UN 81
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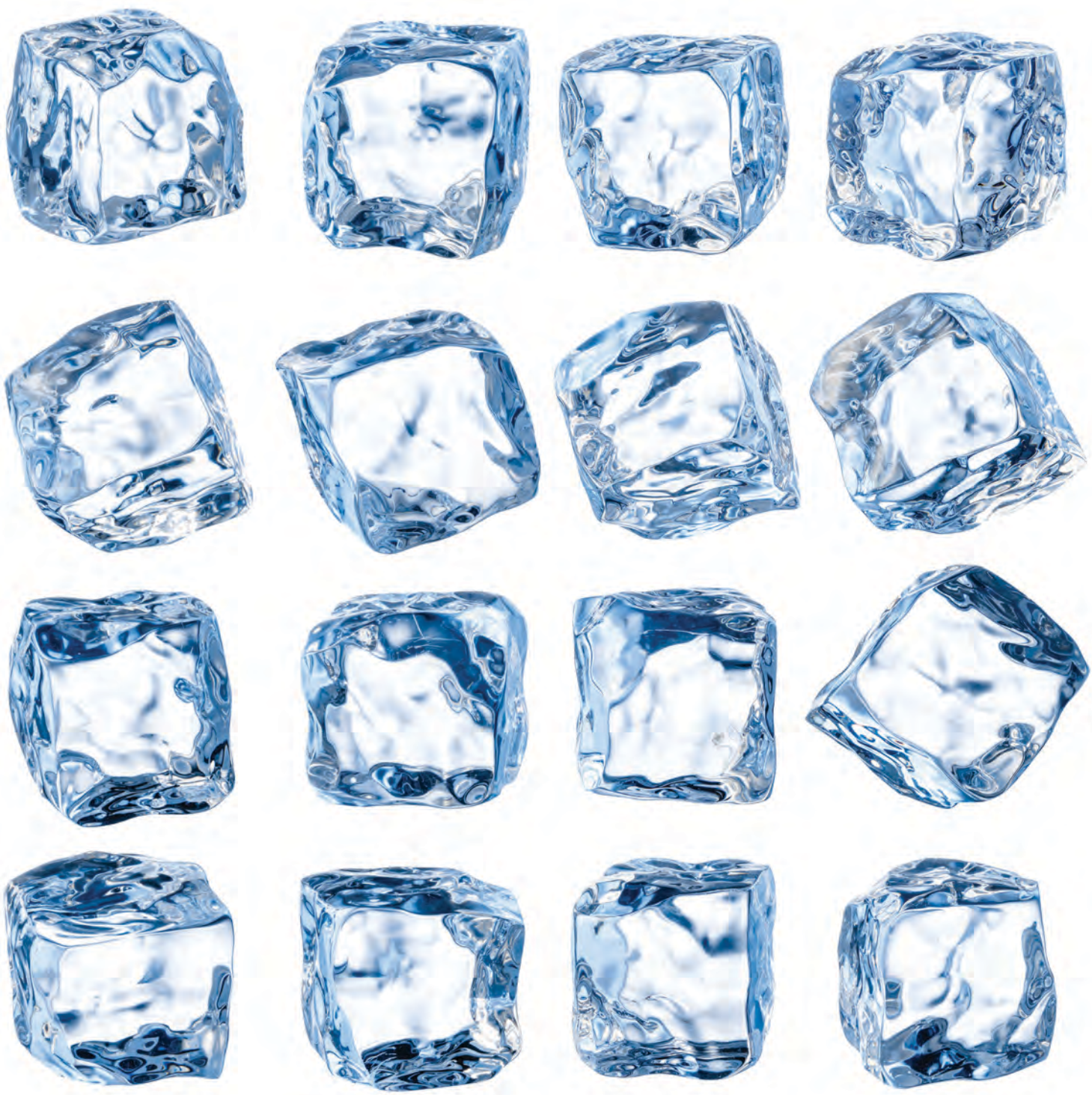
What ice issue?



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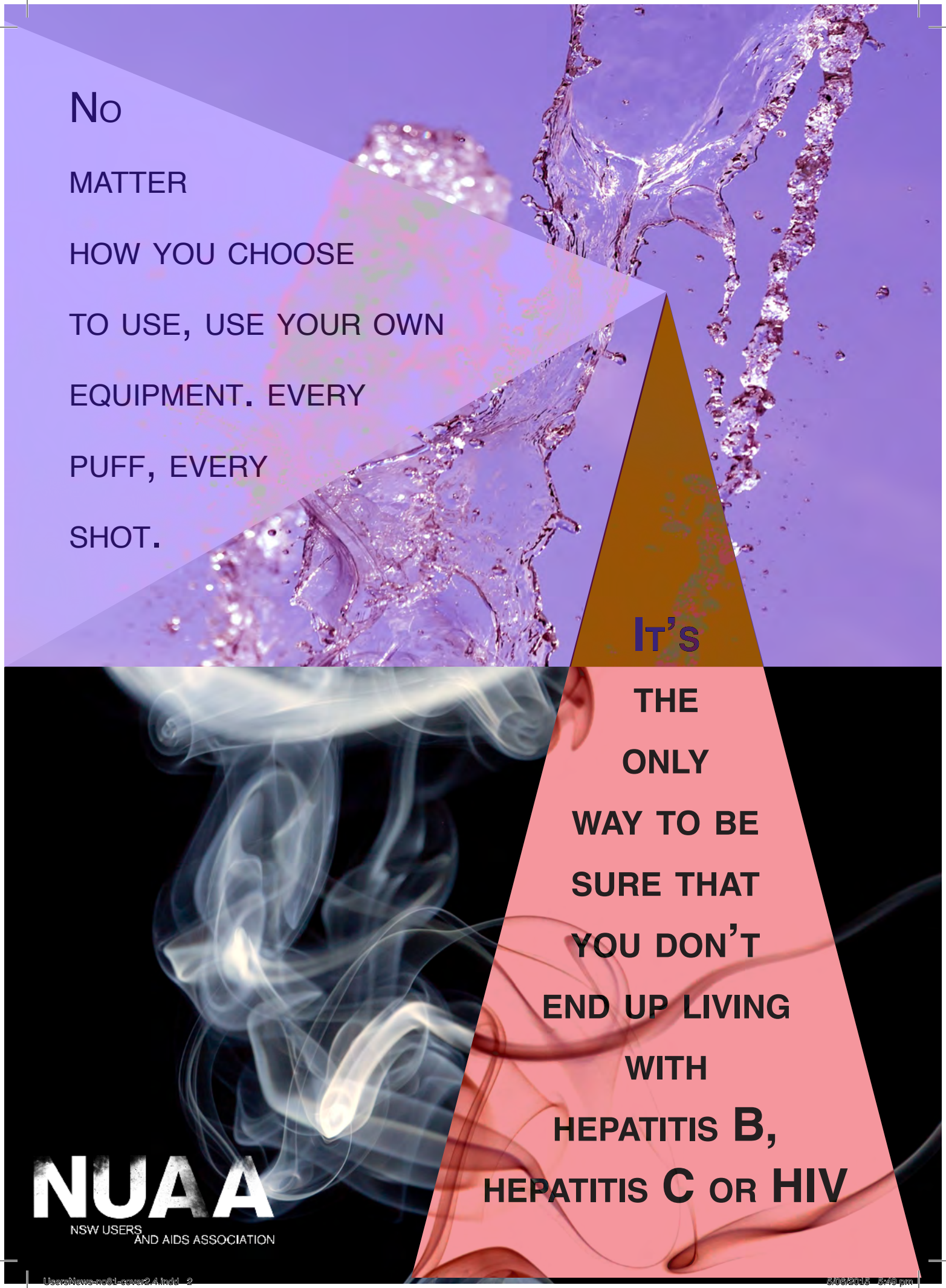

User's News
UN 81
WINTER 2015

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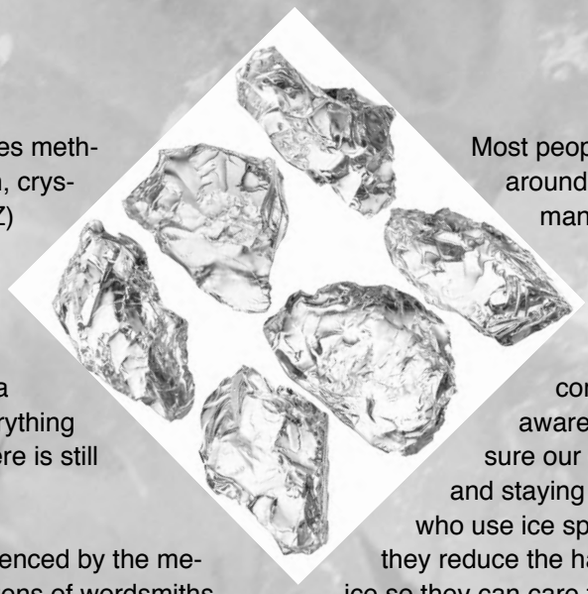
NUAA would like to show respect and acknowledge the Gadigal people of the Eora nation as the traditional owners of the land on which User's News is published. We respectfully acknowledge all Aboriginal nations within NSW where this magazine is distributed.

