are new ways of getting tested for liver disease, like a Fibroscan (almost like an ultrasound for the liver) and most people do not need to have a liver biopsy anymore! The guidelines stress the importance of peer-based support for people who use drugs, with some of this work led by Sione Crawford and Nicky Bath from NUAA. Also, the recommendations show that as long as people are careful with safe injecting practices, reinfection following successful treatment is low.

There are now new and exciting treatments for Hepatitis C that are rapidly being developed. In the next couple of years (probably by 2017 in Australia), it looks like we will have a very simple treatment (one pill, once a day), with almost no side effects, short treatment (12-16 weeks) and 9 out of every 10 people will cure their virus with treatment! With these new guidelines, people who inject drugs will get better access to treatment, cure their Hepatitis C infection and live longer.

You can view the recommendations published in Clinical Infectious here: **http://cid.oxfordjournals.org/content/57/suppl_2/S129.full.pdf**

COOL ARTICLE BY NUAA ON PEER SUPPORT FOR HEP C TREATMENT

NUAA was invited to submit an abstract for the supplement Clinical Infectious Diseases, on a topic we know well, *Peer Support Models for People With a History of Injecting Drug Use Undertaking Assessment and Treatment for Hepatitis C Virus Infection.* Sione Crawford and Nicky Bath wrote the article, and Sione has presented it at an international symposium, the International Network on Hepatitis in Substance Users in Munich thanks to a scholarship.

People who inject drugs (PWID), wrote Sione and Nicky, are the group most affected by HCV; however, treatment uptake has been low. Engagement between PWID and healthcare workers has been characterized by mistrust and discrimination. Peer support for HCV is one way to overcome these barriers. Peer support models for chronic disease management have been successfully applied for other diseases. HCV peer support models have been implemented in various settings, but those that include opioid substitution treatment (OST) have been more common. Most models have been either service generated (provider led) or community controlled (peer led). Peer support models have been implemented successfully, with a range of outcomes including increased treatment knowledge and uptake and improved service provision. Genuine partnerships between peers and services were common across models and led to positive transformations for both clients and services.

Peer support models are an effective approach both in terms of assessment and treatment uptake as well as in terms of individual and, sometimes, service transformation. Where there is resourced support, peers can independently plan and implement models of peer support as equal partners. Organizational barriers, particularly in highly regulated OST environments, must be diminished to allow these partnerships genuine equality. In addition, peer-driven research and equitable involvement in research development should be further undertaken to ensure that the needs of the PSWs and peer organizations are better

understood and that peer support models can be matched to service models effectively.

Sione and Nicky called for further investigation of peer support for HCV treatment and its impact on both individuals and services is recommended.

EVERYONE DESERVES HEALTH CARE: HURDLES FOR OVERSEAS VISITORS WHO USE DRUGS

NUAA'S peer support program has been very successful. Many people have been tested and treated with the support of a NUAA worker. NUAA works with services respectfully to increase testing and treatment take up among their patients. Nik is Nepalese Australian and works for NUAA in two different clinics. People from overseas may face particular challenges seeking health care such as hepatitis C assessment, treatment and care. Nik finds working with these people one of the best parts of his job. Here are some words from Nik and stories from two of the people whose lives he has touched.

NIK SAYS

Most of the people I see from overseas are young - in their 20s. They are often from small countries and have come to Australia to study, looking for a better life. Others are stateless: refugees awaiting official status or overstayers. Some of them used overseas and may have come here to get away from a habit, however started using again to cope with the stresses of survival in a new country with a new language and customs, away from family and everything familiar. Others only began using drugs once they came to Australia, like many young people do when they find themselves independent and away from family. They often can't return home because of the stigma of using in their home countries and consider it impossible to reveal to their parents their drug use. They are usually in financial crisis.

These people face barriers in getting health care. Apart from language issues and concerns about confiding in medical staff, they may not have enough identification to get on a pharmacotherapy program or be tested or treated for HIV or viral hepatitisatitis. Even if they have a visa, they do not have a Medicare card for seeing a doctor and getting health care.

