

Summer 2013

UN75

EDITORIAL / DING DONG MERRILY ON HIGH	2
LETTERS TO THE EDITOR	3
NEWS DOSE	6
NUAA / 2013 HALL OF FAME INDUCTEES ANNOUNCED: EARLY ACTIVISTS HONOURED	9
EXTENDED DISTRIBUTION AT NUAA / NOTHING HAS CHANGED? EVERYTHING HAS CHANGED! PSSST! PASS IT ON!	10
XMAS BITES / STORIES AND CARTOONS FOR THE SILLY SEASON	12
BOUQUETS AND BUCKETS/ BOUQUETS	18
BOUQUETS AND BUCKETS/ BUCKETS	20
BOUQUETS AND BUCKETS/ STIGMA KILLS / I KNOW YOU ARE BUT WHAT AM I?	22
GAMES PEOPLE PLAY / FITS AND FRANGERS	24
GAMES PEOPLE PLAY / POSERS FOR STAKES	26
GAMES PEOPLE PLAY / CROSSWORD CROWDPLEASER	28
PARAPHERNALIA / THE BODY POLITIC: TRIUMPHANT T-SHIRTS FOR DRUG USERS	30
FEATURE / CAN PARTY N PLAY AND SAFETY GO HAND IN HAND?	32
ARTS / MONUMENT: ART TO CELEBRATE LIFE!	40
NUTRITION / MEET SKINNY SANTA	42
NUTRITION / THOUGHTFUL GIFTS FROM THE KITCHEN	44
GAMES PEOPLE PLAY / PUZZLE ANSWERS	45
RESOURCES / SERVICES THAT MIGHT ASSIST YOU	46
RESOURCES / MEDICAL SERVICES	47
RESOURCES / LOCAL HEALTH DISTRICTS INTAKE LINES	47
RESOURCES / WHERE TO SCORE FITS	48

PLEASE NOTE THAT THE NUAA NSP WILL BE CLOSED FROM 20 DECEMBER 2013 UNTIL 2 JANUARY 2014. COME IN DURING DECEMBER AND GET LOTS OF EXTRA SUPPLIES FOR XMAS AND NEW YEAR AND SOME FOR YOUR FRIENDS AS WELL!

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MANY THANKS to all the amazing guys who contributed to the PnP article. You are totally awesome ... fearless and fabulous, you live life to the full and dare to push the envelope! Your input was invaluable and I am sure many readers will be grateful for your generosity in sharing your experience to put this article together.

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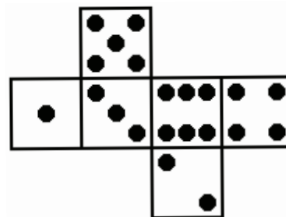
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NUAA would like to show respect and acknowledge the Gadigal people of the Eora nation as the traditional owners of the land on which User's News is published. We respectfully acknowledge all Aboriginal nations within NSW where this magazine is distributed.

PARTY ON





DING DONG MERRILY ON HIGH

The first Xmas after my daughter started school, she asked me if Santa was real. *Look at it this way, I said, if you believe in Santa you get presents from him and if you don't you won't.* She didn't miss a beat in declaring her belief in good Saint Nick, and fair call too.

Now at 11, the plot thickens and the expectations rise. I've spent a year anticipating her Xmas list, with "ipad" at the top and underlined three times, followed by at least a dozen items costing in the high double digits. When it finally appeared, I thought it timely to remind her that Santa's pockets aren't infinitely deep. *You do realise by now, I said as gently as I could, that I'm Santa Claus, don't you baby?* I didn't think it could be too much of a surprise after years of visits to the Lay By counters and packages poorly smuggled home. But she looked at me incredulously: *Don't be stupid Mummy, she said, how could you get around the whole world in a single night?*

It is obviously in my daughter's interest to believe in Santa and most of us get caught up in the Xmas thing to one degree or another, even if only for the pleasure of a loved one or an excuse to take some drugs. A belief in Xmas is rewarded and celebrated. Our society is Xmas mad - totally lights-flashing, dinner-tables-groaning and credit-cards-zipping crackers. For those who choose to not take part: beware the appearance of the ghost of Xmas future to inform you of your lonely, bitter, friendless end in a cold grave. It's intense.

Unfortunately, it is not only Xmas that evokes such rigidity of beliefs, values and rituals. If it takes a recurrent annual viewing of Jimmy Stewart's classic *It's a Wonderful Life* to broadcast a community's Xmas values, it only takes a single glimpse of *Drugstore Cowboy*, *Trainspotting* or *Midnight Express* to recruit multi-billion dollar support for drug prohibition. Add in *The Betty Ford Story* and you encapsulate a global belief system that transcends religions, culture and politics. Because while Xmas myths are portrayed as bringing out the best in humankind - self-worth, generosity and capability, drug use is slammed as bringing out the worst in us - self-loathing, greed and taint. Xmas is marketed as sending the human spirit soaring like a reindeer, drug use as courting a snake-in-the-dust rockbottom.

Of course, the myths around drug use are a bit like believing in Santa. Everyone suspects these myths are not quite true, partly because most people have used some sort of drug at some time without ill effect, but it is in everyone's interest to keep the lies going. These belief structures are taught from childhood and we hang onto them tenaciously. Even those of us who take drugs buy into lies about its use.

Hark! The herald angels whisper it softly: drug use can inspire, communicate and exhilarate. We bask in the irony that one of the most compassionate and effective social reformists in history (and author of *A Christmas Carol*, written to boot us out of "bah humbug"), Charles Dickens, liked a spot of opium.

While the flip side of Xmas sees the suicide rate rocketing as there are many for whom the marketed benefits never deliver and never warm.

Just as my daughter's belief in Xmas nets her a cornucopia of techno amusement and hot pink plastic, for many, the rewards of prohibition are overt - bread on the table. Everyone profiting from politics, policy making, the law, policing, courts, prisons, health care, pharmaceuticals, insurance and crime thrive on the big conspiracy about drug use. Prohibition is an even bigger industry than Xmas.

As much as Xmas is about amusement, fun and enjoyment, the set of beliefs around drug use are stiffened by a fear of pleasure pushed too far, of being lost in an unreal wonderland of loved up and mellowing out. Xmas is great hey, but you wouldn't want it every day. It is promoted as special because it is finite. Drug use is marketed as what happens when you try to stretch the boundaries of pleasure, and there is only room for one mode: "addiction". There is no room in the mythology for recreational, occasional or poly use - for using certain substances within different social groups dependent upon circumstance - like going dancing or having sex. There is certainly no room for balance, for working, for studying, for being a parent, yet these are all things that we do alongside using drugs, and do very well. The standard lore around drug use sees people who use drugs as only ever going down, ever downwards, with the only hope for redemption lying in remorse, "rehabilitation", "recovery", as though we are broken and need to be fixed. And just like Santa Claus, this is simply twaddle.

A belief in the power of Xmas can seem inversely proportional to a belief in the power of drugs, as though we who take drugs are in league with the dark side, with no access to the brightly lit remedies of a babe in a manger and a fat man in a red suit. If this approaches any kind of truth for me, it comes from a rejection of a society that stigmatises and rejects me as a person who uses drugs.

Yet sharing Xmas with my daughter has refreshed my spirit. I have taken myself from cynicism to something approaching joy. I find it doesn't sit in opposition to my drug use at all. In the same way as I easily marry parenting and drug use, I throw Xmas into the mix. Kids and Xmas go together like shooby-doo-by-doo-wop. I have rediscovered a certain magic that doesn't necessarily entail I embrace that belief system, but merely calls for a suspension of disbelief. Maybe this is all I ask from the larger community about drug use - they don't need to adopt my views, just to delay judgement and let it be. For my part, I find that nice people not only take drugs, sometimes we can get pleasure from hanging up stockings and stuffing them with chocolate coins. But only after we've had a taste-of-what-pleases-you to cope with the early morning...

Discover the magic, and feel free to suspend disbelief this season.

Love Leah.



LETTERS

DEAR UN...

Dear Leah,

With regard to your Blackout edition of User's News, thank you for yet another great issue of your magazine.

It opened my eyes to several issues that really do need to be addressed. People who use illicit drugs, (for whatever reason) have always faced stigma and discrimination, but our Aboriginal friends definitely cop it even more than the rest of us do.

Lou's story about being verbally abused by a police officer and questioned concerning where her bike came from, simply because she was known to be unemployed, (and is an Aboriginal) was downright disgusting. Even more so, when you consider they were ignoring someone being assaulted nearby. And could you imagine the treatment Lou would have received, if she had used similar language while answering the officer's questions?

And Stella's story, of being denied adequate pain relief while in hospital with broken bones after a road accident is awful... Anybody with even half a brain (or a quarter of an ounce of compassion) would have to find that both discriminatory and shocking.

Anecdotally though, this sort of treatment seems to be quite standard procedure for anyone who is identified as having been on a pharmacotherapy program. Heaven help you if you dare to question the treatment you receive, or complain that you are still in pain. This is called showing "drug seeking behaviour" which means you are then treated even worse.

From discussions that I have had with my friends and peers over the years, it also appears that being sent home from hospital without either a well documented plan and/or sufficient medication to wean themselves gradually off the stronger opiate pain medication is fairly common as well. I have a friend who has never even had an opiate addiction who before being sent home from hospital was told he would be sent to a methadone clinic for his pain relief simply because this appeared to be easier for the doctor and the hospital involved. Never mind that once methadone was involved, in the eyes of others in the medical profession, he would then forever be labelled as a "dirty junky" like the rest of us.

Many thanks for another informative and thought provoking edition of User's News, and an extra big thank you to all our Aboriginal friends & peers who took the time to share their stories with us. And thank you also to the wonderful staff (both past & present) of your NSP.

Jed

Blackout was very special to us. Thanks Jed, from us at User's News and on behalf of our amazing NSP workers. And thank you for your thanks to the contributors to User's News. Without them, we wouldn't have a mag. I love receiving stories from people and I wish I could use them all. A great way to get a story accepted is to remember we want to give a voice to difficulties, but also to promote the wonderful things people who use drugs are involved with.

Sadly, there are some more tales of discrimination coming up in this edition, but also some good stories, as well as ways we are dealing with the stigma and discrimination that people who use drugs experience every day. We can change things, albeit slowly...

Love Leah

LAST EDITION, I ASKED PARENTS TO WRITE IN TO SHARE THEIR PARENTING EXPERIENCES. IN THE LIGHT OF NEW LEGISLATION LOOMING IN NSW THAT THREATENS TO SEPARATE MORE CHILDREN FROM THEIR PARENTS, IT IS MORE IMPORANT THAN EVER THAT WE STAND UP TO TELL OUR STORIES. CELIA'S STORY FROM THE BLACKOUT ISSUE WAS RUN BY ONLINE NEWS SERVICE NEWS.COM.AU. SADLY THE RESPONSE TO THAT WONDERFUL STORY FROM THE GENERAL PUBLIC WAS UNEDUCATED, WITH MANY PEOPLE OBVIOUSLY IGNORANT ABOUT HOW TERRIFIC WE ARE AS PARENTS. HERE ARE A SAMPLE OF STORIES FROM UN READERS THAT SHOW HOW MUCH OUR KIDS MEAN TO US. THANKS TO ALL FOR YOUR GENEROSITY IN SHARING THESE. KEEP THEM COMING IN PLEASE!