FROM THE UN EDITOR:

WHAT ICE ISSUE???



If you are someone who uses methamphetamine aka ice, meth, crystal, tina, shabu and P (in NZ) then you will identify with the stories in this edition and pick up some useful tips. If you don't use ice I hope this opens your eyes a little (and of course not everything in the mag is about ice - there is still stuff for everybody).

We cannot help but be influenced by the media. There are currently dozens of wordsmiths and influential folk churning out vitriol designed to make us respond emotionally to the "ice pandemic". We are hearing that ice users are crazed, violent individuals with super-human strength and Obsessive Compulsive Disorder (OCD) who pull out their eyeballs and eat them. That they are a menace and financial drain to society, a wailing wall for their terrified families and an evil influence out to destroy the scones-and-cuppa-tea realm of the Country Women's Association (CWA) that we are told is rural Australia. If we were to believe news media, ice is moving fast; think of the cryokenetic powers of Frozen's Princess Elsa, Batman's Mr Freeze or the X-men's Iceman. Thousands of men, women and children are hooked from the first shot and spiral downhill into psychosis. Soon Australia will be enveloped in an ice age that will freeze all the love and goodness out of this fine and noble nation.

It takes a while for statistics to be analysed, so we don't have current info. What we do know is that it looks like stimulant use hasn't increased, it's just that ice/meth has taken over the stimulant market, and people who do ice do it a bit more regularly than speed users did. And we know that stereotypes are irrelevant, whether you're talking about what shoes, holiday destinations or drugs people like. All sorts of people enjoy ice / meth. Some of them do it a lot. Some do it every now and then. Most never have a psychotic episode or end up in ED. Some have, and learnt from the experience.

Most people have rules in place around their use to help them manage their ice use.

There are harms and risks that come along with using any drug. We constantly need to be self-aware and risk assess to make sure our drug use is working for us and staying fun. In this edition, people who use ice speak frankly about the ways they reduce the harms associated with using ice so they can care for their bodies and minds while enjoying their substance use. We have included some stories from people who have found they needed to take a step away from ice. Other tips are about how to not get to that point!

Staying focused on our health, wealth and happiness is often easier said than done. But the great part of being in a community like NUAA is that we can share our problems and solutions. We need to support each other, whether we like slow or go. The media game is a game of stigma and discrimination and we need to not buy into that. It really upsets me to hear people who use drugs disrespecting each other. You know the sort of thing: "At least I don't inject my methadone"; "At least I don't use benzos"; "At least I don't drink alcohol" and of course "Those ice users, they're crazy!". This is the third time the media has latched onto ice in this way: it happened in 1998 and 2006 too. Other times heroin, or prescription opioids, or even cannabis has been hailed as the latest scourge wrecking the fabric of our society. Next time, it could be your drug that is in the spotlight. Don't buy into it and ask yourself... Who gains from a fracturing of the community of people who use drugs? Certainly not us. We are strongest when we stand together, when we support each other, regardless of our background, where we live, what drug we use or how we use it. We are an amazing community. Let's stay strong and watch each other's backs.

Love from Leah xxxx

GUEST EDITORIAL BY BOBBY DRAKE

A TIME FOR REFLECTION

Let me start off by saying that it is such an honour to be asked to write an editorial for Users News.

Over the last ten years (or so) I have found this publication to provide the real picture of what is going on for people like me who use drugs illicitly. It is the one place that is free of stigma and talks to me as an adult, rather than a client or degenerate.

Ice, crystal, meth, whatever you want to call it is here to stay... for a while at least. While the mainstream media would have us believe we are in the midst of an epidemic, this would be the third such media epidemic that I can recall.

While the rate of use rides the waves of bar charts and graphs across the academic world the truth is there is no epidemic as such. The epidemic that I can see is one of media coverage and unhealthy public opinion and policy. An epidemic of ice words and stigmatising language is, I suppose still an epidemic of sorts.

I used ice before my supplier had a name for it. They gave it to me as this newfangled form of speed and they weren't too sure how to use it. In those days it was trial and error. I remember that first time. I came home to rest after a whole heap of fun. I started methodically counting the bricks in a wall while my back was being massaged by fictitious critters in the mattress I was laying on. Then I realised the sun had come and gone three times since that first shot. This was my first insight to the strength, potency and possible misadventures of this (then) "new speed".

Since then I have use ice on and off over the years, with no outbursts of violence, criminal activity nor uncontrollable sexual escapades that has led to unsafe sex. This is not what the media would have you believe is possible.

I'm not saying it's all been rosy. I have had my rough times with ice. I found myself having to use it several times a day over a six month period; or so my mind recalls… it could have been longer. That was a horrible time, hiding how much and how frequently I was using from my partner. To the point I would have to force myself to eat dinner with him and lay in bed pretending to sleep while all the time my head racing through delirious thoughts of hating myself for being in this situation and paranoia of what would happen if he or anyone else found out.

I got through this with the help of my partner and friends. While it took a stint of abstinence and quite a few years of watching my use, both quantity and frequency, I am now able to use ice again with little worries of becoming dependent again. I have been back in this good spot for around seven years or so now with no sight of it being an issue. I now know when it is not a good time for me to use and what the warning signs are for me.

I know this is not everyone's experience and that we are all different when it comes to dependency and how we manage our use and our lives. I have seen some friends go through extreme problems with ice. Some have managed to use it again with little or no problems while other friends have had given it up entirely to stay sane and get along with their lives. What I do know is that if you do need help to manage your ice use, there is hope. It's not all doom and gloom nor is it the agonising despair that the mainstream media would have us believe. I realised I needed to find something within myself first - then reach out to those that could help.

I hope you enjoy this ice edition of User's News. I am sure you will find it a great opportunity to reflect meaningfully on your own use, or on how you perceive other people's use so you can better support their choices.

Best wishes from Bobby

METH PIPES AT SEATTLE NSP

The People's Harm Reduction Alliance (PHRA) a privately funded drug user organisation in Seattle, Washington in the US, runs the Needle and Syringe Program (NSP). They are now handing out meth pipes, no questions asked. The "pre-legal" (read illegal) program was launched in March and each day a few dozen bubble-ended pipes are handed out at the NSP. PHRA said it has distributed more than 1,000 pipes in Seattle in a matter of weeks and could expand to other cities.

The theory behind the handout program is that giving meth pipes to drug users may steer some away from needles, and prevent possible HIV and hepatitis C infection. It also provides a place for those who smoke meth to get harm reduction information and links to treatment and housing services.

One of the peers working in the NSP said: "Dude's got something to smoke but he doesn't have a pipe, what's he going to do? Panhandle, steal. Inject."

Critics of the program say there are no studies to show meth users will resort to injections if pipes are unavailable, or that handing out pipes prevents needle use. They also say it is hard to quantify how much the campaign might prevent death or infection, if at all, even if it does give meth users safer options than a needle or smoking out of a jerry-rigged light bulb.

Shilo Murphy, Executive Director of the Alliance, says they have pushed legal boundaries for years with user-conceived experiments unacceptable to its taxpayer-funded counterparts. It faced public outcry five years ago with a similarly illegal campaign to hand out crack pipes with extension tubes to prevent the hot glass from blistering addicts' lips, on the theory that disease could spread between pipe-sharers through open wounds, Murphy said. A similar program began in San Francisco last year.

The Alliance launched its meth pipe program after learning from its own survey that 80% of local meth users would be less likely to inject drugs if given access to pipes.

"We don't see this as controversial. We see this as what's needed in our community," Murphy said.

Giving out meth or crack pipes is illegal under state law, but the Seattle Police Department said it has taken no action to actively monitor or shut the program.

The PHRA website is here: http://peoplesharmreductionalliance.org/

"E" PLACEBOS IN PLAY SHOP

On Monday 18 May, the Dutch Liberal Democrats youth wing opened an "ecstasy" shop to display "why regulation is better than leaving the distribution to illegal street dealers".

Operating from 10 Rosmarijnsteeg in Amsterdam's city centre, the progressive political youth group sold placebo ecstasy pills (sugar pills) in an attempt to show that it is theoretically possible to run a shop that might sell MDMA. A representative stated: "We can prevent minors from buying, make sure there is no overdose in pills and educate people on ways to minimize the risks involved with ecstasy-usage"

Open only for a single day, the group aimed to use the shop to bring the conversation of MDMA decriminalisation to the Dutch parliament, in the hope that they can educate people at a grassroots level about drug use. The group used the opportunity to gather signatures needed to bring the issue up for debate in the parliament.