Most of the people who ask me for help think they have acquired hepatitisatitis C here in Australia. They have little information in their language about harm reduction and safer injecting and don't know where to find sterile injecting equipment, perhaps assuming that laws around acquiring equipment were the same as at home.

In helping people to overcome the barriers of language, lack of information and lack of resources to connect with health care, part of my job has been to research places where people can get tested and get a Fibroscan and even treatment without a Medicare card and I refer them there and set up appointments for them. It is my greatest pleasure to be able to help all people access healthcare and give them a new start and a new emphasis on their lives. For these people who have particular barriers to hurdle, I feel a great joy and achievement when I can help them get the health care that they deserve.

SABIN'S STORY

This is my story. I am a young Nepalese man, an overseas student, who came to Australia aspiring for a better life. Like many other young guys, I was a user in my own country. Coming to Australia, away from my parents and everyone I knew proved to be both exciting and sad at the same time. I was free to do whatever I wanted with my life! Although I found I had to study and work a lot more than I had ever imagined.

With the stress of study and work life, and also making new friends, somehow I found myself hanging out with people with a history of using drugs. At one point of time, I found myself sharing a needle with one of my mates. Little had I known that this mate had been sharing needles with another guy who already had hepatitis C.

I was devastated to know that I got hepatitis C. I felt as if it was the end of my life. But, as they say, the best things in life come when they are least expected. Somehow, I made my way to a pharmacotherapy clinic as a casual visitor where Nik worked. I was so glad and overwhelmed to know that he was a Nepalese too. Finding someone I could openly talk to about my life and drug use was such a relief for me. After knowing all about my situation and my financial crisis, Nik went out of his way to find me a clinic and provided me with treatment facilities, without me having an Australian Medicare card. He set up my hepatitis C treatment with a great nurse at a kind service. So far, I have not officially started the treatment, but have undergone the blood sampling and all. I will soon start with the hepatitis C treatment process.

After making a mistake that could cost me my life, I have finally realised that life is not all about this. Life is beautiful only when you try to see it beautiful. For me, part of seeing the bright side of this life is when I can talk to people from NUAA who understand and the huge relief I feel that I am able to get treatment for my hepatitis C and care for my health.

HYO'S STORY

I am in my early 20s and now I am legally in the country with a proper visa. I am a uni student studying hard. I am on methadone at a clinic. I am doing well.

But when I first came to Australia to study, I began to use heroin. I had only been using for about three months when I wanted to stop. I couldn't do it on my own, I realised I needed some treatment. The trouble is, when you are an overseas student and you start using drugs, you stop everything, you just focus on using. Everything else goes by. I didn't go to school and I failed so of course I lost my visa. Then I became an illegal overstayer. There are lots like me. All we can do is keep using and keep getting money somehow. I went on for over a year as an overstayer, just using, and not wanting to. I didn't know what to do.

Usually the only chance for overstayers to receive an Australian visa of any kind is to leave Australia and apply again from overseas. However, this is very difficult as you will get a three years period of 'unable to enter Australia'. You can apply for a waiver of the ban through an Australian consulate overseas, but this is rejected except for very strong reasons. Coming back to Australia for the treatment of addiction is not considered at all.

I couldn't go home to Korea or China, because there is no treatment there. There is little methadone. There is no compassion. If they find out you are a user, at the worst it's execution in China and at the best, in Korea it's imprisonment. And I couldn't let my family know. I really wanted treatment and I was in a real bind. I didn't have a valid visa, so I couldn't get treatment in Australia. I wanted to quit but I couldn't.

The alternative chance I thought was to go to an overstayer facility and get treatment there. When I called them asked if this is possible, they said they can provide any necessary treatment for me including methadone or buprenorphine treatment. So I made the decision to do that, to go into the facility and get treated there.

I couldn't believe how awful it was in there. I love Australia and Australians and I couldn't believe there was such a place here. I felt I had no rights and was treated like an animal, that they could do whatever they liked.