Dear Leah,

Firstly I would like to say was a wonderful magazine you put together. As a mum who has a daughter in recovery eight years, I have over the years got a lot more insight about drugs, harm minimisation and people who choose to use. Your mag has been a great tool in understanding my daughter. I have come from a place of "just say no" to believing that heroin should be made legal. I speak out and inform others about these issues when I hear people saying stuff that is not right. As a mum I believe that this is important. When they closed the needle exchange at Ryde years ago, I handed out pamphlets to the community saying why it should stay. There are lots of parents who do these kinds of things. I just read two letters in your magazine UN74. It angers me to hear people in the community saying people how use drugs don't deserve to have their children and are unfit. I say what a lot of shit. You don't have to use drugs to be a bad parent, just look around and read some of the sad stories about child deaths lately. Having the best clothes on a child doesn't make you a great parent. The other issue is chemists. I have on many occasions observed the attitude of staff towards people going to pick up their dose, being made to wait, the condescending looks, the sharp speech. Do I say something? I sure do. Brings them down a rung on their better-than-less-than ladder. I feel that people who use drugs are damned if they use and damned if they choose not to with the help of a treatment programme. I encourage other parents to get User's News as we can gain greater understanding of our child's choice and the issues that each and everyone who enjoys their drugs face. I also am a member of Family Drug Support which supports your service. Keep up the good work.

Kath



LETTERS

DEAR UN...

Thanks so much Kath. I am realising how many awesome parents of people who use drugs there are! We have one on the NUAA Board! Thanks a lot for writing in to us.

Love Leah

Dear Jack, You are wonderful! I am so glad you have your daughter and hope you get your other kids soon. You deserve them and they deserve you. We all need more love and your kids need you! I hope all goes well for you and for them.

Love Leah

Dear Leah,

My son at 11 was dragged to the methadone clinic in the afternoons by my partner while I was racing to gain study at uni or doing low paid employment at the time. Don't worry, cause he's kuta! Grown up now, works overseas and he is an upright straight up person in this fucked up mess of a life. Kids are pure and free thinkers, only what is laid on them mentally brings about problems. Just love and being real is all they need!

Kel

This is wonderful Kel. I totally agree. I really hope my 11 year old develops as well as your son - she should because she is super awesome! She really doesn't see any difference between our methadone and her Dad's insulin... or other drugs. Because I have made sure she has all the right info to keep her head screwed on and correct her when she comes home from school with discriminatory misinformation. As you have said so well, I love-bomb her and don't try to scam her!

Love Leah.

Dear Leah,

I'm 36 and a single parent to my only child, a beautiful, playful, caring and giving 2 and a half year old boy. I've been a user since my late teens and on hearing my then wife was pregnant, I got myself on to the Suboxone program. I go to sleep each night with a smile on my face and Kyle's face in my mind. He gives me the courage to face each day and provide for him what he needs. I take pride in the simple things, paying the rent, electricity, food and clothing and being someone he can grow up to be proud of. I'm back at uni and every day is a challenge, but my beautiful boy keeps me grounded and his smile and laughter fills my heart and body with a joy that no drug high could every replicate.

James

Dear James, I am constantly amazed at single parents. I don't know how you do it. My husband is the main carer of our daughter, they have such a great relationship, lots of fart jokes and other physical humour! I couldn't cope without him. Your son is very lucky to have you, you sound like a fabulous dad. He will definitely grow up knowing his worth, with you on his team. Thank you for such a great love story.

Love Leah

Dear Leah,

I live in rural NSW. I am sitting here reading your article about being a parent and being on the program. I've had to have dealings with DOCS. I'm a single father who cares for - and loves to the moon and back - my daughter, who I care for by myself. She is nine years old. I also have three other kids 13, 10 and 2 who are in foster care because I was deemed unsuitable to care for them at the time. I'm currently on 2.5mls of Biodone at the clinic and I can tell you that after ten years on the program it's been hard. But no matter how shithouse I feel, everyday I still love and care for my kids just as much as one another, and I know one day they will be home with me.

So as for being on the treatment program does for being able to care and love your kids it's up to the parent to love each kid the same and make sure they come before us, as they look up to us as a role model. I feel for Tom whose story I read, and no matter what he and every other parent goes through in their life, but it can only be us who can make our kids lives better! Not DOCS. You ask any worker at DOCS if they have kids and half if not all haven't! So they should not comment on other people's lives who are trying so hard to better their lives and the lives of their children.

Hope my story helps. I could write a book on my experience with government DOCS departments! Thank you for the best reading ever for an ex user.

Jack

Dear Leah,

Being a parent to my child is the most innocent and fierce feeling in the world. Love to the fullest is expressed in each and every second, by those moments we smile at one another to the funny looks at the 3am nappy changes!! My heart has never known such a beautiful, unconditional, and protective love... I now understand how my parents felt and why they worried about me in my using days. I can't begin to imagine the stress I'd feel if my baby did the same.

All of us parents on pharmacotherapy that are being the great parents we are, stay strong as we will win this biased fight by loving and caring for our kids the way we do.

My family are proud. After being told I was barren from using to defying their judgemental odds and having a beautiful little girl, the inspiration to tell the world is reflected in her smile, which she does a lot. Blessed just cannot describe our lives now... Our inspiration is our baby girl, to her we say: We are blessed to be parents and cherish each moment with you darling...

Thanks for the opportunity to contribute. Love your mag, you've made it our mag too.

Much love. Jill and Joe



Dear Jill and Joe, I know how you feel, I fell totally in love with my baby when she was born. I actually didn't ever want to be a parent, but once I had her I fell madly, deeply, truly in love with her. There is nothing like it. And I love her more every day, even though I didn't think that was possible. It is unlike any other feeling, you are right. You guys make me feel all warm and fuzzy!! I know she will have a wonderful life with you.

Love Leah

I love having kids because they say what they think and remind me daily that we all have a chance at a good life if we make the right choices. Our job is to guide those choices, and that is a privilege.

Peace, Kit

Dear Kit, Thanks so much for these lovely thoughts. Yes, you are right, it is a privilege and we know it! It's a thrill reading your SMS and realising the wonderful hands our kids are in.

Love Leah

I love being a parent to a child with autism and who was conceived from a rape, purely as she is the joy of my life, she makes me see the world differently, she makes the world a new and interesting place to be. There are no better lessons taught than from your child.

Sharing the love, Jane.

Dear Jane, You have a graduate degree in love! Thanks for your inspirational words.

Love Leah

Dear Leah, I am a parent with a grown up child who I don't believe went without because of my using. Why do I feel so guilty? An idea for an article would be how to deal with kids who are depressed, angry or frightened by using. I'm glad my son doesn't partake of illegal drugs. All in all life is easier for those whose drug of choice is legal. BTW, love User's News.

Regards Billie

Dear Billie, It's part of parenthood to feel guilty. All parents feel guilty. I remember when Mum found out about my drug use, she was "Where did I go wrong?". I told her not to be silly, that she should feel proud that I am out there experimenting and pursuing the life I want to live without fear, not in a corner scared to join the crazy parade of wonder on offer! I agree using is a hard life, and it is easier to live other ways, but the worthwhile things are always hard. I just want my daughter to let her brain grow a bit more before she goes crazy. She is a sensualist, I can tell she will be reaching into life right up to her armpits! Am I scared? Of course. Would I begrudge her the adventure? Never. Thanks so much for your letter Billie.

Love Leah

Dear Leah,

My child was cruelly taken from my husband and self because we had two used syringes in our car that we wanted to dispose of properly. Apparently we had more than two syringes "ceremoniously laid around our child" - an outright lie. It was a breach of our parental rights. Users are often better parents than non users as we make sure our children want for nothing. Stop the injustice!

Claire

Dear Claire, This makes me so sad. People who decide these arrangements forget the real story - how much your child longs for you and how much you long for your child. My heart is with you, as is the love of every person who has just read your letter. This has to stop. There is currently legislation on the brink in New South Wales that will make it easier to take our children. We need our children to have as much right to their parents as any child, not discriminated against in this way.

Love Leah

Dear Leah,

I love being a dad simply to give love, support and security to a precious little boy, who in turn makes me proud and gives me so much love, happiness and this overwhelming feeling of joy and purpose. I was meant to be a dad so I can give to my child all the love, support and direction that I prayed for when I was a child - the lack of which I feel contributed to my mistakes and drug use. Thank you for reading my thoughts,

Bill.

Dear Bill,

What a great dad you are, I wish I had had a dad just like you! I know you will be a great inspiration and role model for your son throughout his life. Your letter makes me so happy!

Love Leah

Dear Leah,

I am a parent on the methadone program. I gave custody of my daughter to my mother, to protect her from domestic violence and a father who was taking my takeaways. Yet I am the one who is on supervised visits. They are discriminating against me over my ex, as I am on the program. They claim that we do not put our daughter's needs above our own, even though I could have kept her at home and never told anyone about the domestic violence or takeaways. I did put her safety above my desire to love and care for her. The difference between me and my ex, is that I am on the program. DISCRIMINATION!

Gillian.

Dear Gillian, So freaking unfair! You know you have made her number one, and she will see how much you love her. That glue that will keep you two connected through her life and into her adulthood, long after the rest of it has passed. Making our kids feel loved and important is the best thing we can do, and you are doing the best you can. You are a wonderful, strong woman and role model for your daughter. I know she will grow up to feel proud of you.

Love Leah

News Dose



OUR JOURNEY IS NOT FINISHED

This is a reprint of an opinion piece that the ANCD's Executive Director, Gino Vumbaca, wrote for the Sydney Morning Herald. Note that the last paragraph was not published.

Australia's journey with needle and syringe programs for people who inject drugs began a remarkable 27 years ago. It happened at the beginning of what became known as the HIV epidemic. These programs have protected Australia from a health and economic burden it is hard to imagine.

Although only 1 per cent of Australians who inject drugs are infected with HIV, there are many countries around the world that were too slow or unwilling to act. Consequently, HIV infection rates for people who inject drugs in these countries are often in double figures, with thousands of their citizens condemned to contract a very preventable and expensive infection.

The suggestion of introducing clean needle programs in 1986 caused outrage at the time. But some courageous health practitioners joined forces with newly formed drug-user groups and some pragmatically minded police. They decided not to wait for government action and instead began Australia's first needle and syringe program in Darlinghurst, after two years of discussion.

It was not an official program, but instead an act of civil disobedience, as providing injecting equipment to people who injected drugs was still illegal.