Read more here: http://www.mixmag.net/read/worlds-first-ecstasy-shop-to-open-in-amsterdam-on-monday-news

The ACC reports that from July 2013 to June 2014 there were:

- **Nearly 67,000 arrests for cannabis, resulting in over 7,000 kgs seized**
- **More than 26,000 arrests for amphetamine-type stimulants resulting in nearly 4,100 kgs seized**
- **Nearly 2,800 arrests for heroin, resulting in 158 kgs seized**
- **Over 1,450 arrests for cocaine, resulting in 317kgs seized**

A DRUG ARREST EVERY 5 MINUTES; A SEIZURE EVERY 6 MINUTES

More drugs have been seized than at any other time in Australia and authorities make a narcotics-related arrest an average of once every five minutes, a new report by the Australian Crime Commission (ACC) has said. The illicit drug report pulls together data from state and territory police units, as well as the Australian Federal Police and the Customs and Border Protection Service.

It finds authorities made more than 110,000 drug arrests in the 2013-14 financial year and seized a record 27 tonnes of illicit substances. "Alarmingly, that is one arrest every five minutes and one seizure every six minutes," justice minister Michael Keenan said. "There is no doubt that we are disrupting more criminals and detecting more illicit drugs than ever before but the illicit drug market still remains the principal source of profits for organised crime in Australia and continues to be a key focus for all of our law enforcement agencies."

ACC Chief Executive Chris Dawson noted a "market shift" in the demand for heroin, noting it is "not as high as it has been in previous years".

Seizures in the "other drug" category increased by 600%, due in large part to a 10-tonne haul of the chemical benzaldehyde, which is used to make methamphetamine.
"That ten-tonne seizure ... could have translated and been manufactured into 4.5 tonnes of methamphetamine. That equates to 45 million street deals, a street value of $3.6bn. So it was a very successful operation for the Victorian police," ACC chief executive Chris Dawson said.

The ACC said ice, or crystal methamphetamine, poses the greatest risk to society. "The use of ice has doubled in a three-year period," Dawson said.

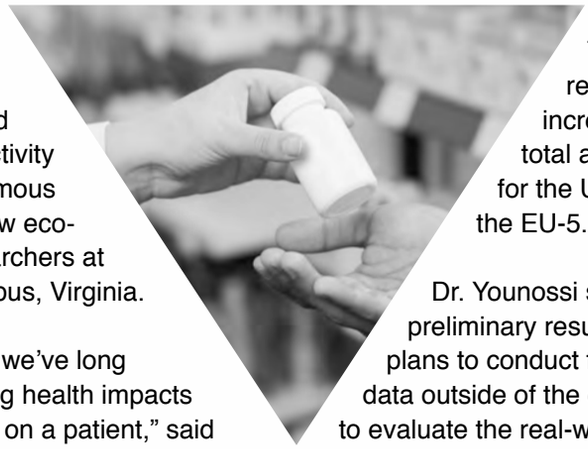
The report comes as the AFP announced it had charged a 66-year old Hong Kong man who allegedly tried to smuggle 150 kgs of crystal methamphetamine into the country through Port Botany. That consignment was declared as chemicals," New South Wales regional commander for Customs and Border Protection services, Tim Fitzgerald, said. "An image x-ray expert identified anomalies within the consignment. As a result of that, the consignment was examined by our customs officers and the detection was made of 150 kgs of ice," Fitzgerald said. If convicted the man faces life in prison or a fine of $1.25m for the alleged importation of the drugs.

Read it here: http://www.theguardian.com/australia-news/2015/may/15/drug-seizures-at-record-level-says-australian-commission?CMP=share_btn_tw

HEPATITIS C FIX COULD YIELD HUGE ECONOMIC BENEFIT

While a new generation of safer, more effective oral medications to treat hepatitis C patients may cost tens of thousands of dollars for a 12-week regiment, investing in these new therapies could generate savings estimated at more than $3.2 billion annually in the U.S. and five European countries, according to a new study. These savings would have a significant economic impact on society.

The higher cure rate and lessened side-effects of treating patients with an all-oral combination of ledipasvir and sofosbuvir (LDV/SOF) results in greatly reduced absenteeism and improved workplace productivity that can translate into enormous benefit, according to the new economic model used by researchers at Inova Fairfax Medical Campus, Virginia.



"From a clinical standpoint, we've long known about the devastating health impacts that chronic hepatitis C has on a patient," said Zobair Younossi, MD, chairman of the department of medicine at Inova and lead researcher on the study. "But given the significant side-effects previously associated with treating the disease, notably fatigue and neuropsychiatric side effects, we were interested in looking at the impact of new treatments on patients' ability to work, and in a broader sense, how this effects employers and overall economies."

Researchers used data collected from more than 1,900 chronic hepatitis C patients treated with LDV/SOF, which has a cure rate of between 94 and 99 percent with minimal side effects. Older traditional treatments that included interferon and ribavirin were less effective and caused a variety of side effects, including fatigue, as well as flu-like symptoms, depression and lowered blood cell counts.

Patients from the U.S. and Europe filled out questionnaires called the "Work Productivity and Activity Index – Specific Health Problems During Clinical Trials of LDV/SOF." The retrospective study tabulated reported absenteeism, as well as what researchers called "presenteeism," a measure of how productive an individual actually is while at work.

The researchers then built an economic model to estimate work productivity gains associated with curing genotype-1 chronic hepatitis C patients using LDV/SOF. The models were created for the U.S. and five European countries — France, Germany, Italy, Spain and the United Kingdom (EU-5). The results indicated that reduced absenteeism and increased productivity would total approximately $2.67 billion for the U.S. and $556 million for the EU-5.

Dr. Younossi stressed that while these preliminary results are encouraging, he plans to conduct further research to examine data outside of the clinical trial setting in order to evaluate the real-world consequences of a hepatitis C cure on work productivity and associated economic gains. He believes that researchers are beginning to see the bigger picture when it comes to the impact of hepatitis C, which can cause severe liver damage and other long-term health effects called the "extra-hepatic manifestations of the hepatitis C virus."

"Chronic hepatitis C is more than just a problem for the patient — it has a ripple effect that impacts society at large. While previous reports have found the cost of these drugs as certainly significant, the long term benefits of curing patients with hepatitis C makes this a worthwhile investment. We must begin to look at chronic diseases, such as hepatitis C, from every angle, which should inspire progress in developing more tolerable and effective cures," added Dr. Younossi.

Read more at http://scienceblog.com/78430/hepatitis-fix-yield-huge-economic-benefit/#eFf6RLKGSjZ5V9ZH.99

HIV MEDS FROM YOUR LOCAL PHARMACY

From 1 July 2015, people with HIV will be able to get HIV medications dispensed from either a hospital pharmacy, or a community pharmacy.

Under the current policy, HIV medications can only be dispensed by a hospital pharmacy. Community based S100 prescribers and patients are required to be associated with a hospital to be able to access antiretrovirals. From 1 July 2015, this will no longer be the case.

The change in policy recognises that, even though people with HIV are treated by community prescribers and specialists in a hospital setting, there is an increased need for people to have a range of options to collect their HIV medications. The change in policy better aligns community prescribing and the need for patient dispensing convenience – a position which has strongly been advocated by HIV activists over the last decade as more. As increasing numbers of people with HIV returned to employment and were required to take time off from work to attend hospital pharmacies and collect their HIV medications, the need for the convenience of evening and weekend dispensing of HIV medications became increasingly urgent. So what will the HIV dispensing landscape look like after July 2015? It is likely that the system will mimic methadone dispensing. It is doubtful that a person with HIV will be able to walk into any local community pharmacy and get their HIV prescription dispensed. What is more likely is that community pharmacies with high numbers of existing or potential customers with HIV will opt-in to provide an ART (antiretroviral therapy) dispensing service. It is likely that in areas with high populations of people with HIV (e.g. Darlinghurst, Newtown, Marrickville, Redfern, Surry Hills) a community pharmacy may choose to provide this service. But, if you live in an area where you're the only other HIV-positive person, or there's just a small population, it's probably unlikely that your local community pharmacy will be prepared to dispense your HIV meds.

That being said, it's a huge step forward for people with HIV and one which will not only provide a much needed after-hours access to dispensing services, but will assist in the removal of yet another barrier to treatment uptake and adherence and make it much easier to pick up your HIV medication.

Read Positive Life NSW's Lance Feeney's article here: http://gaynewsnetwork.com.au/viewpoint/hiv-meds-from-your-local-pharmacy-15021.html

ICE SENSATIONALISM

Dear UN,

I object strongly to media sensationalising of any news story and the way the media have presented the ice story is one of the most disturbing examples I have seen for a long time. The scaremongering associated with media representations of ice is way beyond the pale. The lack of balance and thorough research is counterproductive and destructive.

By alienating and treating people as "pariahs" will only prevent those that really need help from seeking it and from getting it.

Drugs of all kinds are here to stay. Locking up the young and vulnerable won't make drugs disappear. It's time to prioritise the public health , welfare and human rights of people who use drugs , their families and their communities

Even among people who use illicit drugs, there is discrimination against people who use ice. It has to stop. We have to support each other and stand together.

As the War Against Drugs is being lost, let's change society's mindset to seeing the positive and not judging those that need support and education most and who in the end just want us to listen to and accept them.

Lania

Dear Lania,

You are so right. I haven't seen such a media frenzy like this since the headlines about heroin in the 1990s. I thank you for raising these issues.