I had been in the facility for four days very sick before I even got to see a doctor. I had been led to believe they would put me on a treatment program. They did nothing. A doctor eventually saw me and he gave me two valium. I felt he didn't care how ill I was. I think they didn't want to put me on methadone as it might form grounds for me to stay in Australia. I was so ill, banging my head on the wall, crying. Eventually they gave me a week on buprenorphine. During that week they gave me methadone twice instead of buprenorphine. I asked why, they said it is the same thing, don't worry. But the methadone made me very ill on top of the buprenorphine. They didn't say sorry, they just insisted it was the same thing. I was still sick and agitated. I begged to see a doctor, but they kept ignoring me. I could not eat and was dehydrated badly; I lost about ten kilograms. I asked for vitamins but was refused.

Eventually I got a lawyer, who organised a bridging visa for me for two months with strict departing grounds. I went straight to Clinic 36 and got on a methadone program. I was so relieved. Then I went back to see Immigration. I explained why I had become an overstayer and asked to stay in Australia til I finished my treatment. They knew my history and compassionately decided to give me another chance. They could see I was sincere. I am required to see them monthly. So I have a visa again. I am back at uni studying very hard.

Without a visa, without a Medicare card, as an overstayer, it was impossible for me to get health care like detox, methadone or hepatitis C testing. And there are many people like me. Until I could get this part of my life sorted, I couldn't sort out anything with nutrition and other health issues. I now need to make sure I don't have hepatitis C. I was careful not to share needles so I believe I haven't got hepatitis C, but I need to make sure.

I cannot express the peace of mind I feel to be able to focus on my health. It is a big relief to know that I can get access to a test for hepatitisatitis and be treated if I need to. As an overstayer, I could not access any of those health care services. They really have to figure something out for overstayers who need health care very badly, like pharmacotherapy and treatment for blood borne viruses. Everyone deserves health care, no matter where they find themselves in life or in the world, whatever their circumstances.

ON LINE SOCIAL NETWORKS FOR PEOPLE WHO USE DRUGS:

Internet sites truly overcome international barriers. They can be joined anywhere in the world, you can appear anonymous to readers, and you can even get stuff translated. Sites where drug use and harm reduction are discussed are becoming so important to people who use drugs that even researchers have become interested in them. World-wide, thousands of people who use illicit drugs use internet communities to share information and get their questions answered. For the author of this article, the on-line community even told him about NUAA. As a regular member of online drug sites, we asked self-confessed Gen Y-er Angelo to discuss some of the popular web communities and tell us why they are the best big thing.

And if you're the type that goes to research symposiums on drug use, you'll notice there is always a paper on buying drugs over the net. Because we like to keep up with trends as much as the next person in the drug and alcohol field, we asked Angelo to also tell us about his experiences with sites like *SilkRoad* and *Atlantis*.

INTERNET COMMUNITIES

THE INTERNET, JUST LIKE REAL LIFE, IS FULL OF COMMUNITIES AND SUB-CULTURES.

The difference is, in real life sub-culture spills over into mainstream communities whereas net sub-culture is confined to one spot on a website. That makes for a subversive community that is protected and moderated, allowing exactly the sort of non-judgmental and safe space we need to discuss drug use.

With physical location and time not being an issue on the internet it allows a wide range of people and experts to come together. And because you are anonymous, a wider range of people "come out" as drug users than would in the real world. It means that more people would join a net forum than might say join NUAA. Doctors, scientists, journalists, financiers, lawyers, actors, teachers and plumbers can all come together to ask questions and share their knowledge without great fear of legal ramifications or exposure that might damage their careers. This shifts the stereotype of drug user. The people on these websites are smart, considered and self-controlled. They have in common that they find pleasure in taking drugs.