This was not part of a radical agenda; it was simply a humane and pragmatic response to the serious threat of HIV becoming entrenched among drug users, their sexual partners and the general community.

In Britain, then prime minister Margaret Thatcher had already approved a national needle and syringe program.

Our distance from the rest of the world, so often a burden, provided the opportunity to implement programs to prevent the tragic toll then being inflicted on millions of people and their families in many other countries.

Vital partnerships evolved between health, police and drug users. This was the beginning of an approach that endures today and is the cornerstone of Australia's drug and HIV strategies.

Just as gays rallied and mobilised to respond to the health threat, so

did sex workers and drug users - all seeking to protect the safety and wellbeing of their peers. People who injected drugs became organised to ensure they, as often the most marginalised in our community, were heard in the policy debates that directly affected them. This was the turnaround Australia needed in public health.

It became apparent that if you wanted to seriously reduce the harm of drug use then you needed to include the knowledge and experience of those using drugs, even though some still believe it is too difficult or wrong to do this. It is to Australia's enduring credit that our policy makers listened.

So here we are, 27 years later, and needle and syringe programs have more than proven their use. Between 2000 and 2009, they prevented more than 32,000 HIV infections and almost 100,000 hepatitis C infections, saving more than \$1 billion in healthcare costs. Indeed, for every \$1 invested in needle and syringe programs, there was a return overall of \$27.

But it appears the success of the needle and syringe programs in reducing these epidemics has become its greatest vulnerability. Although surveys regularly show public support for the programs is strong and growing, a vocal minority with little real understanding of drug use has tirelessly campaigned against these programs. Sadly it is a view based on ideology rather than evidence.

In response, instead of progressing and evolving the programs to meet the challenges of today, too often they are forced to operate under rules and regulations written more than 20 years ago, when controversy surrounded their widespread introduction.

Spending on harm-reduction services, which includes needle and syringe programs, has fallen 20 per cent in the past seven years, from \$44.8 million to only \$36.1 million.

This has been despite the federal government, originally under John Howard, providing additional financial support to all state and territory governments for needle and syringe programs.

When the evidence and results are this strong for any public policy, it should be celebrated and supported not suppressed and discounted.

For the record we should thank those prepared to face the challenges and protect Australia's health back in 1986 - Alex Wodak, Julie Bates, Kate Dolan, Alan Winchester, Annie Madden, Ron Penny, Carol Pedersen & Frank Hansen.

Read the published version here: <http://m.smh.com.au/comment/disarming-the-best-weapon-in-war-against-hiv-20131024-2w4a6.html>

News Dose



VICTORIAN METHADONE PROGRAM UNDER SCRUTINY OVER OVERDOSES

A coroner has given a scathing critique of the Victorian methadone drug treatment program, labelling the supervision of people using the program as "shamefully inadequate". An examination by the Coroners Protection Unit found that over a two year period, more than 60 people died from gaining access to takeaway doses of the drug prescribed to other people. The death of a 16 year old in 2010, who swapped cannabis for methadone, has been of particular concern. Her death prompted the Victorian Coroners Prevention Unit to further examine

the management of the methadone program in Victoria, more particularly the practice known as dose diversion, where prescriptions of methadone are sold or traded for other drugs on the black market or simply given to other people.

The unit's analysis found 124 people died of methadone toxicity between 2010 and 2011. Fifty of those cases involved the use of takeaway doses and 21 of them weren't actually on the methadone program.

Overall, coroner Jacinta Heffey said it was possible 63 people had died from diverted methadone in a two year period.

Sam Biondo from the Victorian Alcohol and Drug Association shed some light on the figures. "In Victoria there are 14,700 individuals approximately on the program," he said. "There's a large number, and the overwhelming large proportion of these individuals participate in the program legally, following all the rules and regulations that are before them."

Read more here: <http://www.abc.net.au/news/2013-10-29/coroner-slams-management-of-the-methadone-program/5056204>



SHADOW OVER WESTERN SUBURBS PHARMACOTHERAPY CLINIC

A pharmacotherapy in Sydney's western suburbs has taken some flak because "concerned residents" believe it is not in keeping with their vision of a regenerated town square area. This is another example of pharmacotherapy clinics being seen not as health services assisting people but as "problems" in themselves. It is unlikely that any other type of health service would be

asked to relocate because it was too close to a community development project.

Unfortunately the clinic in question has been under attack numerous times in the past. Of course it is not just the clinic which is being attacked but those who use its services.

The Mt Druitt St Mary's Standard reports that a feasibility report on relocating the clinic has been called for by a local MP. We sincerely hope that the community members who attend the clinic and rely on it as a health service have their needs taken into account. Councils and governments are charged with caring for the entire community, not just those with the loudest voices or those who own businesses.

Read more here: <http://www.stmarysstar.com.au/story/1293434/push-to-relocate-methadone-clinic/>



MENTAL HEALTH AND "SUBSTANCE ABUSE", COSTS AND BURDENS

Prof Harvey Whiteford and his team of University of Queensland researchers from the School of Population and Health have published research in the Lancet to show mental health and substance use disorders were the leading cause of non-fatal illness across the world.

Prof Whiteford said the research proves mental health was more of a burden on health systems than diabetes, stroke or infectious diseases like HIV/AIDS and tuberculosis combined. He hopes the research will help form government policy in health funding in the coming years.

"If the impact of mental and substance use disorders is to be reduced, a global effort is required to implement cost-effective prevention and intervention strategies and to develop innovative ways to deliver these to communities," he said. "Treatment rates for people with mental and substance use disorders are low, and even in developed countries, treatment is typically provided many years after the disorder begins. In all countries, stigma about mental and substance use disorders constrain the use of available resources, as do inefficiencies in the distribution of funding and interventions."

Read more here: <http://www.qt.com.au/news/mental-health-substance-abuse-study-facts-are-in/2068845/>

The Lancet article is here: <http://press.thelancet.com/GBDsubstanceandmentaldisorders.pdf>

News Dose



OLDER COUPLE WIN A DRUG MULE HOLIDAY!

There have been a lot of drug busts in the news in the past months. There was the 274 kg of ephedrine wrapped in rice from India, discovered by a Department of Agriculture border officer looking for pests. Another 1.9 tonnes of pseudoephedrine mixed with vanilla powder involved Canadians. There was 200kg of methamphetamine concealed in the tyres of a truck shipped from China and 35 kg of methamphetamine hidden in ceramic tiles from China.

But the award for creativity has to go to the scam that saw Perth pensioners win a dream all-expenses-paid holiday to Canada, along with free luggage, to return home to find their new suitcases contained 7kg of methamphetamine in rock form.

The lucky couple were sent two tickets to Canada, given seven nights worth of accommodation and the new cases. After their week-long holiday the couple, aged 72 and 64, became concerned about their new bags when they arrived back at the airport in their home town of Perth and reported their worries to Customs officials.

The bags were opened - and it was then that 3.5kg of the drugs were found in each suitcase.

Australian Federal Police said it will be alleged in court that the couple's original luggage was exchanged in Canada for new bags and that they had no idea as they boarded their flight home that they had become unwitting mules. But by the time they arrived in Perth

they had become concerned. Most media reports have explained that the reasons for their concern have not been released, however a television report disclosed that the couple thought the cases seemed much heavier than they were on the trip over.

Police said they were due to be met on arrival by a representative of the scam, resulting in a 38-year-old Canadian man being arrested at the airport. His arrest led to a raid on a hotel room in the Perth seaside suburb of Scarborough where officers found documents relating to the scam, along with more bags similar to the ones that had been seized. The Canadian was charged with importing a commercial quantity of a border-controlled drug.

Commander David Bachi, of the Australian Federal Police based at Perth airport, said investigations had revealed a complex and highly organised scam in which older Australians are being targeted by a bogus Canadian-based tour company identifying itself as AUSCAN Tours. He said the organisers had gone to great lengths to provide a facade of legitimacy. 'Thankfully, these travellers contacted Customs and didn't dismiss their concerns, allowing us to make the arrest,' said Commander Bachi.

He said Australian police would continue working with local and international law enforcement agencies, targeting 'all elements of this drug syndicate.'

Read more: <http://www.dailymail.co.uk/news/article-2476417/Pensioners-win-dream-holiday-Canada-free-luggage-return-home-new-suitcases-contain-drugs-worth-4m.html#ixzz2j5ZTwkb4>

SOLID GOLD PERFORMANCE

NUAA won three Golden Fits at the 2013 Needle and Syringe Program (NSP) Workers Forum held in late November. Congratulations to Chris, Yvonne and Fiona!

Chris Gough won a Partnership Award. Nominated by Illawarra Shoalhaven Local Health District (LHD) for his work on NUAA's Peerlink Project in the Illawarra, developing links in the community among stakeholders, including establishing and training a group of remarkable peers to act as safer using champions in the district. In particular, Chris was acknowledged for his tact, creativity, respect, willingness to listen to the views of others and the way he challenges the status quo.

Yvonne Samuels won a Partnership Award. Nominated by Western Sydney LHD for her work since taking over on the Peer Link Project at Mt Druitt, enhancing local relationships and

strengthening the Mt Druitt peer group, a collection of exceptional people who have been trained and nurtured to promote safer using in the region. In particular, Yvonne was praised for her partnership skills with local services, and for increasing peer participation, especially Aboriginal peers.

Fiona Poeder won the NSP Worker of the Year Award for her amazing work producing the book *Stories from the other side, an exploration of injecting drug use in NSW prisons*. Fiona interviewed dozens of former prisoners about injecting drugs in prison, as well as involving researchers and policy makers from around the world. Launched by Neal Blewett in September, the book has been praised as an important contribution to advancing the debate around human rights, health services and harm reduction in NSW prisons. A PDF of the book is here: http://www.nuaa.org.au/files/Stories_from_the_other_side_120dpi.pdf

2013 NUAA HALL OF FAME INDUCTEES ANNOUNCED:

EARLY ACTIVISTS HONOURED



At the NUAA Annual General Meeting (AGM) this year, three amazing pioneers of the drug user movement were inducted into NUAA's Hall of Fame.

Early activists in the drug user movement, Jude Byrne, Marion Watson and Alan Winchester were honoured with a NUAA trophy - glass with a gold star - to mark their amazing service to people who use drugs. At a time when you couldn't get needles, hep B was rife, HIV/AIDS had entered the arena and entering a methadone program was an almost impossible ordeal, Jude, Marion and Alan mobilised people who use drugs. They got fits and information out into the community and approached governments for support and funding, and to change legislation.

Alan Winchester sadly passed away in July 2008 and was posthumously honoured. His award was accepted by his former partner, Julie Bates, on behalf of his family.

Jude Byrne and Marion Watson attended to accept their awards and spoke at NUAA at a event held prior to NUAA's AGM. Jude and Marion spoke about the early days of organising and where we need to be headed to take user rights into the future. They revealed that the rise of HIV and the paternal sympathy translated into political will of Prime Minister Bob Hawke contributed greatly to users getting organisations funded so we could take control of our health and policy needs. They spoke about having to constantly fight for the legitimacy of the drug user movement and repeat messages until they are heard and embraced. They urged the audience to look to the future and embrace a human rights agenda.