We really do need to stand together and listen to each other. Lateral discrimination between people who use drugs helps no-one and hinders our community. Now, more than ever, we need to support each other and respect each other's choices.

We hope this edition of UN puts to bed some of the myths around the so called "ice pandemic".

Best wishes,
Leah x

BUPE FOR PHANTOM PAIN

Dear UN,

I am an amputee, I suffer from phantom pain as well as the real stuff. There seems to be little the doctors know about treating phantom pain. I know that opioids while great for pain relief still do not help with the phantom pain. I am now on Suboxone and have noticed that my phantom pain goes away about 30 minutes after a dose. I also know when my dose is wearing off because the phantom pain returns, in fact it returns well before and symptoms of withdrawal so I never hangout it's my early warning system LOL. I'm wondering is there any research happening on the effects of suboxone for phantom pain management.

Sincerely,
Hop -a- long

Dear Hop-a-long!

This is such great information, I am sure a lot of people will benefit from it. The doctors I have told were really pleased to have this info and say they will look out for it. (I have a picture of them in my mind sitting at their desks waiting eagerly for an amputee to enter their offices so they could pounce with this incredibly helpful info). Many sufferers of phantom pain don't get satisfaction from opioids and would love to hear about your experience.

I found a small study addressing phantom limb pain and pharmacologic treatment. Lauren Licina et al published a paper "Buprenorphine/Naloxone Therapy for Opioid Refractory Neuropathic Pain Following Traumatic Amputation: A Case Series" in a journal called Military Medicine in 2013. They described the cases of four men who sustained traumatic battlefield limb injuries in Iraq and Afghanistan and for whom traditional medication did not work. They expressed improved pain control with decreased frequency of phantom limb pain with the use of Naloxone instead of traditional opioid agonists. They concluded that further discussion and research was warranted into "why buprenorphine/naloxone has a different property of relieving phantom limb pain." You can find the paper here: http://publications.amsus.org/doi/pdf/10.7205/MILMED-D-12-00310

Best wishes,
Leah x

SUBOXONE AND SURGERY

Dear UN,

I am currently on the buprenorphine program and about to go into hospital for a major surgery.

I am worried about telling the surgeon and anaesthesiologist about being on Suboxone for fear they will treat me like a “drug seeker” and not medicate me properly for pain. While I know it is very important to for them to know what medications I am taking for my own safety I can’t help but worry about the stigma of being a drug user and the discrimination drug users face by the medical profession.

My solution has been to reduce off of the Suboxone before surgery. I figure a week off it before I go under the knife should be enough time that it would be completely out of my system.

I would prefer it if I didn’t have to do this. As wonderful as Australia is when it comes to harm reduction compared to some other developed countries, it is unfortunate that drug users are still treated poorly by the vast majority of doctors and nurses. There really needs to be some sort of training for the medical profession on how to treat people who identify as using illicit drugs. I think more people would visit a doctor when they needed to if they weren’t worried about being treated like crap. It would also improve the overall health of drug users. You could say it is a type of harm reduction in itself.

Cindy

Dear Cindy,

First up, here is the medical advice. The doctors who advise UN say you may not need to come off the bupe for pain. Apparently most common advice is to reduce but not cease buprenorphine to allow the “head room” for short acting opioids post op and be able to run those doses up to effective levels. When the pain level is OK then you carefully reverse the process while allowing enough time to not cause a precipitated withdrawal.

For major surgery however, they usually suggest coming off bupe prior to surgery. Its blocking effect can pose issues with pain relief. If a morphine Patient Controlled Analgesia (PCA) is planned, then definitely get off bupe. They suggest substituting with methadone or another short opioid instead for a few days before surgery. For less painful surgery, staying on bupe can be OK and sometimes a dose increase can be enough.

They also suggest the anaesthetist definitely needs to know so he can make sure you are properly “under” for surgery. They suggest involving the Drug and Alcohol Liaison Team. All major hospitals in NSW will have a doctor and nurse team that see all people who are on pharmacotherapy to make sure they are being looked after properly and that their pain is being addressed . they recognise that we need more, not less, pain medication as we have a tolerance, and their role is to educate mainstream staff and reduce levels of stigma and discrimination in the hospital.

Having said all that, we know that we are discriminated against in hospitals when we are at our most vulnerable and least assertive. We are routinely denied medication (including our pharmacotherapy), disbelieved, disrespected and generally treated as nuisance patients. Stigma and discrimination are very serious issues that kill. Sadly we have lost many brothers and sisters who used drugs over these kinds of issues. Some did not seek timely health care due to a past bad experience with discrimination and ended up diagnosed of serious illness too late for treatment. Others left hospital prematurely because they were under dosed for pain and treated badly. Then there are those who had their medical issues overlooked as they were treated first and foremost as “drug seekers”. These are real experiences from people we know and love. We all have at least a couple of stories we can tell like this.

People who use drugs have been seriously under treated and over stigmatised for a long time. NUAA carry out education in hospitals and other settings in order to challenge and decrease the discrimination by medical staff. We also speak to student medical professionals. There is much more to be done however. Many people do not even realise their behaviour is damaging as their beliefs and stereotyping around illicit drugs and people who use them are so ingrained.

It would be great if we could take the doctors’ advice and trust the system. And for some people, this approach will end up well. But it is your decision and I know you will trust your instinct to do what you feel is right for you. If you do end up discriminated against, please call us at NUAA. We will help you progress a complaint. Also register your experience with the AIVL study on stigma and discrimination against people who use drugs. See page 46 of this mag for how to do that.

Best wishes,
Leah x

METH-ODOLOGY: THINGS WE KNOW ABOUT METH (ICE)

Amphetamine was first synthesized in Berlin in 1887. It was widely used in the early 20th century through inhalers and tablets – amphetamines were issued to the troops in WWII by all nations involved in the conflict and users included both Hitler and Churchill. The first recorded epidemic was in post-war Japan with 2 million regular users in 1954. Epidemics have regularly occurred in a number of countries around the word including the US and Australia with drug use often connected with military service. By 1970, 10 billion amphetamine tables were being produced by pharma companies each year with 50-90% of the pills diverted to the black market. In Australia in 1978 4% of the Australian population reported non-medical use of amphetamines.

Ice or methamphetamine is a stronger, longer acting version of the amphetamines. Meth is a potent psychostimulant, meaning that small amounts have a powerful stimulating effect on your nervous system. The drug has a long-half-life, (about 12 hours), and can be detected in your body fluids for 3 to 4 days. The noticeable effects of methamphetamine tend to wear off long before your blood levels start to drop. This means that bingeing on methamphetamine can lead to increasingly toxic blood levels, even though you don't feel like you're "revving" and even if the effects don't feel as great as the first shot did.

According to analysis of police seizures, most crystal meth is 75-80% pure methamphetamine. Ice or crystal this pure is active in really small amounts- ¼ to ½ a point (25-50mg) is an effective I.V. dose. This makes crystal meth roughly 6 times stronger than speed powder and about 4 times stronger than most freebase.

The current ice panic is not the first – previous versions were in the late 90s and mid 2000s. The most current National Household Drug Survey (NHDS) took place in 2013 and shows that drug use in Australia has remained stable over the past decade with 1 in 7 people having consumed illicit drugs in the past 12 months. Methamphetamine use peaked in 1998 at 3.7% of the population and between 2010 and 2013 it remained stable at 2.15 of the population.

What has changed is the frequency of use and the purity of the drug. The number of people using at least weekly has increase from 12.4% to 25% and the use of crystal increased from 22% to 50%. We also know that the price has dropped and purity has increased. The result is increased harms to users. The other thing we know is that support for users who are in trouble and harm reduction services are not adequate – for example substitution therapy is limited, rehab places are hard to come by, pipes aren't available. We need to focus on harm reduction and support in to tackle the so-called crisis.

In the meantime, this edition of User's News has lots of great tips to reduce harms and manage your use – here's hoping that we also see a practical response from State and Commonwealth governments focussed on public health and not panic.

This article was in part adapted from one written by Paul Dessauer, WASUA and Chris Cruikshank, Pharmacology, UWA.

METH-ODOLOGY: EARLY FINDINGS FROM A NUAA / POSITIVE LIFE METH USE SURVEY

NUAA (NSW's drug user organisation) and Positive Life (NSW's voice for people living with HIV) collaborated on a meth use web survey. The survey was open from May to June with the aim of helping us understand who is using meth and how they are using it and accessing clean equipment.
600 people took part in the survey with 459 meth users. It is unclear how much of the information talks about the diverse populations of people who use meth and how much is about meth users who access the internet and are reached by NUAA and Positive Life messaging. Our participants were:

- 83% male, 14% female, 2.5% transgender.
- 61% were gay male, 2.5% lesbian, 10% bisexual, 4.3% queer, 22% heterosexual
- 4.6% were Aboriginal, 0.7% were Torres Strait Islander
- 70% were on a salary or wage, 22% were unemployed, 8% were supported by a spouse or other
- 12% were 18-24, 29% were 25-34, 26% were 35-44, 23% were 45-54, 7% were 55-64, 2% were over 75
- 32% were living with HIV, 11% were living with hep C, 71% had been vaccinated for hep B.