HARM REDUCTION ON THE NET

SOME OF THE BIGGEST DRUG RELATED COMMUNITIES ARE:

- **BLUELIGHT.RU**
- **OPIOPHILE.ORG**
- **DRUGS-FORUM.COM**
- **420CHAN.ORG**
- **REDDIT.COM/R/DRUGS AND REDDIT.COM/ R/OPIATES**
- **PARTYVIBE.ORG**
- **STEROID-FORUMS.COM**

Drugs-Forum says it has 140,000 members and over 2 million monthly readers. Opiophile current statistics claim over 7,000 members, with more than 810,000 posts over 40,000 threads. These are large communities.

These websites share a focus on harm reduction. People want to use their drugs efficiently, effectively and safely, and share information to this end. Most (apart from the obvious) have sections targeting issues specific to drug type: stimulants, opioids, dissociatives, ecstasy, steroids, psychedelics, deliriants, benzos, cannabis, ethnobotanicals... even alcohol and tobacco on some, and ... wait for it... jenkem (inhaling a recipe of urine and faeces). You can talk about using safely, you can talk about detox, overdose, research, health implications, legal rights and law reform, homebake, pharmacotherapy, getting a better bang for your buck, getting abstinent... and many, many more. Some of the sites run forums on how to manage your drug use, including supporting each other in meeting using goals, including "recovery" as it is usually billed.

Internet forums host a range of harm reduction reference materials to promote safer using. You can see video and photos and read research and media articles. Importantly, you can ask questions, get feedback or just share. Some have chat functions, including video chat. Questions are diverse. People ask about drugs "I got hold of

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some x, and not sure what to do with it".... careers "I am a med student and on methadone... I am supposed to tell the hospital... should I?"... sex "I have no sex drive whatsoever... help!" ... drug testing ... "I have a test for work coming up, this is what I have used and when, will it show up?" .... quality safety issues "How do I get pills tested?" News items include mainstream articles as well as things like bad batches of drugs in circulation.

The great thing about websites is that people from all over the world connect in, giving a unique perspective. *Bluelight* is hosted in Russia and has a lot of Russian members. That site, along with others, also have specific regional content - that is, there is an Australian section so you can discuss issues relevant to what is going on in Australia.

Something these websites all seem to have in common is their inclination towards correctly sourced information. Because websites allow human knowledge to be so easily traversable, backing up your claims and checking the claims of others is very easy. It is now very easy to compare info through a simple Google search, starting with a website like Wikipedia that has references to back up its info. This helps shape the dynamic of drug forums towards providing correct verifiable information. This makes such communities superior to their real life counterparts. Backing up what you say with sources and scientific articles is not uncommon. Say mix oxies in cold water? Refer to the Tasmanian research that ran the experiments. Recommend wheel filters? Put up the images that show the insoluble particles that need to be filtered out, before and after. Harm reduction information goes from gossip over coffee to an evidence-based exchange of facts.

Having said that, it is important to actually use the cross-references. Don't believe everything you read. Do a search and find out what people on other sites are saying. Is it always the same few people saying something? Remember, a little bit of skepticism is a healthy thing. There are extremists everywhere. If it sounds too silly (like giving kids fruit flavoured ecstasy to get them "hooked" and - WTF - jenkem) or too good to be believed (various instant and wondrous cures for "addiction") it usually is.

While these forums offer a lot of valuable information regarding drugs and drug use, they are not just centred on drugs. It may be the topic that brings all the users together, but there are often sections or places to talk about hobbies, interests, life in general or even health problems. This makes the forums an excellent place for a drug user to not only talk about drugs, but also to talk about anything in their life, on a website where they are less likely to be judged due to the chemical substance they choose to take. People talk about everything from their favourite tea to their exercise regimen, how they handle stress to living with a blood borne virus.

My personal experience with these websites has definitely been a positive influence in my drug-using life. Forums like bluelight.ru, opiophile.org and 420chan.org are websites where I first asked my questions relating to drugs and harm reduction, and got good answers. If it wasn't for a poster on 420chan I would never have found out about wheel filters and why they are effective at what they do. I then would never have found out about NUAA and that I could get wheel filters from the NUAA NSP if it wasn't for a *bluelight* post that someone wrote in response to my question. If I had never come into contact with this information and NUAA itself, I would never have been able to turn around and start posting detailed information on why to use wheel filters on these forums for others to read, which I know for a fact changed a few people's habits when it comes to filtering.