A video of the NUAA event with Marion and Jude, cut in with footage of Alan from the documentary Rampant, will be available on NUAA's website soon.

WHY IS IT NOT OKAY FOR DRUG USES AND DRUG USER ORGANISATIONS TO EXPRESS COMMUNITY PRIDE, POSITIVE ATTITUDES TO DRUG USE OR DISCUSS DRUG USE AND PLEASURE?

JUDE BYRNE is currently the Chair of the International Network Of People Who Use Drugs (INPUD). Jude was the first current drug user representative invited to sit on ministerial councils and international bodies in the early 1990s. She has worked in drug user organisations and harm reduction for over 25 years locally, nationally and internationally and currently works at the national drug user organisation, AIVL. She was the 2010 recipient of the Harm Reduction International Rolleston Award.

MARION WATSON ran the first non-abstinence based drug and alcohol service in Australia. She has represented Australia at the World Health Organisation conferences and presented conference papers across four continents. She was a founding member of AIVL, established the National Demonstration Model NSP and has conducted innovative and creative projects to develop communities and enhance the health and well-being of people who inject drugs. Marion was awarded the Order of Australia for her services to the Drug and Alcohol sector

ALL SERVICES PROVIDED TO USERS SHOULD BE GOOD ENOUGH FOR ME, OR THEY ARE NOT GOOD ENOUGH FOR ANY USERS!

WHY GIVE OUT ONE OR TWO FITS TO ONE OR TWO PEOPLE WHEN YOU CAN ARM A WHOLE USING NETWORK VIA KEY PLAYERS WITH BOXES OF A HUNDRED?

ALAN WINCHESTER was part of the early push by people who inject drugs to get new fits into the community when HIV first hit Sydney in the 1980s. He was a founder of early user group ADIC, arguably the first user run group in Australia, which developed into NUAA. He became NUAA's inaugural President, leading NUAA with energy, insight and intelligence... including running a tight ship to show we could be trusted with managing a government funded organisation. He was also involved with founding the Australian Prostitutes Collective. Sadly Alan died in 2008.

**ALAN, JUDE AND MARION:
WE THANK AND HONOUR YOU FOR YOUR COURAGEOUS SERVICE FOR PEOPLE WHO USE ILLICIT DRUGS**



**BECOME A MEMBER AND SUPPORT NUAA'S AIMS!
FILL OUT THE FORM ON THE BACK... IT'S FREE.**

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

NOTHING HAS CHANGED? EVERYTHING HAS CHANGED!

You might think nothing has changed in the way needles and syringes are handed out and passed on in NSW, but actually everything has changed.

Many won't know that in Australia it is illegal for anyone other than a certified NSP worker to give out a sterile syringe, knowing it will be used to inject drugs. This sets up people who inject drugs as lawbreakers if they pass on needles,

protect their friends and help to keep the rates of blood borne viruses low. No-one has yet been charged under this law, but this is at the discretion of individual police officers.

NUAA considered this was something that must be changed and went about a long process of lobbying. UN spoke to NUAA's CEO Nicky Bath about where they are up to in getting this discriminatory piece of legislation changed.

UN: So what is this law and what does it mean to your person in the street?

NB: Well, even though everyone does it, it is actually against current legislation for anyone other than a certified NSP worker to give someone a needle and syringe that is going to be used to inject an illicit substance. That means it is against the law for family members or friends or even partners to pick up sterile fits from an NSP and then pass them on. There are many reasons for using a sterile fit, including the prevention of blood borne viruses, better vein care and a more pleasurable experience. It is only human to want to help and protect our friends and loved ones by making sure they have sterile injecting equipment. It is a human rights violation to stop people acting in the best interests of our community. It is outrageous to think you could be charged with helping someone out!

We need to emphasise that, so far, NO-ONE has ever been charged with passing on a fit. It's not something we need to get paranoid about. We certainly do not want anyone who currently gets equipment for their friends to stop being a loving and caring member of their community by keeping their friends safe with new, sterile fits. But we do want this legislation changed so that there is not even the remotest chance that any person who injects drugs might be charged for being a good friend.

The NSW NSP is highly regulated and requires updating. Sterile equipment is only available through NSPs. You can buy them online, from a chemist, and some clinics, hospitals and health centres act as secondary NSPs, but even vending machines must only be on a wall attached to a health service. NUAA would like to see a much wider availability of sterile equipment - in supermarkets, service stations and other venues such as post offices and transport hubs.

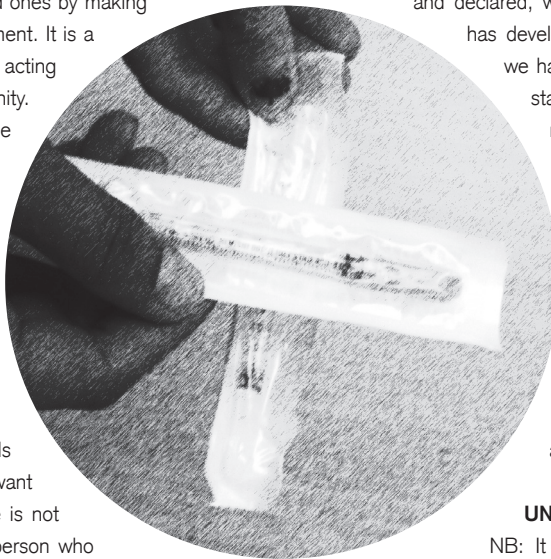
I really don't think that these things were thought through very well when the legal provision was made when NSPs started up and we want to see these issues and others such as the re introduction of larger barrels and butterflies into the NSW NSP addressed.

UN: How have you gone about making change?

NB: We thought it was such an important issue that we started lobbying for it in a very strategic way. We have a Policy Officer at NUAA who is responsible for driving these matters, and that person wrote a discussion paper setting out all the issues. Then AIVL, our national body, responded with a policy paper. With these arguments set out and declared, we began lobbying for changes. NUAA has developed networks over the 20 plus years we have been incorporated. I and the NUAA staff sit on many influential committees related to drug use and blood borne virus prevention, including Ministry committees. At each of these we presented our views. We really got it on the agenda. We talked about it at the NSP Workers' Forums and other health conferences. We spoke to Ministers and the NSW Ministry of Health and worked hard with the support of others to keep it on the agenda.

UN: So what changes are in the works?

NB: It took nearly five years, but we finally have agreement for a pilot project that is the first major step towards changing this discriminatory legislation and this has been documented in the 2013 NSW Needle and Syringe Program Guidelines and the NSW HIV Strategy 2012-2015. NUAA has been granted a two year pilot into extended distribution of needles and syringes. For the first year, we are focusing on the NUAA NSP. In the second year we will add a second site, probably an NSP run by a Local Health District.



PSST... PASS IT ON!

Basically how it will work is this: during the pilot, anyone who gets equipment from NUAA is allowed to pass it on to another person. The trial only extends to the first extended exchange. That is, a NUAA NSP customer is certified to pass it on to others, but those others are not certified to pass it on further. Again, we emphasise, please don't stop the way you are passing equipment through your networks. But anyone who has got equipment from NUAA is now certified to pass it on. I have to say, our equipment goes far and wide, all over NSW. I suspect that more and more people will be able to say they got their equipment from someone who got it from the NUAA NSP.

UN: So in a way, nothing has changed in practice. There have always been lots of NUAA NSP customers who have passed on equipment to their loved ones.

NB: That's right. The difference is that before we could not support that and now we can. We can actively say: Take enough for you and for your friends. And we can also talk to people about the kinds of safer using messages that they might pass on along with the equipment. We will actually have little cards printed up giving the carrier the authority to pass on equipment, so you can take those if you would like the added security.

UN: Do you see armies of people who inject drugs passing out equipment to all and sundry?

NB: Not at all. In fact, I do not want to see people being used as unpaid NSP workers in NSW. We at NUAA just want to see a human rights violation addressed and a law fixed that discriminates against people who use drugs, their families and friends and dehumanises the community by forbidding people to act as a caring community.

UN: So what happens after two years?

NB: Well, we hope the NSW Ministry of Health will see that the sky has not fallen in and that appropriate changes are made in legislation. Then we can tackle the next part of it, which is distribution of equipment in non-traditional outlets.

UN: How do we prove it has worked?

NB: We have an awesome steering committee that will monitor the project. As well as NUAA staff and peer representatives, there are many health professionals. The committee is chaired by Dr Ingrid Van Beek, Director, Kirketon Road Centre, Kings Cross. Members include Superintendent Commander Patrick Paroz, NSW Police; Superintendent Tony Crandell, Surry Hills Police; Local Area Command (LAC); Superintendent Wayne Murray, Cabramatta LAC;

Andrew Miles, HIV/AIDS and Related Programs Unit (HARP), South West Sydney Local Health District (LHD); Collette McGrath, HARP, South East Sydney LHD; Megan Brooks, HARP, South West LHD; Kath Reakes, Harm Minimisation, Sydney LHD; and Lam Huynh, Senior Policy Analyst, Harm Reduction and Viral Hepatitis Branch, Centre for Population Health, NSW Ministry of Health. Loren Brener and Joanne Bryant, researchers from the Centre for Social Research and Health, UNSW; are also members, and they will undertake the evaluation.

UN: And the last question is: when does it start?

NB: By the time this magazine is in the homes of our members, we will have begun the pilot. So please, come into the NUAA NSP at 345 Crown Street, Surry Hills, or call our Cabramatta Outreach service and get enough fits for yourself for the Xmas season and enough for your friends! It's our Xmas present to you!

WANT TO GET SOME BACKGROUND?

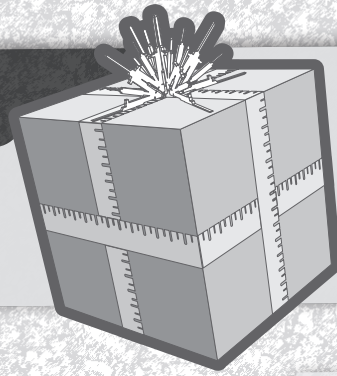
The NSW 2013 NSP guidelines are here:

http://www0.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_007.pdf

The NSW HIV Strategy 2012-2015 is here:

<http://www.health.nsw.gov.au/publications/Publications/nsw-hiv-strategy-2012-15.pdf>

XMAS BITES

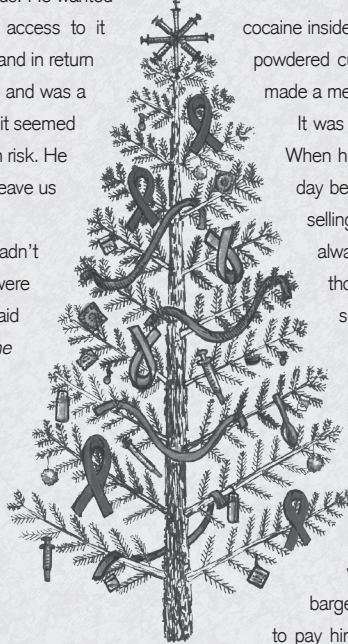


JERI'S STORY: PANDORA'S BOX

My boyfriend and I had met a guy who put an idea to us. He wanted somewhere to keep a small locked box, he wanted access to it whenever he wanted - which meant a key to our place - and in return he would give us drugs. He had just come out of prison, and was a bit of a heavy, so I actually thought it had a gun in it. Still, it seemed easy enough, a high reward for no work and not too much risk. He would drop by every couple of days, access his box and leave us some dope. Until the time came that he stopped coming.