The survey results told us a number of interesting things about how people used meth / ice:

PEOPLE MIX IT UP WHEN IT COMES TO HOW THEY ADMINISTER ICE / METH. Even though 62% had ever injected drugs, only 50% injected their ice/meth. The drugs people had ever injected included (from most to least) meth, speed, MDMA, cocaine, heroin, other opioids and steroids This was how people said they did their meth / ice (multiple answers allowed):

- 12% swallowed
- 50% injected
- 74% smoked it
- 10% snorted
- 12% shafted or "booty bumped' it.

SOME PEOPLE USE ICE/METH EVERY DAY, BUT MOST USE IT LESS THAN WEEKLY. This kyboshed the myth that people use it on a daily basis from the very first time. In the last 6 months, 9% had used it daily, 20% weekly or more (but less than daily); 24% at least monthly (but less than weekly), 19% had done it once or twice, 15% occasionally and 13% not at all.

WE NEED TO STEP UP HARM REDUCTION ADVICE ABOUT SAFER ICE/IMETH USING ON THE GO AND SAFER USING IN GROUP SITUATIONS. People said that in the past 6 months they had injected in a number of places, both private and public (more than one answer allowed):

- 93% had injected at home
- 35% at a sex party or group sex situation
- 24% in a public or private toilet
- 23% in a car
- 21% at a sex on premises venue
- 11% on the street
- 10% at a bar, nightclub or dance party
- 6% at MSIC (the medically supervised injecting centre in Kings Cross)

FOR THESE PEOPLE, ICE/IMETH USE IS LESS ABOUT INDIVIDUAL "ADDICTION" AND MORE ABOUT A SOCIAL THING.
When asked "in which of the social settings have you injected in the past 6 months?" (more than one answer allowed), people replied:

- 53% with friends
- 55% with a regular sex partner
- 56% with a casual sex partner(s)
- 47% alone

It is worth noting that just because someone used alone, doesn't mean they stayed alone while they were high. It is interesting that 35% of people who injected had someone else inject them.

PEOPLE ARE SHARING INJECTING EQUIPMENT FOR ICE/IMETH AND THEY TOLD US WHY.
Of those respondents who had injected in the past six months, 12% said they had shared injecting equipment on at least one of those occasions. Those people gave these reasons for sharing (more than one answer allowed):

- 42% said it was because they were unable to access equipment because of distance or location
- 16% said it was because they were unable to access equipment because the NSP was closed (hours of operation) or they were in prison
- 55% said they ran out of equipment
- 39% said sharing was part of their using routine and culture
- 35% said it was because they were into blood play

WE NEED TO MAKE SURE THERE IS SAFER USING MESSAGING AT ALL THE PLACES NEEDLES ARE AVAILABLE AND THAT PEOPLE KNOW WHERE ELSE THEY CAN GET STERILE EQUIPMENT. People who injected went to a variety of sources for their equipment (more than one answer allowed):

- 40% went to an NSP
- 15% went to a pharmacy
- 21% used a vending machine / automated dispensing machine
- 4% used a hospital
- 9% got theirs from their regular sex / using partner
- 6% got them from friends
- 3% got them from a dealer
- 1% used a mobile outreach service.

BOUQUETS AND BUCKETS

We pulled some of the best and worst quotes about ice use from recent media. Find out who we found worthy. of bouquet on the left or the bucketing on the right.

FROM SAM BIONDO, EXECUTIVE OFFICER, VICTORIAN ALCOHOL AND DRUG ASSOCIATION

Ironically, our pursuit of prohibition has distorted many things including what the evidence says. Our laws create perverse incentives, take resources away from schools, hospitals and needy communities and place ever increasing amounts into prisons and unwinnable wars on drugs. More often than not such an approach creates more harm than good… Let's just deal with this in a completely different way for the benefit of our community, rather than persistently using a flawed single-minded approach.

Read the full piece here: Ice epidemic requires new solutions, The Age, 2 June 2015. http://www.theage.com.au/comment/ice-epidemic-requires-new-solutions-20140831-109vyw.html

FROM CRAIG COOPER, CEO, POSITIVE LIFE NSW

For the majority of people their use of ice is not on a daily basis. It is part of culture and pursuit of pleasure. To pathologise drug use, puts up obstacles for people seeking esources and support.

Read the full piece here: http://us10.campaign-archive1.com/?u=5ffd7719b53ce846c7a551f8e&id=f50e7fb56c

FROM JOHN FIZGERALD, ASSOCIATE PROFESSOR, UNIVERSITY OF MELBOURNE

Mindful of the research, suitable responses should be focused on targeting existing methamphetamine users. Scare campaigns simply won't work with this group, which leaves me wondering why the federal government is ramping up its rhetoric about ice. Warnings of an "ice epidemic" carry their own harms. Our political and community leaders should be very wary of elevating fear. Although there are many unknowns in this difficult policy terrain, one thing we can be sure of is that elevating fear won't help methamphetamine users.

Read the full piece here: Political fear-mongering just magnifies the harm ice can do, The Conversation April 10, 2015. https://theconversation.com/political-fear-mongering-just-magnifies-the-harm-ice-can-do-39992

FROM BEN MARSHALL, WRITER

This new campaign... is a useful distraction that allows two narratives: the one ... of appearing 'strong', and the narrative of 'compassion and caring leadership'. As Federal and State governments 'get tough on drugs etc' and lock up more drug users, they can use the language of caring to pretend they're fighting the good fight against the 'scourge of drugs' etc. A PR win-win. Were any government to be regarded as genuinely giving a flying f*** about those struggling with meth use, we might see their actions change to prove that point. As they don't and won't, I will continue to infer this government and the opposition continue not to give a genuine fat rat's crack.

Read the full piece here: Political fear-mongering just magnifies the harm ice can do, The Conversation April 10, 2015. https://theconversation.com/political-fear-mongering-just-magnifies-the-harm-ice-can-do-39992

FROM DR CARL HART, US SCIENTIST, ACTIVIST AND EDUCATOR

This year's scary new drug is neither new nor scary.

Check out his very cool website here: http://www.drcarlhart.com/

FROM TONY ABBOTT, PRIME MINISTER OF AUSTRALIA

The young people of Australia need to know just what horrific damage this drug can do to you... They need to know that this drug can leave you disfigured for life, absolutely horribly disfigured. I don't want our beautiful young people to be horribly disfigured by this awful, evil drug. That's why it's important that at every level we take this menace seriously.

Read the full piece here: Ice: Facing up to Satan's drug. The Age. 11 April, 2015. http://www.theage.com.au/comment/ice-facing-up-to-satans-drug-20150410-1mibu6.html

FROM GORDIAN FULDE, EMERGENCY SPECIALIST, ST VINCENT'S HOSPITAL, DARLINGHURST

Ice is the most evil drug we have at the moment because it's got the biggest profit margin; the precursors are not that hard to come by, and it's so insanely addictive that your first dose can get you into real trouble. It destroys the person very quickly, and their family, their friendships.

Read the full piece here: Gordian Fulde, emergency doctor, 66, on alcohol, crystal meth and God. The Australian 17 January 2015. http://www.theaustralian.com.au/life/weekend-australian-magazine/gordian-fulde-emergency-doctor-66-on-alcohol-crystal-meth-and-god/story-e6frg8h6-1227184857186

FROM HAMISH HANSFORD, NATIONAL MANAGER OF STRATEGIC INTELLIGENCE, AUSTRALIAN CRIME COMMISSION

They (organised crime) know there is obviously still a strong desire by Australians to take illegal drugs. There is this whole culture here of young people who are getting beefed up muscles and using image enhancing drugs. When they buy steroids, for example, they come into contact with organised crime in gyms and they start to cultivate relationships with criminals and get into heavier commodities like crystal meth.

Read the full piece here: pandemic proportions. 30 April 2014. http://www.heraldsun.com.au/news/law-order/australia-warned-its-ice-problem-is-reaching-pandemic-proportions/story-fni0fee2-1226898535547

FROM WAYNE MARTIN, CHIEF JUSTICE, WESTERN AUSTRALIA

With heroin, people would tend to go to sleep, slow down; methamphetamine makes people think they are super human, will encourage 48 hour binges, during which five serious crimes might be committed. And the levels of violence we are seeing - levels of utterly irrational violence we are seeing - are quite extraordinary. People do bizarre things they wouldn't do if they weren't using meth.

Read the full piece here: Number of crimes committed by methamphetamine addicts 'truly frightening', WA's top judge says. ABC News 25 February 2015. http://www.abc.net.au/news/2015-02-25/wa-chief-justice-says-ice-problem-truly-frightening/6261310

FROM KAREN MCNAMARA MP, MEMBER FOR DOBELL

There is nothing at all recreational about this drug. Let me tell you a story that demonstrates this . . . about a young boy taken into an emergency department for treatment who gouged out his own eyeballs and ate them.