I also learnt a lot to do with safe injecting, the bioavailability of various opioids, calculating dosage, using potentiators, drug test detection times and the best way to extract and use opioids. This was all available instantly right in front of me, sourced and checked. Already tried, true and proven by the mob.

ON LINE SOCIAL NETWORKS FOR PEOPLE WHO USE DRUGS:

BUYING AND SELLING ON LINE

THESE TYPE OF SITES OFTEN HAVE RULES AGAINST BUYING OR SELLING DRUGS, MAKING PRIVATE CONTACT WITH OTHER USERS, OR TALKING ABOUT BUYING DRUGS. This is to prevent these forums from being targeted by police and to stop the forum users from being set up or scammed. Some forums often move economics discussion to a specific section and do not ban it.

SilkRoad and *Atlantis* are quite a different type of community compared to the other forums, even though a lot of the drug forum users are likely to be *SilkRoad* or *Atlantis* members as well. *SilkRoad* and *Atlantis* are anonymous websites on the encrypted TOR network allowing the purchase and sale of illicit drugs.

They are like eBay for drugs, allowing people to sign up as sellers and buyers to sell and buy drugs. People from all over the world use the sites because of the technologies it uses to run, which basically make it anonymous and impossible to monitor by any agency. It is pretty safe to use. As long as you are smart. I've had experience with using *SilkRoad* and so have my friends. The main legal risk comes with ordering internationally due to Customs perhaps discovering your item. But there are plenty of Australian sellers, and ordering domestically presents no such problems with Customs.

Assuming you buy from a seller that has hundreds of good reviews from other users, then you have a very remote chance of getting scammed or caught by authorities. Items are bought with BitCoins, an electronic currency that is anonymous and untraceable. BitCoins can be easily bought from public companies which deal in its sale.

The beauty of the *SilkRoad* (and *Atlantis)* and what makes it safer and more reliable than buying on the street, is the review system. You can look at a vendor's average rating out of 5 and comments from previous buyers. Vendors provide pictures and descriptions of their products and sometimes even chemical testing to prove it is the chemical they say it is. Users will do the same.

The forums offer a more detailed avenue to read about a buyer's experience with a vendor's product. Allowing you to make sure what you're getting is what they say it is and that it is of the quality they say it is. The *SilkRoad* also has a very competitive market when it comes to selling high quality drugs. Because the community are often willing to pay more to receive a higher purity product rather than a lower purity with more weight. The dynamic that has been created is that most sellers are trying to sell the best quality they can. Drugs are often more expensive, but they are of higher quality and reviewed by hundreds of other buyers. So the chance of getting something with a bad cut, difference in purity or any other problem are remote due to the fact that other users would notice and write about it. Such a folly could destroy a seller's reputation and ruin his business.

The site also uses an escrow system to prevent scamming. This means the money is held by a third party while the deal is being completed or any difficulty is resolved. Once both buyer and seller are satisfied, the money is released to the seller; or returned to the buyer if dissatisfied. There have been two major scams perpetrated on *SilkRoad*, one in Australia and one in the US. Both had sales... promising big discounts for early finalisation on a particular day. Early finalisation is when a seller can request the money released before the buyer has received the drugs. It can be requested by a seller to guarantee payment if the occasion is uncertain... say if the seller is sending to a place where dogs regularly check the post, or if a buyer has no history, or there are fluctuations in BitCoin exchange. Usual rule: if it looks too good, it often is.

A great thing about these sites is that the forums of the *SilkRoad* allow the users to discuss the safest way to use drugs, harm reduction techniques and the most effective way to use the drugs bought on the site. So not only does this site provide a safer way to purchase drugs, but also works as a small information network for using them.