The days stretched into two weeks, and he still hadn't turned up. We had no way of contacting him. We were hanging out badly, having exhausted our resources. I said to my partner: *You know babe, I think there's dope in the box.* We worried over it and looked at it. We couldn't get in to the box without a key, but the more we thought about it the more convinced we were that we were looking at a box of drugs. We were looking down the barrel at a lean Xmas, another great way to justify risking the whole arrangement.

We decided to take it to a locksmith. We said to the guy: *This is our box, we've lost the key and we need you to open it, but please don't look inside.* Surprisingly, the locksmith agreed and opened it. When we got home we looked inside. Sure enough, there was an ounce of heroin and an ounce of



cocaine inside. We pigged out. We tried to replace it with various white powdered cutting agents. We mixed up the fast and the slow. We made a mess. We made a very merry Xmas mess.

It was another two weeks before the box's owner came back. When he arrived, we made an excuse to go out. It was another day before he rang us and said *We need to talk.* He had been selling the stuff and getting some weird reports... his dope had always been good and suddenly it was weak and people who thought they were getting heroin were getting coke and some were getting speedballs without requesting it. He came over and we confessed we'd been at it.

He was curious as to how we got into it and we explained. We justified that he had left us high and dry, that he had breached the arrangement in doing so, that if we could have contacted him we would have and that he should have called us, and besides, for all we knew he could have been dead. For that, we told him, we were entitled to the gear. In the end after some argey bargey exchange of threats and counter-threats, we agreed to pay him \$500 for the gear we had used and let bygones be bygones. We came out of it well and truly on top.

LANI'S STORY: AN OFFER I COULDN'T REFUSE

I had been caught shoplifting the Godfather trilogy for my father for Xmas. I'd been copped before doing things, and I usually just gave in. But this time I just didn't want to. I decided to make as much trouble as possible. I decided to do the maddie act. This involved a bit of yelling and dancing around going whacko. My partner, Tim, was with me, so the police enlisted his help in getting me to calm down.

Eventually they got me in the back of the paddy wagon. They were worried about me though, and persuaded Tim, who was behaving very rationally, to come with them to make sure I was ok. Sure, he said, but I have to go to the

toilet first. He went away, mixed up and put his shot away, then when he came to check on me in the back managed to slip me a fit with a shot.

Tim had to sit in the front with the cops, as he wasn't under arrest, so I was in the back on my own. I had the shot and hid the fit and as I was zoning out I looked up and saw a red strip along the edge of the seam connecting the side panels with the roof. I recognised it straight away as a plastic drug bag.

It took me nearly the whole rest of the ten minute trip to the police station to ease it out, and when I got it I couldn't believe it... the bag held one enormous rock, obviously put there by someone worried about being searched. I had no such fears about my ability to hide the bag, and after I'd dealt with the dramas of the day my boyfriend and I settled down to a pretty happy Xmas party.

BENJAMIN'S STORY: OVERDOSED AND DONE OVER

I was cashed up for Xmas. I always delay doing my tax so I get my return in December, sort of like having a little Xmas Club savings account. That year I got about \$900 and, loving that sexy feeling of a stack of hundreds and fifties in my wallet, I was enjoying my temporary wealth. It would last at least a day, until I had visited various retail emporiums swapping it for cool and groovy gifts for my beloved ones and a few special toys to put under the tree for me. Not to mention spending some of it getting really stoned.

My non-drug-using girlfriend had a shop on Oxford Street at the time so I started there. I just had to duck out briefly and discreetly to spend a portion of my bankroll with my dealer.

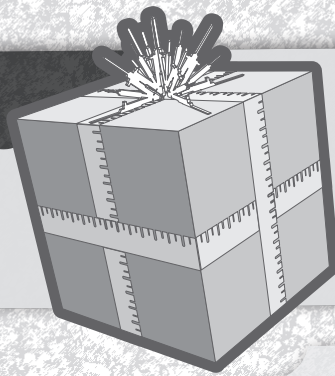
After we had met up and things changed hands, I went into the toilets of a local drinking establishment to inject the deal. I can only think that my dealer must have got the deals mixed up or had decided to give me a Secret Santa - something from his special reserve, top

shelf, double strength, private collection - because the minute I got it in, I dropped. Sadly no-one knew where I was... I found out later that my girlfriend had been calling everyone we knew and even temporarily closed the shop to look for me, as it seemed I had been abducted by aliens.

I woke up about three hours later in the toilet, on the floor, fit still in my arm, the door still shut and the knob turned to *engaged*. No-one had called an ambulance or tried to resuscitate me or even told the management, even though I am positive you could see under the half height door that I was collapsed in there. However, I was to discover that at least one person had noticed I had overdosed. Yet the only action they took was to jump or duck the walls and fish out the remaining cash from my wallet. It was a theft I couldn't even report had I wanted to. I asked around, but no-one would own to seeing anything. I just had to suck it up. But I can assure you, I did learn a couple of things that day. I try to not use on my own anymore, making sure people know where I am and what I'm doing, and wherever I can, I pay with eft-pos. Hope your Xmas is luckier!



XMAS BITES



NELL'S STORY: ALL THAT SCRATCH IS MAKING ME ITCH

I was really down on my luck and I didn't know how I was going to get back up. I had always dealt but my partner got put in jail and it really knocked me for six. I had debts but no money and no way to get the capital I needed to start dealing again. And it was Xmas time to boot.

The only thing I could think of to get a sum of money together was to gamble. I knew you couldn't win on pokies and I didn't have the stake for anything else. So I decided to buy scratch lottery tickets. I planned to buy a \$5 ticket a day til I won enough to get back into the game. Just one a day. I was sure that if I kept buying I would eventually win. Don't ask me how, but I just knew it was a plan that would work for me at that time.

And I was desperate, with no other plan. So every single day I bought a ticket. Some days I didn't have cigarettes, but I made the lottery ticket my priority and made sure I didn't miss a day.

It didn't take me as long as I thought. On day 15 I scratched a \$25,000 prize. It was enough to pay my debts, get my good name back, buy gear to get me back in business, and a car for delivering and I was on my way again.

I still buy the odd ticket, but not routinely or with any hope of winning. After all, the odds of winning \$25,000 with an instant scratchie is something like one in one and a half million!

JEN'S STORY: WHAT PART OF ILLICIT DO YOU NOT GET?

Last Silly Season, a friend of mine rang me in distress... her partner had been pulled over in his car by the transit police, and had just rung her from a police mobile unit. He had been invited to take a drug test.

Julie was worried and wondered if I would pick her up to go get their car if need be and he wasn't allowed to drive home. She then added that she thought he might be okay, as he hadn't pulled a cone for a few hours and hadn't used anything else that day. I said that he would still have it in his system, that I thought we should get moving now and not wait for his call back.

She was obviously confused by that. *What*, she wanted to know, *is the level of drugs you're allowed to have in your system? You know, she*

said, with alcohol it's a 0.05 blood alcohol level. What level of drugs are you allowed to have in your system and still be able to drive? Surely if he hadn't had a cone for a while, the level of drugs in his blood would be low enough to pass? She was totally serious!

I couldn't stop laughing at that one. *Julie*, I said, *drugs are illegal, remember! You're not allowed to have any drugs at all in your system, ever!* That really stopped her. She had not thought it through at all. She really thought that along with bringing in drug testing there would be a legal limit like with alcohol! She hadn't thought about the fact that drugs are totally illegal and any use is an offence, whether you've been driving, walking, taking the bus or sitting on your couch at home.

JORDAN'S STORY: DISAPPEARING ACT

This happened on a New Year's Eve. I was in the car with a swag full of balloons, because I sell a lot on NYE and I had not long topped up. I was just minding my own business and doing my deliveries, when the cop car came up behind me like a shark. I think they had been watching me and were waiting for a chance to check me out. They waved me over. I managed to swallow most of the balloons and the rest I side-kicked under the car surreptitiously, getting out before they had a chance to come round my side. It took them ages to go through the car and for them to question me, going through my phone and the rest of it, but in the end they had to

let me go, with a warning that they were scoping me. They took off first, but I still felt I had to drive off, cool as a cucumber, without a look behind me.

I came back to the spot a bit over an hour later, after a painful session with a bottle of Ipecac®, to try and get as many of the balloons as possible. I found two out of about twenty I had lost. Two. I have no idea what happened to the rest. They were never produced as evidence in any of my subsequent encounters with Mr Plod, so they hadn't gone back for a look - officially anyway. It wasn't windy, it wasn't rainy and there weren't a lot of people around... it's a mystery. I just hope that someone found them who would appreciate them and they didn't end up in Sydney harbour.



LILY'S STORY: A VERY DOGGY XMAS

I went overseas for the first time a couple of Christmases ago, something I had always wanted to do. My partner is English and he had moved to Australia when he was eight so he had done lots of travelling with his parents. But for me, this was my first time overseas and it was pretty exciting. We travelled all over Europe by bus and train. We went to London, Paris, Brussels, Lisbon, of course Amsterdam (another story for another time). Because my partner was on a British passport, we were able to use England as a base for our methadone prescription.

At the end of the trip, cash was low but we had got a great round-the-world deal with Alitalia that gave us a free stop-over in Italy. We chose to use that on the last two weeks of our holiday, on our way home to Australia. Before we left England for the last time, en route to Rome, we had got enough methadone to cover us. We had also pre-paid a week's worth of accommodation in Rome and then we intended to visit other parts of Italy. We had 20 pounds left to our name by the time we landed in Rome. Calls home had family wiring us money, but meanwhile we stretched what we had and enjoyed the beauty of this amazing, historic city.

Rome was exciting and we were determined to have a great time. The accommodation was the pits - the only YHA in Rome, it was built for the 1960 Olympics, and was all dorms with ten people to a room - men on one side, women on the other. No lockers in the rooms and you had to be out by 10am and you couldn't come back till after 4pm

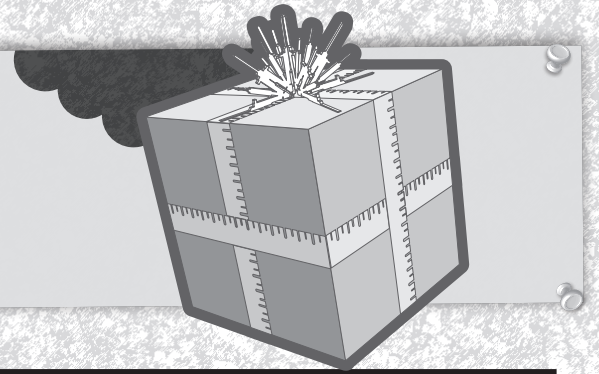
and lights out and doors locked at midnight. We had no money to go elsewhere so we were stuck. Which meant the last of our methadone til we reached Australia went everywhere with us for safekeeping.