Read the full piece here: MP Karen McNamara claims ice user gouged out own eyeballs and ate them, The Sydney Morning Herald, 23 May 2015. http://www.smh.com.au/nsw/mp-karen-mcnamara-claims-ice-user-gouged-out-own-eyeballs-and-ate-them-20150522-gh7yy2.html

COOL STORIES FROM THE FREEZER

If you believed the mainstream media, all ice/meth users are violent, crazed people with sores on their faces and chaos in their minds. They were "hooked" from the first shot and their lives then went rapidly downhill. But the truth is, there are lots of different types of people who use ice in different ways and while they recognise there are challenges in managing their ice use, most put their health first and use ice as part of a balanced lifestyle. Here are a few stories from people who love using ice.

Grace

I'm a single mum of three. We lost their father only two years ago. His death at barely 40 from cardiac arrest was unexpected. He was the love of my life. I had a complete nervous breakdown when he died and was very depressed. I am only now starting to focus more on reality and my responsibilities. I realize I have to be there for my kids. My mother and my eldest child have taken heaps of the pressure from me, including helping out with the younger children.

I didn't consume drugs regularly till I lost my partner. Then after my breakdown, my GP prescribed anti-depressants and valium to help me cope. I have had a diagnosis of ADHD since I was an adolescent, managed for many years with Ritalin, so he had a lightbulb to prescribe dexamphetamine again to help me focus and be there for my children. The combination worked well, however after my doctor retired, I found it difficult to find a doctor prepared to prescribe the dexamphetamine. So I started using ice bought off the street.

My use of ice began with smoking and I moved to injecting quite easily because it seemed more discreet, more "medical" and a much more efficient way to take it. I feel the ice gives me clarity, insight and perspective. It helps me figure out my problems. I no longer experience panic attacks and ice enables me to function as a mother. I am very discreet. I need to ensure my children know that they have a responsible loving mother they can rely on. I use ice therapeutically and I am careful to monitor and manage my use.

I believe ice use has been integral in my slow recovery from my breakdown. However, I would rather have dexamphetamine on prescription. If methamphetamine were available on a regulated basis, it would be extremely beneficial to me and, I am sure, to many others.

Lee

I am 26 and have been using all kinds of drugs for over ten years. I like using a lot of different drugs and I use something every day, at least an opiate based drug. I use opioids. I like pharmaceuticals, particularly fentanyl and I homebake.

But I also like a bit of "up" in my life. My preferred stimulant is speed but there is no speed around anymore. I think the rush is much better on speed and has a "cleaner" feel; ice is cut with a lot of stuff that can really hurt when you inject it. But ice is what is available on the street and ice is what I use. I inject it because I have a "feel for steel" and that's how I do all my drugs.

I don't use ice on a daily basis, I just tend to use it as a pay day treat. I've used it twice this week because my husband and I were both paid this week. Ice makes me feel motivated and alert. I like to use ice to do the housework, although it's very easy to get distracted and fixated. You'll go to clean your bedroom and end up spending hours on a single drawer! Sex is really great on ice, you really feel connected with your partner. You can have great conversations, just talking crap for hours. I don't really go out partying or dancing on it. In fact I try not to go out on it at all anymore as it's one of those drugs that when you are high on it you can attract a lot of attention. I can jiggle and gesticulate a lot, can't stop moving and my speech gets a bit disjointed. People find that distracting and I have to remember that they are just reacting to that, otherwise I can get a bit paranoid from their reaction and think they are disrespecting me.

I do get paranoid sometimes and have to remember that it's just the drug; it's not real. You have to be able to separate reality from the drug experience. Some people do this better than others. It depends a bit on how much ice you've done, how long you've been up and how long since you've eaten.

I have ended up in hospital from a big ice binge, early in my ice use. I had a shot in a toilet in a pub, walked onto the street and fitted, right in the middle of the street. I got taken to Emergency. When I

came to I really wanted my husband. He wasn't there so I left straight away to find him. Once I did, I had another shot of ice and bam, I fitted again, and they took me back to Emergency. I stayed there that time and was in for a couple of days. That really taught me some lessons. I think it happened because I hadn't been using ice long and I was having a huge binge, using large amounts frequently. I had been up for five days on ice. I hadn't eaten that whole time and I have a really tiny frame, I'm a size six. If I have an ice binge I can drop a few kilos and then I look like a skeleton! This all contributed.

I really like all kinds of drugs and I look forward to using ice. It's not the only thing I do and it's not my favourite thing to do, but it's fun and a great feeling and I enjoy it. But bring back good quality speed and I'd be much happier!

Ross

I am a 75 year old retired, devoted grandfather. I go to the gym at least twice a week and swim at the beach. I don't smoke or drink. I have very healthy cholesterol and blood pressure, normal BMI and a regular health check every 3 months. Over my working life I operated successfully four different businesses and am now "comfortable".

I visit my wife most days in a nursing home as she has developed Alzheimer's. This has been very difficult to come to terms with, especially for the kids. Now I am living on my own, my eldest daughter rings me every morning at 9:00 am to make sure I'm ok.

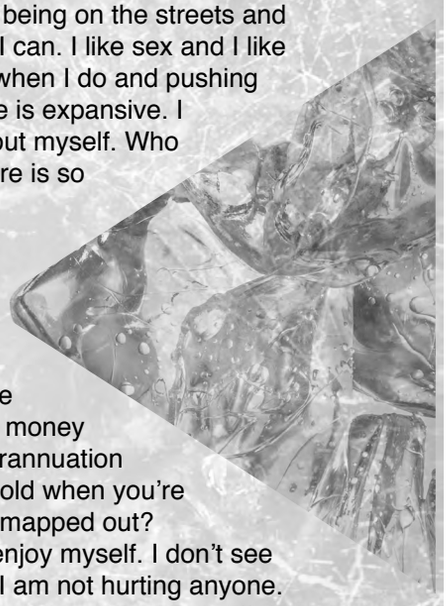
I have always been someone who likes to experiment in life – not recklessly but sensibly. I don't hesitate to try new things as long as no harm comes in any way to anyone else.

About five years ago, I started smoking ice recreationally with friends. One day I was watching someone inject themselves and she asked me if I wanted to try it. I was quite interested … and the pleasure was instantaneous. The enjoyment hasn't stopped. I love how alert and communicative I feel. It is an amazing aphrodisiac. When I use ice, I am always with a trusted friend who injects me. It is a very social experience for me. I have built some amazing and special relationships around my ice use.

I find it very hard to associate my own experiences with what I see on TV. I feel confident that I manage my ice use responsibly. I have not experienced any psychotic episodes. I feel very confident and capable. I realize ice may be used differently by some people. For me, it's important to not use more than I need, to use it with a "special occasion" feel and to get plenty of rest and nutrients before and after. I have always believed that anything in excess is harmful and I try to enjoy everything in moderation. If I go away, I may not have any for weeks at a time and don't miss it at all. When I do have it, I have a good time with my friends while taking care of my body and mind.

Tyra

I'm 20. I like ice. I use it pretty much most days. I am the kind of person who is always looking at things, being a part of the world and wanting to communicate about the special things that make up an interesting life. I love feeling connected with the world. I like to feel engaged and "on" and ice helps give me that. I want to look at the sky and talk to people and enjoy being on the streets and suck up as much life as I can. I like sex and I like connecting with people when I do and pushing myself so the experience is expansive. I like finding out more about myself. Who wants to sleep when there is so much life to be had?



I get really sick of all the pressure to be normal. I don't want to work in an office and live a normal life. Who wants to work in an office and worry about making money and insurance and superannuation - already planning to be old when you're still young? Having it all mapped out?

I like to take drugs and enjoy myself. I don't see what is wrong with that. I am not hurting anyone. I'm not the sort of person that wants to nod off in a corner. I am really creative, I like painting and making things. Ice helps me focus. Life is an adventure and ice helps me on that adventure. It makes me feel good. Connected. Energetic and interested. It's true that sometimes I am a bit messy, I get a bit agitated, a bit paranoid. I'm not very restful, my body is always moving and I always want to be on the go. But that is my nature a bit. I don't think neat and tidy is best. There is nothing wrong with getting your hands dirty in the enjoyment of life. Yes, there are times when I have to go without it and I feel pretty depressed and emotional but I know that is just about a detox thing. I would rather not feel it, which is why I do more ice as soon as I can, but I think all people who use drugs have times when they don't do it. I know plenty of people who do the work thing and they will smoke ice all weekend then they'll go into work on Monday and be dreaming about Friday night. For me, I would rather be young while I am young and have fun. Plenty of time for all that later on.

ICE CUBES CONT'D

MORE COOL STORIES FROM THE FREEZER.....

Stevie

I am an ice user who can't be expected to cease my use at the present time, if ever entirely. I really enjoy taking ice. I love to dance on it, write on it, I communicate better on it. I've become more self-confident from it. And sexually I would have missed out on a whole new dimension if ice had passed me by.