My experience with the *SilkRoad* has been positive, quality drugs delivered the next day after ordering, matching descriptions and reviews I had read from previous customers of a particular vendor. No physical interaction with a criminal element, no chance of police searching me, information right in front of me on the best and safest way to use the drug, with even a warning from the vendor on the potency and the dosage I should use. So the buying experience was much better than on the street, the only problem is time... like e-bay, you don't get your product straight away.

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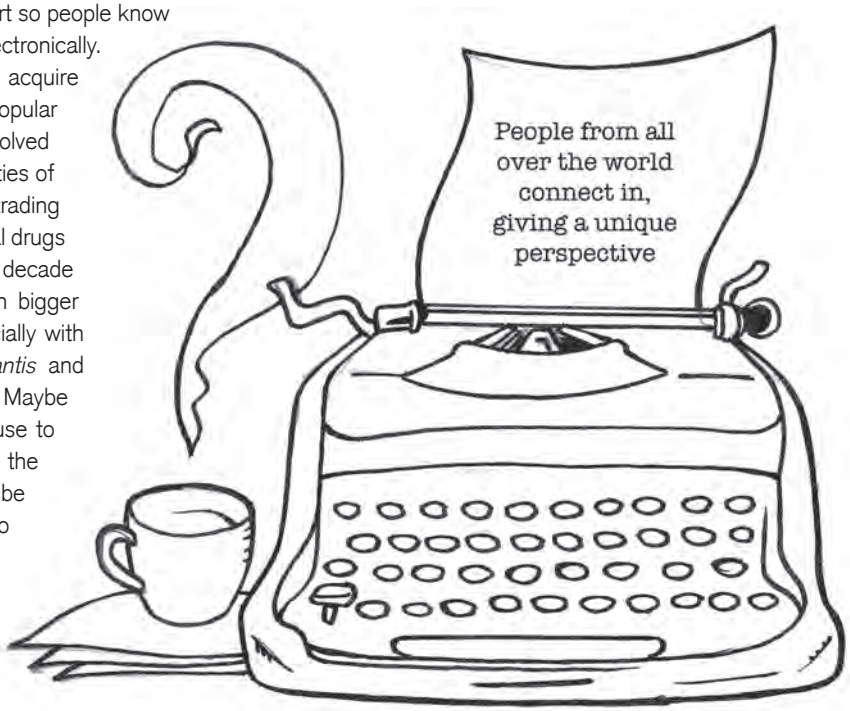
WHY THE NET IS IMPORTANT FOR PEOPLE WHO USE DRUGS

OBVIOUSLY INTERNET COMMUNITIES ARE NOT PERFECT, THEY HAVE THEIR IDIOTS AND ANNOYING PEOPLE LIKE ANY OTHER COMMUNITY. The difference is, such people can be easily moderated or kicked out on line. With the internet becoming more and more popular and also more relevant in our society, traditional centres that focus on drug harm reduction are going to have to move some of their efforts to the internet, not only as an advertising effort so people know they exist, but also to serve information electronically.

The internet is a quick and easy way to acquire information, and it will only become more popular as time goes on. Internet drug culture has evolved from a few small forums to huge communities of hundreds of thousands of people and sites trading in hundreds of thousands of dollars of illegal drugs per month. This has happened in about a decade and the next 10 years will show an even bigger increase in this type of community. Especially with the growing popularity of *SilkRoad*, *Atlantis* and other sites just like it coming to fruition. Maybe one day you won't have to leave your house to do drugs, everything will be ordered over the internet, including fits, all information will be available on websites and if you need to talk to a nurse or doctor you can do it over webcam.

While places like NUAA do provide me with excellent information and a service that you can't really have over the internet, all my friends and I get information from these forums, from Wikipedia and from Google. It is what Generation Y (and even X) knows, so of course we would stick to it. This is why it's important for a place like NUAA to have a presence on such forums and why NUAA needs to runs forums for harm reduction that people can connect to. This type of guided peer endeavour is perfect for NUAA and could be its future.