On the second day, we were at the main station walking up the stairs when two guys and their dog headed towards us. In Europe, dogs are everywhere - on buses and trains and even in restaurants. My partner, without thinking, goes *Oh what a nice doggy* and stops, leaning in to pat the dog. I suddenly twig that the guys are undercover cops, and that this is a sniffer dog. I start freaking out, and I'm whispering to him *Don't pat it, it's a fucking sniffer dog! What the fuck are you doing!* And then, because of the contact, the dog sat down.

So you guessed it, we are searched by Italian police in a public train station, and oh, we just happen to have a few weeks' worth of methadone takeaways in our bags. We show them the letter from the English home office that certified them as ours. The police scrutinised the letter, then pointed out: *This only gives you permission to have methadone on you till tomorrow - see the date? So if we see you tomorrow, we will confiscate your drugs and charge you.* So, as you guessed, our planned touristy day sightseeing turned into organising letters from the home office, and trying to organise somewhere we could collect them from.

Yes, I am an animal lover, but my tip is: don't pat strange dogs especially in train stations! And make sure when you travel with any medication that you have all your documentation sorted and know what the rules are in every place that you visit. It doesn't hurt to carry copies of your prescriptions and letters of authority, even if you don't think you'll need them. And yes, I did put a coin in the Trevi Fountain, and I will go back to Rome one day!

XMAS BITES



JAKE'S STORY: WEIRD CUSTOMS

Sure, I was pretty tired so I slept off and on the flight back to NZ for Xmas. However I wasn't (too) stoned so I don't know why they pinpointed me... but just after immigration checks, a Customs officer was waiting for me at the bottom of an escalator. There was no way to avoid him. He asked if I was me and him knowing my name convinced me a member of the cabin crew had fingered me. He didn't have time to get to where he was if Immigration had done it.

Anyway he escorted me to get my bag then hustled me off to the area where they take your bag apart. I wasn't carrying illicit drugs. I hoped. There's always a fear something has got wedged or stuck in your bag. In the end it was my bloody wallet that caught me out. I was dumbstruck when the Scottish guy protecting the NZ border (!) came back with a reading that had been taken off my wallet which showed traces of cocaine! I hadn't touched coke in about four years! Of course I used a bank card to chop lines and banknotes to as a straw to snort them and there were still traces years later. Beware! That was enough to get the strip search. Which wasn't as bad as I expected really.

I had to bend over and all that but they were really careful not to touch me.

Where I got really affronted was that even when it was obvious I was carrying nothing, I still had to wait for ages. I had told the Customs guy I worked in a Needle and Syringe Program in an area of Sydney where there were plenty of drugs. When he finally came back to me he said there were a couple of police who wanted to speak to me. That stopped me in my tracks for a second. But they didn't want to arrest me, thankfully. No, they wanted me to "let them know" if I ever heard of anyone travelling to NZ who might be likely to be carrying or importing drugs! I was dumbstruck again. In fact I got really angry really quickly, and recall saying, *What so some other poor fucker can go through this? No I don't think so, no way!*





GEORGE'S STORY: DREAMING OF A PINK XMAS

It all started so well. I was finally going home for Xmas after a number of years away. I had always got along with my family. They didn't judge me for using, although they did worry for me. It was a good feeling to let them know that I was doing ok by visiting them for the holiday. It implied I had money to fly there and that I was able to leave where I lived so my using must be in some kind of control. My folks weren't stupid and knew what that implied: I was able to focus on something other than needing to manage drug use.

I had been on methadone for a year or so and hadn't travelled anywhere with it so I was pretty happy to have this relative freedom. I was travelling internationally and there was no way I was taking heroin with me through customs. I had my letter from my doctor and I packed my 5 takeaway doses in little plastic bottles of red methadone into my new white toilet bag and then into my luggage. It was just after 9/11 and there were all sorts of confusing security rules. I didn't want to risk the drama of taking the bottles through the x-ray and security so I put them in the bag going into the plane's hold.

After arriving at my destination I unpacked of course. My nice new white toilet bag was now...pink. This was my first inkling that all was not well. I touched the toilet bag and it was also wet. My body and mind went into panic mode instantly. I knew straight away that somehow my methadone takeaways had spilt through my toilet bag,

dying the nice white a sickening pink. In a horrible reverse my face on the other hand had gone from a healthy happy pink to a deathly white in about a tenth of a second as the horrible truth shot through me. I must have moaned in pain as I investigated.

Of the five takeaways one was intact but the other four were between a third and entirely empty. The thing is, all the lids were on, the bottles were plastic and so hadn't smashed. What had happened? I still don't know but I suspect that, by stowing my takeaways in the plane's hold they were affected by the pressure changes as the plane gained and lost altitude. This had forced a leak in the seal in most of the bottles, but not blown the lids off completely thankfully.

In the end I had to get through Xmas on half doses. But that is another story. My doctor is pretty happy to prescribe Physeptone® when I travel now but I always take my liquid doses into the cabin with me now, that's for sure. It was a hard lesson to learn, but I make sure my friends learn by it too. Before any of them is about to travel, I tell them my story and advise them to take liquid medication in their hand luggage. It's not a bad rule of thumb in general anyway, in case of lost luggage. I learned firsthand how difficult life can be when you end up with an ocean or more between you and your prescriber, without your full complement of doses.

BOUQUETS AND BUCKETS

Sadly, I get lots of tales of stigma and discrimination at UN, and it is important that we give a voice to those things that are wrong with the system so we can change them. But it is equally important to speak out when we are getting the good service we deserve, to encourage more of the same, to show what is important to us. This section shows the good and the ugly - we offer bouquets where credit is due and buckets where change must happen. And I got more of each than I could print! We follow these with some info on what we are doing at NUAA to tackle stigma and discrimination.

A BOUQUET FROM JACKIE

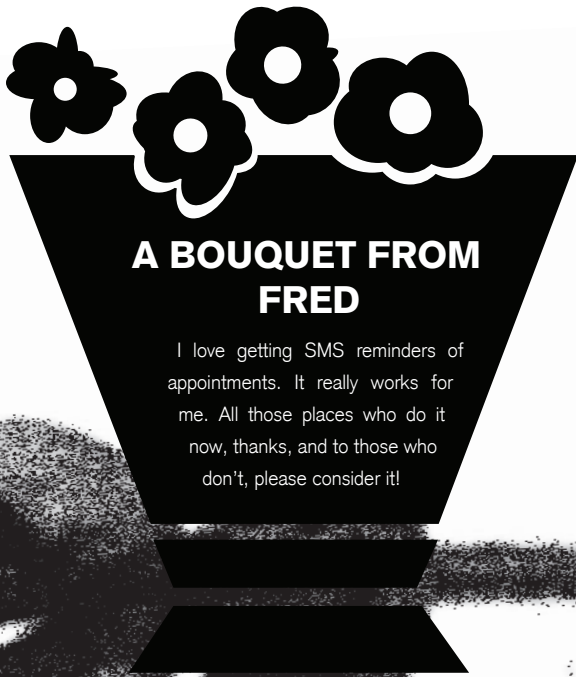
At my doctor's practice, they have implemented short, six minute appointments designed just for renewing methadone and buprenorphine scripts. You can always get in at short notice. These are bulk-billed whether you work or not. You can still book a longer appointment if you want, for general health matters. Also there are a number of prescribers there, so if you can't get in with your regular prescriber, you can always find a doctor to renew your script, and they are fine with that. It makes for smooth script renewal.

A BOUQUET FROM LINA

My chemist is a really great guy. It's a family business, so the respect the boss gives is echoed through the whole place. He always asks how things are going and is genuinely interested in the answer and tries to find things we might have in common to talk about. He treats me like a valued customer and thanks me for coming in when I leave. He lets me run a little credit when I need to and has never refused to dose me on any grounds. I have seen him deal with people with dodgy scripts or whatever, and while he doesn't give in, he is respectful and leaves the customers with their dignity intact. I find picking up my 'done a positive experience rather than the negative feelings picking up at a clinic gave me.

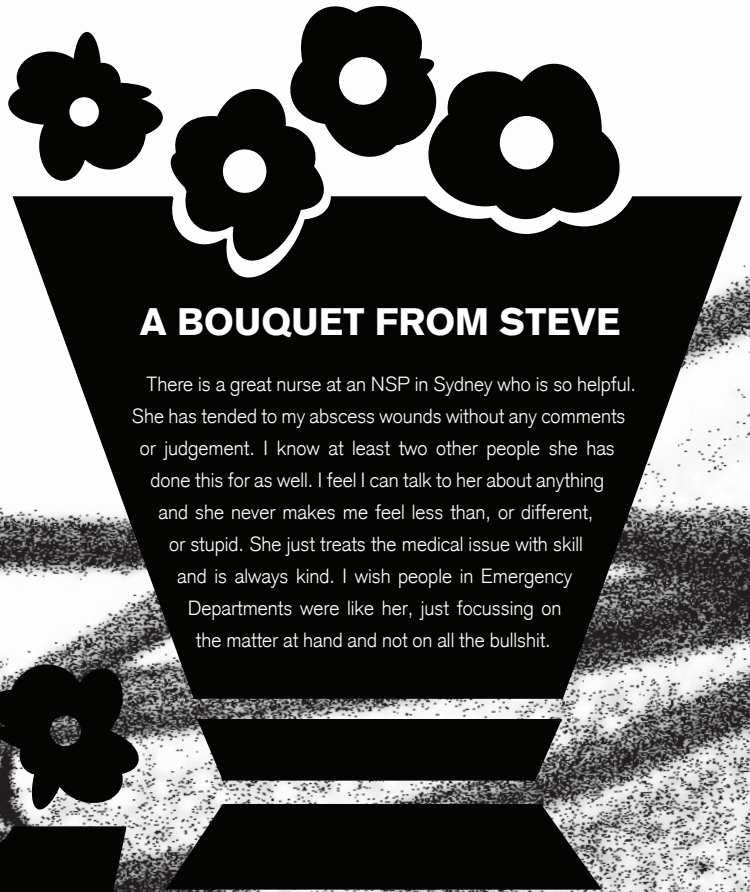
A BOUQUET FROM GINA

I love the mature relationship I have with my prescriber. I tell him when I have used, and he doesn't make me do urine tests. The relationship is built on trust and I really appreciate it. I find urine tests humiliating, especially if someone is watching. If I had to do them, I would slide off methadone and be in real trouble. So it's great to be treated like a responsible adult with a stake in their own health care instead of a child who has to be checked up on and punished.