Like many others I see my use as normal, rational and even beneficial. People argue that means I am in denial. However, I am a healthy, long-living positive-thinking Aussie woman who enjoys life to the utmost. I manage my work, study, rest and play. Of course I have made lots of silly and serious mistakes in the past - some of which can't be undone - but I take my health very seriously.

There are things that ice users need to have in place to be able to use successfully. I think full regular health checkups are essential. For example, high blood pressure can be a symptom with over indulgence of meth. Sleeping, eating, exercising are all important when you take ice. You need to be in good shape physically and mentally.

Gil

I like to use ice. It makes me feel happy, alert, alive. It's my favourite drug and I take it as much as I can. It annoys me that it is so expensive and that I have to work so hard to get the money to afford it. I am homeless and I work washing windscreens and do other earns. It's hard work. Some people are very generous. Others are rude and seem scared of me if they suss that I use ice. People have an idea that ice users have super human strength and are aggressive. I feel all too human. Ice actually calms me down.

I think people look at me and think I am homeless because I am an ice user, but actually I was homeless before I used ice. I was young when I left a bad family situation, not even out of school. It's hard to live a "normal" life when you have had a tricky start. Nor do I use drugs to compensate for a crappy family life. I use drugs because I like how they make me feel and because they distract me from a world of selfish a-holes who just think about money, rape the environment and don't respect other lifestyles.

I have had a few so-called "episodes", always on big binges when I haven't slept or eaten. The most recent time I got upset at someone who insulted me, saying I was a "lowlife junky". Maybe I wouldn't have reacted quite how I did if I hadn't been on ice, but I like to think I would have stuck up for myself anyway. Health workers seem to think that ice is behind ALL my actions. That's ridiculous, too easy. But here is another easy thought: If you treat me with respect, I will treat you with respect. If you treat me like a lowlife junky, I will stick up for myself. That is not random or drug related. That is about self-respect.

Bobbie

I have been using ice for over 20 years. I inject it at least four times a week. I have been to detox and rehab on more than one occasion. I have been in and out of jail for non-violent drug related crimes. I am transgender. I feel I was born a girl even though I look like a man. I am living with HIV, having contracted it innocently when I was very young at 15 – practicing unprotected sex. As a transgender I experience discrimination daily. Wherever I live, the curtains are always closed. I have a history of sexual abuse, both at a Catholic boarding school and from family members. I take all sorts of drugs to self-medicate. I need to block my past out and cope with the present.

Doctors and nurses have always shown discrimination toward me. My HIV specialist is the only one who hasn't. One time I went to the emergency department of a big inner city hospital after being assaulted. I was given no comfort, no counselling and no pain relief at all. I saw my file; the doctor had written that I was intoxicated on ice, even though on that particular occasion I wasn't. In fact I had just been released from rehab. I made a huge scene because I thought my arm was broken - it was excruciatingly painful – and I was getting no pain relief and no medical attention. They just took me to a private area to calm down. They would have marked it up to another ice user having a psychotic episode and trying to con drugs out of them. I left the hospital angry, humiliated and in pain to seek out ice for pain relief and get some comfort after having been assaulted – first by someone on the street and then by the health professionals.

Kelly

I'm 20 and studying at uni to be a doctor. I smoke ice maybe twice a month at the most. My parents would be horrified – they are naïve and very strict and have high hopes for their private school educated eldest daughter. My boyfriend has graduated and earns a good salary. My parents really like and trust him. He pays for the ice because I can't afford it.

I really enjoy the drug. I get sick from alcohol and

paranoid from weed. And as long as I have time to sleep afterwards, it's all good. I have been keeping up with my studies. If it interferes with my life goals I will stop using it.

Ned

I started using ice when it became harder to buy Es. Something had to replace Es for when you went out partying and for me that was meth. I don't believe ice is for everyone. In my opinion, ice doesn't make you a dickhead, but if you are already a dickhead, it makes you a bigger one. A bit like alcohol. At 50, I've been injecting ice for four years. I did it at first out of curiosity and loved the immediate effect. I use it sensibly and believe in harm minimization.

I also support getting rid of the drug black market and regulating drugs. From my experience and observation, authorities have created this 'ice epidemic'. I even heard a well-respected minister say that things are "better off when people are on heroin; all we have to do is check if they're breathing." Many in our community equate mental disorder and behavior as a result of methamphetamine use. Ice is often blamed too easily and conveniently for everything.I think the so-called "ice pandemic" is the latest instalment in the War against Drugs.

John

I started using ice after a work related incident in my 40s ended my 20+ years high level career path. I fell into a deep depression. I was confused, nervous, I became a lost soul because I couldn't fathom life without goals, plans, discipline, recognition and achievements. The mental malaise that I was experiencing was swiftly remedied when an old close friend introduced me to meth, a.k.a. ice. As I trusted him, there was an acceptability about what I was doing. And I felt happy. Sex was fantastic. My mood elevated. Methamphetamine really changed my life.

Because of my ice use I have experienced a lot of discrimination by health care professionals. I was "put in a box" and treated as a juvenile; I felt that I was completely dismissed because of my ice use. This disdainful treatment and lack of respect was explained as a "duty of care". But the fact was, the stigma and discrimination had a major impact on my health. I wouldn't comply with their demands for abstinence so they cut me loose and I didn't get assistance for some really important health matters. It makes me very angry.

The ice helped enormously. I've been using ice for over ten years now and I don't want to stop. It set me free. These days I am poor but happy. I think sometimes about how things might have been, but I think I am a much happier person today, freer.

Daniel

I'm in my 40s and have used drugs since I was an adolescent and while working top corporate positions or running my own businesses. Ice is my favourite drug, even though I feel the quality has deteriorated over the last seven years.

For most of my life, I have been a successful professional. I always managed to stay level headed. I knew how to take care of my health and when to take time off. As well as managing a demanding career successfully, I dealt methamphetamine and GHB for some years. I have a caring personality and gave advice to customers about how to manage their ice use to any who let their ice use compromise their health or life goals.

Because of the dealing I suppose it was inevitable that the law caught up with me eventually. My biggest ongoing regrets are associated with this. My life changed dramatically as a result of the legal intervention. I went from a happy, independent, functional drug using professional to a person who is unemployed, dependent on the state, anxious and discriminated against. I feel I don't have much of a life.

Even though I haven't dealt drugs for over four years now, I still feel traumatised by my treatment by the courts and during incarceration. My life is marred by my criminal record and harassment by police. As a result of my record, despite my extensive work experience, good references and no lack of effort - I have done hundreds of job applications and interviews - I now can't get a job of any kind. This just made me more dependent on dealing at first but I made the decision to stop as I didn't want to risk going to jail again.

Without employment, I am living in a regional area with my ailing parents. They worry enormously about my situation. My relationship with my family really suffered when the "justice" system exposed my drug use and dealing to them.

I now go for weeks without a puff, without a problem. But sometimes I get very depressed and bored. Then I go into the city to get on and to catch up with the very select few people who remain my friends.

I will always enjoy ice. My depression today has nothing to do with using ice. Rather it has to do with living in a society that has harsh laws and attitudes around drug use and especially ice. I am treated with stigma and discrimination. I can no longer contribute to the world with my skills. I have lost my financial independence. I hardly ever use ice any more. I no longer deal. But I have never been so lost and unhappy.

ICE CUBES CONT'D

ISADORE'S WINTER TALE

I tried ice for the first time about a decade ago at a bush doof. I wrapped it in a tally ho and swallowed it and was high as a kite for two days. I danced the night away and stayed up and talked crap with my friends. It was so much fun.

Afterwards, it felt like it took two or three days to recover from that one time and that just wasn't worth it for me. I work full time and even though I loved the feeling, I couldn't fit in that amount of come down time with my other responsibilities. So it was a while before I touched it again. I used speed and opiates for the next few years of my life, but not ice.

The next time I tried ice I was on suboxone for opiate management. The cost of heroin was too high and I was buying a unit, so I went onto bupe to help manage my finances. But I still wanted to recreationally use and be able to get high every now and then, to relieve the stress and just have fun. While I was on suboxone, I found using heroin was a waste of money. I didn't feel it. I just couldn't find a drug that would work over the buprenorphine. But then I tried ice and it cut right through the suboxone. Suddenly I could use drugs recreationally again. Ice soon became my favourite drug.

It took a long time for my ice use to escalate. At first I was doing it once a month, then it moved to fortnightly, then once a week, then all weekend, every weekend. This increase in use occurred over a number of years. I used a pipe a few times, but it seemed a waste, so mostly I injected it. I got a lot out of it. I got to relax from work after a hard week. I got to have incredible sex with my husband who also used it, though it wasn't his favourite drug. I went and saw bands, made artwork and baked. I watched whole series of TV shows in weekend marathons. I socialised with my friends. I went to art shows. I felt alive and alert and really enjoyed it.