STOP PRESS

United States federal authorities have charged a man with running Silk Road. Authorities also seized the Silk Road website. The man known as Dread Pirate Roberts and now been identified as Ross Ulbricht was arrested by FBI agents on 2 October in San Francisco. As part of the investigation into Silk Road, authorities said, they seized 26,000 bitcoins worth US$3.6 million. Of course, Silk Road 2.0 is already in its final testing stages, and ready to be launched by special invitation. At least five new similar sites are in the works as well. As the reps of Atlantis wrote: "And this is what Law Enforcement is now parading as a victory?" Read more here: **http://www.smh.com.au/technology/technology-news/silk-road--black-market-online-drugs-site-seized-fbi-arrests-owner-dread-pirate-roberts-20131003-2utgv.html#ixzz2gcYNXEnv** and here: **http://techcrunch.com/2013/10/04/deep-web-users-are-ready-to-launch-silk-road-2-0/**

DIETS OF THE WORLD

PREPARED BY ALBION STREET DIETICIANS

As Australians, we're often faced with the recurring dilemma - Thai or Italian for dinner? We are a multicultural country with so many international cuisines on offer, that we're spoilt for choice. The problem is that eating all of that multicultural food is so unhealthy, right? Wrong. Those herbs, aromas and different spices don't make a food unhealthy. When they're cooked in Asian sauces or with Italian herbs, that's not unhealthy either! Those 'unhealthy' meals are the ones with creamy bases, deep fried meats and appetisers, meals which aren't balanced with vegetables and those meals which have been cooked with cheap and nasty oils.

Some of the healthiest meals are actually international foods, when chosen with some consideration for your health, your heart and your waistline. Making sure that what you're choosing is made up of fresh ingredients - including lean protein (e.g. chicken, meat, fish, eggs, legumes or tofu), with a serving of wholegrain carbohydrates (e.g. bread, rice, potatoes, pumpkin, couscous or quinoa) and loaded with fresh veggies (cooked or fresh) - means you'll have a healthy meal on your hands!

Choosing the best option can be tough… Here are a few ways you can make healthier choices when eating out.

SWAP THIS….	FOR THIS!
Deep fried spring rolls	Rice paper rolls
Deep fried money bags	San Choy Bow
Thai curry made on coconut milk	Jungle curry
Indian curry made on coconut milk	Dry curry without coconut milk
Butter chicken	Tandoori chicken
Pasta with creamy sauce	Pasta on tomato sauce
Meat lovers pan-crust pizza	Thin crust pizza with prawns & heaps of veggies
Battered fish and chips	Grilled fish and salad
Tempura prawn or crumbed chicken sushi	Teriyaki chicken, fresh prawn, salmon or tuna sushi
Tempura vegetables	Grilled or steamed vegetables
Burger and chips	Grilled chicken breast with mash potato and salad
Kebab	Wholemeal wrap with lean, grilled beef strips and salad (e.g. tabouleh)
Laksa	Phò or Short soup with steamed dumplings
Burrito	Naked burrito(all the fillings, minus the wrap) with guacamole and low fat cheese and without sour cream

If you're eating in and want to cook up a healthy meal with an international twist, try these:

SAN CHOY BOW

INGREDIENTS:

- Olive oil spray
- 1 small brown onion, finely chopped
- 2 garlic cloves, crushed (garlic from a bottle is also fine!)
- 1 tbs grated fresh ginger (ginger from a bottle is also fine!)
- 400g lean pork mince
- 100g button mushrooms, thinly sliced
- 4 green shallots, sliced
- 1 large carrot, peeled and grated
- 1 cup shredded cabbage (green or Chinese cabbage)
- 2 tbs kecap manis (See tip below)
- 2 tbs freshly squeezed lime juice
- ½ cup (50g) bean sprouts
- 8 large iceberg lettuce leaves
- ½ cup chopped coriander leaves (about 4 sprigs)
- 2 tbs unsalted peanuts, chopped

METHOD:

1. Heat a wok over a medium-high heat until hot. Spray the wok lightly with oil. Add the onion, garlic and ginger, and stir-fry for 1 minute. Increase the heat to high and add the mince. Cook, breaking up the mince, for 4 minutes or until it changes colour and most of the moisture has evaporated.
2. Add the mushrooms, green shallots, carrot and cabbage, and stir-fry for 3-4 minutes until the vegetables have softened. Add the kecap manis, lime juice and bean sprouts, and stir-fry until well combined.
3. Remove from heat. Spoon mixture into the lettuce leaves, top with the coriander and peanuts. Serve immediately.
4. Tip Kecap manis is a thick, sweet Indonesian-style soy sauce. You can find it in the Asian section of the supermarket. If you can't find kecap manis, reduce 2 tablespoons of reduced salt soy sauce in a small pan.

BURRITOS

INGREDIENTS:

- 50mL olive oil
- 2 medium onions, chopped
- 1 stalk celery, chopped
- ½ green capsicum, cubed
- 600g skinless chicken fillets, trimmed of fat, cubed
- 2 medium tomatoes, cubed
- 2 tsp low sodium vegetable stock powder
- 2 cups of water
- ½ cup passata
- 2 garlic cloves, chopped
- 1 tbs chopped parsley (about 10 sprigs)
- 6 wholegrain tortillas
- 150g reduced fat mozzarella cheese, grated

SAUCE

- ¼ no added salt tomato paste
- ¼ cup water
- ½ cup passata
- 1 tbs olive oil
- 1 tsp low sodium vegetable stock powder
- ½ tsp dried oregano

METHOD:

1. In a large, deep frypan heat 30mL olive oil and briefly sauté the onion, celery and capsicum.
2. Add the chicken, tomato and stock powder. Sauté briefly then continue to simmer, adding small amounts of water to cover from time to time, for about 20 minutes. At the end, stir in passata, garlic and parsley.
3. Warm up the tortillas in a microwave or conventional oven. Then top each tortilla with the prepared filling, fold in the ends and roll up.
4. In a clean frypan, heat up the rest of olive oil and fry each burrito on all sides. Then cover burritos with mozzarella, cover the pan and remove from the heat. Let stand covered for 4 minutes.
5. For the sauce, put tomato paste, water, passata, olive oil, stock powder and oregano in a small saucepan and cook on medium heat for 10 minutes or until thick. Serve burritos with the prepared sauce.

Tip: Passata is a smooth tomato puree. If you can't find it at your supermarket, use plain low-sodium tomato pasta sauce instead.

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.

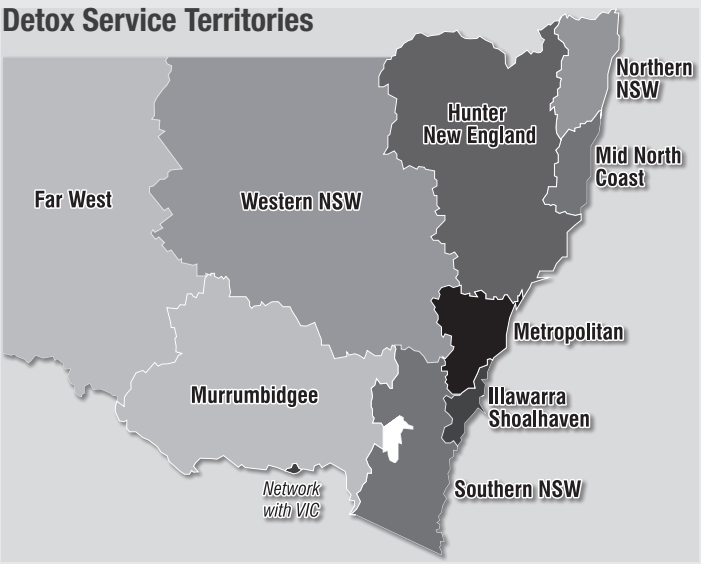
Medical Services

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	
Marrickville Harm Minimisation Program	(02) 9562 0434	
Canterbury Harm Minimisation Program	(02) 9562 0434	

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	
Redfern Harm Minimisation Program:	(02) 9395 0400	

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.