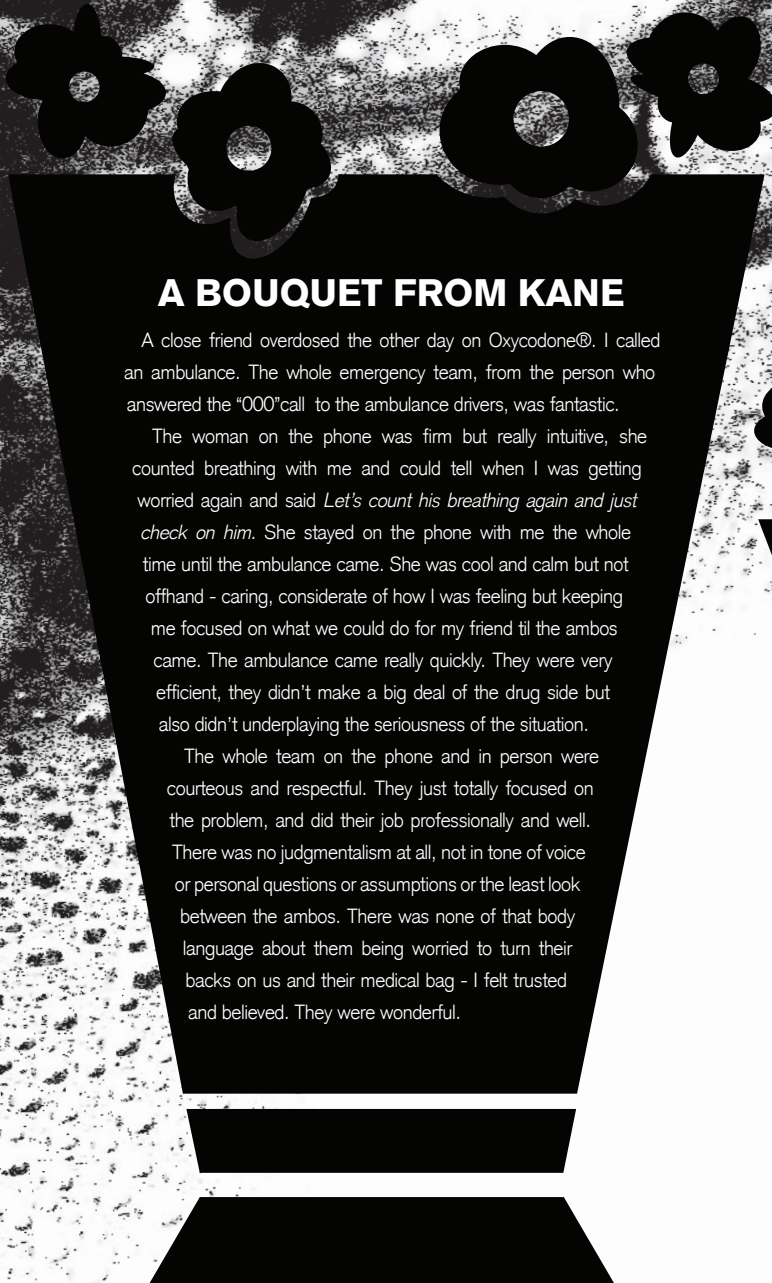
A BOUQUET FROM FRED

I love getting SMS reminders of appointments. It really works for me. All those places who do it now, thanks, and to those who don't, please consider it!



A BOUQUET FROM STEVE

There is a great nurse at an NSP in Sydney who is so helpful. She has tended to my abscess wounds without any comments or judgement. I know at least two other people she has done this for as well. I feel I can talk to her about anything and she never makes me feel less than, or different, or stupid. She just treats the medical issue with skill and is always kind. I wish people in Emergency Departments were like her, just focussing on the matter at hand and not on all the bullshit.

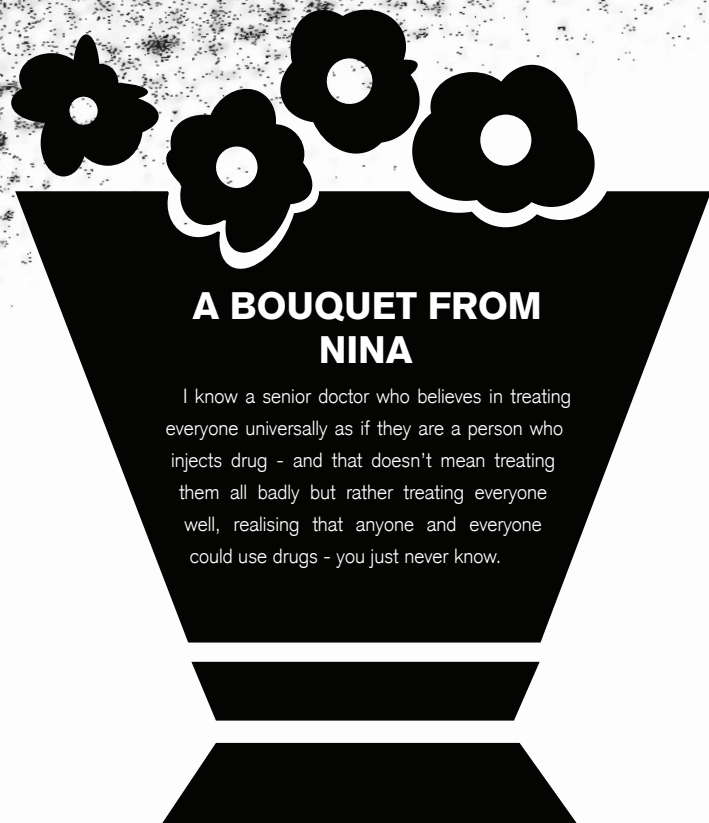


A BOUQUET FROM KANE

A close friend overdosed the other day on Oxycodone®. I called an ambulance. The whole emergency team, from the person who answered the "000" call to the ambulance drivers, was fantastic.

The woman on the phone was firm but really intuitive, she counted breathing with me and could tell when I was getting worried again and said *Let's count his breathing again and just check on him*. She stayed on the phone with me the whole time until the ambulance came. She was cool and calm but not offhand - caring, considerate of how I was feeling but keeping me focused on what we could do for my friend til the ambos came. The ambulance came really quickly. They were very efficient, they didn't make a big deal of the drug side but also didn't underplaying the seriousness of the situation.

The whole team on the phone and in person were courteous and respectful. They just totally focused on the problem, and did their job professionally and well. There was no judgementalism at all, not in tone of voice or personal questions or assumptions or the least look between the ambos. There was none of that body language about them being worried to turn their backs on us and their medical bag - I felt trusted and believed. They were wonderful.



A BOUQUET FROM NINA

I know a senior doctor who believes in treating everyone universally as if they are a person who injects drug - and that doesn't mean treating them all badly but rather treating everyone well, realising that anyone and everyone could use drugs - you just never know.

BOUQUETS AND BUCKETS

I got lots and lots of buckets. I could have filled this whole mag with them. So sad. Lots were about pharmacotherapy provision. I have chosen a few that seemed diverse.

A BUCKET FROM ED

I live in a rural area. If you go to the NSP here and get injecting equipment, the staff are very quick to tell the methadone clinic what you are up to, and then that affects your methadone. I don't think they should be allowed to talk among each other about what you are doing. There should be some privacy.

A BUCKET FROM DAHLIA

I recently had a police dog sit next to me. I actually didn't have any drugs on me, but they treated me like dirt. They basically said they didn't believe me, they just hadn't found the drugs. We know dogs aren't right a lot of the time, but they act as though a dog's word is more convincing than a person's. I think they should have apologised, but instead they treated me like a criminal, as though the dog marking me was enough, there was no need for other evidence. They took my ID and copied down all my details and card numbers, even though I had committed no crime.

A BUCKET FROM MADALINE

Chemists in my area are becoming more and more nasty when approached about buying fits or barrels. They give you that look, as though you are scum, and they may say something rude. You would think if they had made the decision to sell them, they would be ok with it wouldn't you?

A BUCKET FROM JADE

My husband was in jail until mid last year. I visited him nearly every week. On each visit, I was strip searched, even though the sniffer dogs had no interest in me. I have never been found to carry in any contraband yet I seem to have been tagged. I was even made to squat and cough, with my privacy compromised by an open door. I was threatened with box visits if I didn't comply. The discrimination included rude behaviour by the screws. On one occasion they found through phone monitoring that there was a death in the family and told me they thought it was "disgusting" that I was visiting my partner regardless. I see nothing disgusting in needing to be comforted by the man I love. Just because he was locked up, I was treated like a criminal. I never went to the authorities because I was worried it would result in termination of visits and repercussions for my partner. It really took a toll on me, as I had to build myself up to each visit but if they wanted to harass me into not visiting, it didn't work!

A BUCKET FROM TIM

I think if there was genuine care about whether we get hepatitis or HIV then there would be large barrels and butterflies in NSPs. I get sick of the control and the half arsed approach.

A BUCKET FROM MIKKAYLA

When I used to see my (former) Suboxone® prescriber, I had to give urines regularly. Trouble is, that despite having suitable bathroom facilities in his primary practice at the front of the property, people on the opiate substitution program were not allowed to use them. Instead he provided a toilet in a tool shed. There was slide bolt lock on the inside for privacy, but also on the outside, so you could be locked in. There was no light or windows, so when you shut the door it was pitch black, you'd have to pee in the little jar by feel. Imagine your hands after that... but there was no washbasin and you had to touch two doors before accessing sanitising gel. When I complained to staff my prescription program became punitive. My prescriber went fishing even though nothing had come up on urines... Any benzos? I had taken one for a panic attack a while ago. Codeine? Every now and then for a migraine. Enough, he declared, to strip my takeaways despite knowing I relied on them to work full time. He had not found evidence of heroin use, diversion, benzos ...but was determined to find something to use against me. I ended up withdrawing off the Suboxone® and getting away from him altogether. Not a choice for everyone and was really hard.

A BUCKET FROM TULLY

A friend of mine is around 70 years of age and while he was clearing the guttering of his home recently, he fell off the roof and broke his wrist, his leg, and his hip. He uses maybe once or twice a month, but he's not on methadone or bupe or any prescription opioids or benzos and never has been. He was taken to hospital semi-conscious and for some reason - perhaps they saw an old track mark or injection mark - they decided to blood test him on admission. The test came up positive for heroin as he had used the day before. As a result, he was given paracetamol only. When his wife spoke to a nurse about pain relief, she replied (actual words) "He's just a drug-seeking junkie, so we can't give him anything except paracetamol." She complained again, as it was very obvious he was suffering and in a lot of pain.

When she went in to visit the next afternoon, she told me she found him face first in his dinner plate and dribbling out the corner of his mouth as he was so stoned. They had put him on Physeptone, morning and at night. Because he had no habit or tolerance, his wife became very concerned for his welfare and spoke to the Nurse again. Her reply was that "this is what the doctor has decided, and because he is a junkie, he can only have methadone, so it's either this or nothing." He was kept on this for the two weeks or so that he remained in hospital, and was then discharged without a script. At no stage did they talk to him about the possibility of withdrawal systems, nor tell them how to deal with them. This was in a big inner city teaching hospital, not some regional backwater. I was particularly disgusted by the fact that someone made a wrong assumption, labelled him a heroin addict, and once the word "junkie" was thrown about, he seemed no longer entitled to the same level of pain relief and medical care a "straight person" is entitled to. If you treated a dog like that, the RSPCA would have you in court for cruelty to animals.

I KNOW YOU ARE BUT WHAT AM I?

DEFINITIONS

Stigma:

the thought, the social consciousness of 'othering', 'labelling' and 'differing'. Goffman talks about "an attribute, behaviour, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one" so they end up with a "spoiled", "tainted" and "discounted" identity.

Discrimination:

the experienced outcome of stigma. Being treated differently, unfairly or unjustly based on stereotype or label, be it real or perceived.

NO ONE COULD ARGUE THAT PEOPLE WHO USE DRUGS ARE DISCRIMINATED AGAINST IN AUSTRALIAN SOCIETY – BUT DID YOU KNOW THAT THERE ARE SOME PEOPLE IN THE BROADER COMMUNITY WHO THINK THAT IT'S A 'GOOD THING' TO DISCRIMINATE AGAINST PEOPLE WHO USE DRUGS? THAT IT'S ACTUALLY IN OUR BEST INTEREST?

THE AUSTRALIAN INJECTING & ILLICIT DRUG USERS LEAGUE (AIVL) – AUSTRALIA'S PEAK DRUG USER ORGANISATION REPRESENTING THE NEEDS AND ISSUES OF PEOPLE WHO USE DRUGS – HAS DONE A LOT OF WORK IN THE AREA OF STIGMA, DISCRIMINATION AND PEOPLE WHO USE DRUGS. NOW NUAA HAS TAKEN THAT BACKGROUND WORK AND IS UTILISING IT TO ADDRESS STIGMA AND DISCRIMINATION AND PEOPLE WHO USE DRUGS HERE IN NSW.

SO TELL US WHAT YOU REALLY THINK OF US...

Not much research has been done in relation to people who use drugs and discrimination. There was some work in 2000 by the (then) Hepatitis Council of NSW and NUAA. The C-Change report in 2001 was ground-breaking for its study of hepatitis C related discrimination. Then nothing till in 2010 AIVL contracted a market research company to do some focus testing on what the broader community thought of us.

Keeping in mind that there are always exceptions, basically the general community thought:

We are a "collective criminal class": some substances are illegal, therefore people who use those substances are engaged in criminal behaviour and are by definition criminals. We are immoral and deviant.

We are ultimately selfish with no consideration for others, neglecting our children, irresponsible in the disposal of needles and "criminals and thieves" who are willing to do anything to get what we need without considering others.

People who use drugs are "junkies" who lie, steal, are untrustworthy, immoral and unproductive: they cannot hold a job nor be trusted as responsible and loving parents. In fact, the level of investment in these stereotypes was so strong that challenges were met with disbelief and/or hostility.

We are likely to have a disease of some sort from using dirty needles or because we have poor hygiene habits.

We are to be feared as we might be 'contagious': people might 'catch' not only a blood borne virus, but drug use itself. Associating with us might not only encourage us to continue to inject drugs, but they could be 'tarred with the same brush' if seen with us.

Discriminating against us is actually a good thing! It's in our own best interest to be treated differently, to be denied access to services, to be served last, to have our children treated unfairly... Why? Why is discrimination a positive thing? It's supposed to stop us injecting and others from taking it up!

WHY DO THEY THINK THESE THINGS?

People who took part in the AIVL research focus groups said that both government policy and media exposure contributed to the way they thought about people who use drugs. By certain drugs being illegal,

the government establishes the sense that use of these drugs is immoral and / or indicative of deviant behaviour. So those who use drugs are seen as immoral and deviant. Drugs are bad so people who use them are bad. Governments were also seen to deliberately create a sense of fear around the use of drugs through prevention campaigns and by using phrases such as the War on Drugs, which reminded people of the War on Terror. They also considered that media reports were often aimed at reinforcing the fear of drugs and those who use them. They were somewhat fearful of people who inject drugs because of the injecting itself. They either fear needles, can't understand how some could practice injecting on themselves or consider the practice very risky. They saw injecting as a sign of addiction, which was a sign of lack of self control.

STIGMA BY ASSOCIATION

Not only are people who use drugs discriminated against, so are their parents, children and families. A mother of a son who had died from an illicit drug overdose related that she joined a support group for parents who had outlived their children, set up so parents had a place to grieve with others in the same situation. However at a meeting, the mother of a child who died of an illness told her in all seriousness that, unlike the young man who died from overdose, her daughter didn't deserve to die.

People who work for services that support people who use drugs are also discriminated against. One doctor relayed that he had been asked on many occasions by other doctors why he "bothered" with people who used drugs, that other professionals had often commented to him in frustrated tones that he was bright enough to work in any specialty and didn't have to "settle" for a career working with a drug using population.

PASSING

The outcomes of research undertaken with people who use drugs themselves came as no big surprise either: We come to believe many of the labels attached to the "junkie" stereotype, internalise them and self-stigmatise. Great! Little wonder many of us go out of our way to 'pass' in society.

It seems that the stereotype of the "junkie" is largely a media construct. People who do fit the stereotype often have things other than injecting drug use to contend with, such as mental health issues and homelessness. The vast majority of people who use drugs are largely invisible, not advertising their status and avoiding letting those outside their immediate drug use

circles know. They don't want to be treated differently, they don't want to be judged (and found wanting), and they certainly don't want to put their families and loved ones at risk.

LATERAL VIOLENCE

The other thing that we are apt to do – it tends to happen in marginalised groups who feel powerless – is pass on our feelings of being discriminated, shifting stigma sideways. This is called “lateral violence”. How often have you heard others say: *At least I don't use x substance...* or *At least I don't inject...* or *At least I don't behave like that...* We probably all have a need to see someone – anyone – as “lower” in status to ourselves. It sadly seems to be human nature to enter the comparison game.

It's unfortunate that we tend to inflict lateral violence on to other people who use drugs and we struggle to come together and support each other as a group of people who use drugs. Because regardless of what drug we consume or how we consume it, the one thing we have in common is stigma and discrimination.

WHERE DOES DISCRIMINATION HAPPEN MOST OFTEN?

The market research found that the majority of people who use drugs experienced stigma and resulting discrimination in health care settings: in hospitals and clinics, with doctors and dentists, and in pharmacies. Everyone has a story to tell about it unfortunately, and often the perpetrators don't even realise they're doing it.

The most common problems are treating differently people who use drugs and/or have a blood borne virus like hepatitis C or HIV; “professionals” behaving in an unprofessional manner putting their own views about drug use first rather than focusing on the issue at hand; refusing service, ignoring or serving last people who use drugs; being judgemental about purchases of people who use drugs; or being served last; testing people who use drugs for blood borne viruses without consent; giving us incorrect information or inadequate information; providing an inadequate diagnosis or investigation; giving inadequate pain-relief and claims of “drug-seeking”.

STIGMA KILLS

People who use drugs who took part in the AIVL research project identified two key impacts. They became reluctant to access services, and they felt that their negative self-worth was reinforced.

It is little wonder that many of us avoid getting treatment for health-related concerns until we can't put up with it any more – or it's too late. Or that we have feelings of worthlessness that affect our quality of life. The bottom line is the fact that stigma and resulting discrimination can kill.

MICRO-AGGRESSIONS

Many people don't even realise that their actions are stigmatising, but they hurt us. You know it: the look that you're given when you ask for fits at the chemist; the way that someone walks around you on the footpath; the handbag that is clutched tightly under some woman's arm when she sees you walking toward you; the way you're followed around in the pharmacy. It can even be in the architecture of a methadone clinic, the way we are locked in rooms and let through one at a time. We all know the looks and actions – intended or not, real or perceived.

These small slights are termed “micro-aggressions” and they weigh on us over time. The issue is, if we allow them to weigh on us they build up. Eventually we crack or react to the slightest provocation and we are then perceived to be fulfilling our role or stereotype of being aggressive or over-reacting.

SO WHAT CAN WE DO?

So what are AIVL and NUAA doing about it and what can we all do to combat stigma and discrimination?

It is important that members of the general public see people who use drugs as having a sense of responsibility and not causing harms to others. They need to understand that we function the same as other people, that we hold jobs and care for our children. They need to understand that we don't fit the stereotypes that people believe we do.

Some specific steps we are taking include:

NUAA is utilising some training tools developed by AIVL and administering them on the local level! We are holding workshops with health care professionals on stigma and discrimination, teaching them how it manifests in health care settings and giving them strategies to address it. The training is called *Putting together the puzzle: stigma, discrimination and working with people who inject drugs* and can be delivered tailored to an organisation's needs in a short session or a day of training.

We are showing a short film developed by AIVL called *Afternoons with Max Marshall: A short film exploring drugs, discrimination and the media* with a variety of audiences including younger people and people who work with people who use drugs and through other community forums.

We are encouraging people who use drugs to make their cases of discrimination known through AIVL's web site: *Discrimination: Know Your Rights*. We are using the information collected at that site to make others aware of issues of stigma and discrimination through different sorts of presentations.

For us, the imperative is to support each other, to look out for each other and not allow it to be a continuation of “us” and “them”. So, most importantly, we are holding workshops with people who use drugs to look at complaint mechanisms, to acknowledge and address our own self-stigma, to look at issues of lateral violence and provide strategies to reduce conflict situations.

Things can change, if we work at changing them.

WANT TO READ MORE?

AIVL's report: Why wouldn't I discriminate against the lot of them is here: <http://www.aivl.org.au/database/sites/default/files/images/AIVL%20IDU%20Stigma%20&%20Discrimination%20Report%20Nov%202011.pdf> This is an awesome paper that looks at why illicit drugs are illicit and unpacks the history of discriminating against people who use drugs and the way the media sensationalises drug related topics. Have a look at AIVL's website for similar reports. See Max Marshall the movie here: <http://maxmarshallmovie.com/> Read NCHSR's 2102 research report: Stigma and discrimination around HIV and HCV in healthcare settings here: http://www.ashm.org.au/Publications/Stigma_and_Discrimination.pdf

TAKE ACTION HERE:

Report discrimination in this short survey. This is not for personal advocacy, but part of the larger picture. AIVL is collecting information which will help AIVL and NUAA fight for rights for people who use drugs: <http://www.aivl.org.au/discriminationsurvey>

Organise training for your workplace or group or find out how where you can attend a session: Contact Fiona Poeder on 02 8354 7300 or at fionap@nuaa.org.au