I used a harm reduction approach. I have always used my drugs to open my world up, not close it down. I made sure I ate properly, slept and stayed hydrated. I exercised and did yoga for body and mind. I planned for come down time and treated myself with kindness during that period of depression (mid-week blues) that inevitably comes as part of the ice use cycle. I felt bad, but that was ok. I expected it and planned for it. And even though I used every weekend, every now and then I made sure I had a proper break to rest my body. For me, ice is a drug that is quite hard on the body so you really have to manage it. I found it a lot harder to manage my health with ice than heroin, that's for sure.

After a long period of doing that, I started having some ice Thursday nights and topping up Saturdays and this started to truncate the recovery time. That meant I was often mildly "under the influence" on Friday at work and still coming down on Monday. Then I found it was easier to get to work if I had a small amount Monday morning, but then I wouldn't sleep Monday night. So I needed it on Tuesday morning, then Wednesday morning ... and of course it became daily.

I'm not sure why it progressed like that. I don't know if I got greedy or if I just wanted to avoid the come down through the week. I do know that things in my life were getting tricky. I stopped coping with the comedowns because my emotional resistance was negated by all the stresses that were impacting on my life from external sources. I stopped being able to cope with "not feeling the best". I was sick of feeling bad. My ability to cope was shifting.

Why was that? Well the main thing was that my marriage was struggling. I don't want to go into it, except to say that it wasn't my choice. I was still very much in love with my husband but things had changed with him. In addition, a few people very close to me died in quick succession and unexpectedly. One of them suicided and that really knocked me for six. There was a natural disaster that threatened my home (the one I now owned). There were changes in my job and I was trying to cope with finishing up the work from the old position and the learning curve that came with a new role. All big stuff.

Another major shift came because I had to come off suboxone. The stability of the opiate treatment program had meant a great deal to me, and that was gone. I came off after a massive falling out with my prescriber. There had been a number of small things, including reduction of my takeaways, even after a long time on the program. But the real problem occurred when, after a urine test, he found codeine in my system. I get bad classic migraines and used the codeine for pain management. He said if it happened again he would take away all my takeaways. That meant I would lose my job. I rely on my takeaways

to work. I live a long way from work and my chemist is near my home. I knew I would use codeine again because I knew I would have another migraine and there is no way I could get through one without pain relief. My only solution was to come off the suboxone altogether. The withdrawal was really tricky. Emotional. Long. Difficult.

So let's say a heap of things compounded. I stopped a harm reduction approach to ice use. I think the ice use escalated mostly because I couldn't handle the comedowns so I kept using so as not to feel that additional depression on top of everything else.

Then my marriage ended. I lost my mind in grief. My world fell apart that day when my partner ended that marriage. We had been together a long time, had been through a lot. I still feel the pain of that breakup today, even though I have made a lot of changes, moved on, have a new lover. It still hurts.

I became suicidal. This was specifically because my marriage had ended. But in addition I hadn't slept properly for over 5 days on ice. Nor had I been eating well in that time. That meant I had less resistance than normal to the feelings I was experiencing. So I took a deliberate overdose of benzos.

I came to in a psych ward, restrained to the bed by plastic ties, chemically restrained by heavy psych drugs. I escaped by burning the ties with a lighter which was still in my pocket, and was caught again and restrained again. And again. You asked me what they could have done better in the psych ward to help me. I don't have a lot of memories of that time, except I do know they didn't feed me for three days or give me water except when a friend asked for it and gave it to me. I escaped on one occasion because I was desperate for a cigarette but they didn't think to give me a nicotine patch until a friend suggested it. I would have been a lot more compliant had they given me a patch earlier. Being restrained in a bed for three days is inhumane, I should have been moved to a secure ward.

There were several cops dealing with me. I had thought they were security guards but I found out later they were police. One deliberately inflicted pain on me when he put me in a hold with my arm behind my back, pressuring me into a painful finger lock. He told me I deserved to have the pain and that it was all my own fault, that I had brought it on myself. There were other cops and he was the only one who treated me like that. But one was enough.

I was released only if I promised to go on a path of abstinence. Otherwise I was told I would be there indefinitely on an involuntary admissions order. So I agreed. I went to my brother's place out of state and out of a major city. I remained suicidal for another six to eight weeks.

I took the abstinence route. I tried SMART recovery, but in the end I found a 12 step program useful. There are not really many other choices. From being abstinent I have seen a lot of significant improvements in myself. I am not as chaotic. If I had gone back to ice use at that time, when I was suicidal, I would have been successful at killing myself. Coming down can feel depressing and that would have pushed me over the edge.

I don't regret the path I've taken, but abstinence is certainly not a solution for everyone and I wouldn't advocate it. I live in a dual world. I believe passionately in harm reduction. But I am also following the steps and living an abstinent life.

Ice is a nice drug that needs to be treated with respect

I will never spread the 12 step word but I will tell people how to not get to the point to not need that. I of course would talk to someone about the steps and the path to abstinence if they asked me. But I genuinely believe you can manage ice use with good hydration, good eating, deliberate sleep hygiene and letting the body recover between uses. I think there's no reason why you need to go down the path I did. I ended up where I am because of a combination of trauma and a lack of self care. I can pinpoint going off the bupe as a real trigger, creating the instability that made using too much ice attractive.

How big a part did ice play in my story? It played a part. I believe if the other things hadn't happened that I would still be using ice responsibly. I genuinely used ice for a long time successfully. Having said that, ice is certainly tough on the body and mind and needs to be managed very carefully. Ice is a nice drug that needs to be treated with respect.

Would I use ice again? Maybe. I really like ice. At the moment I am really enjoying being abstinent and am getting a grip on my life as a "gay divorcee". I am having fun, dancing and partying, going to openings and shows. It's awesome. But I struggle with the idea that I would never use ice again. I REALLY like ice.

ICE CUBES CONT'D

POSITIVE PARTYING: GAY MEN LIVING WITH HIV TALK ABOUT THEIR METH USE

These bites are all by gay men who are living with HIV who take meth. These guys enjoy using meth for sex play and find it adds an extra dimension of pleasure. This is what they have to say about their meth use.

Henry
I've used drugs and alcohol all my life - since I was fifteen. Meth just happens to be my drug of choice. It's part of my culture and it gives me a lot. It allows me to be free and to explore various aspects of myself and others. It's an enabler, giving me freedom and space to be expressive. It's not just about sex; it's about celebrating and enjoying life, but not at the expense of other things that I enjoy. I have no judgements about meth use, either my own or others' use. Meth is neither good nor bad! I like to let the experience have its own truth, whatever that may be.

Steven
Meth is something special that I look forward to for special occasions, that is, maybe every six months or so. Just talking about it makes me feel good.

Caleb
Meth helps me disinhibit. I have social phobia. It improves my self-confidence and my social skills. It's a tool of release and I use it to dissociate myself from the everyday hum-drum of life - to relax, to escape and to have fun. It changes my focus of thought, gets rid of day-to-day worries. I first used meth in 1994. If I couldn't get meth, it wouldn't make too much difference to my life.

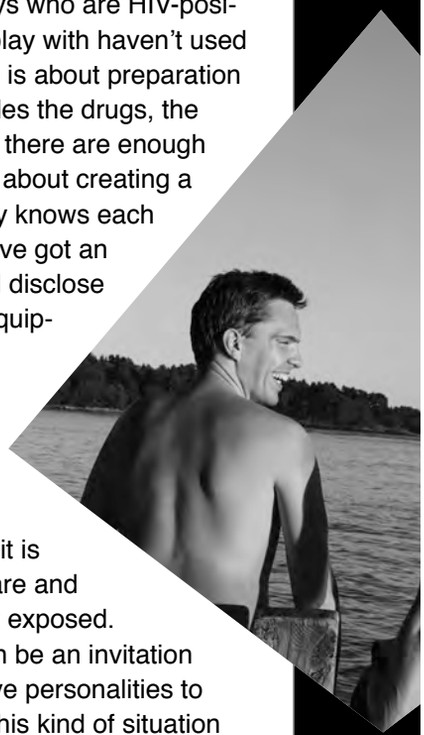
Louis
There is a unique connection, a symbiosis, that happens between "chem-friendly" playmates [people who like to use meth for sex], that creates a dynamic with a life of its own. It can mean that anything might happen.

Derek
I see drugs generally and meth in particular as a facilitator, a social and sexual lubricant. It's not about sabotage and self-destruction, it's about pleasure. But it's also about balance.

Garnet
When you lose the balancing act, that's when you're in strife and life starts to unravel. How I live my life is not meth dependent. For me it's about maintaining control – and controlling obsessive behaviours. I believe that these life skills can be learned and taught.

Eliot
I use meth and I don't allow meth to use me. For me, it's a weekend thing. I am employed as a corporate executive and Monday to Friday I'm on work time. I'm paid a shit load of money and I think they have a right to expect me to perform. I maintain quite rigid personal boundaries – what I will and won't do, and I've never broken my own rules. I've never called in sick on a Monday because of my meth use.

Aaron
I usually party with other guys who are HIV-positive. Very few of the guys I play with haven't used meth. For me, risk reduction is about preparation and planning and that includes the drugs, the equipment and making sure there are enough supplies for the session. It's about creating a safe space where everybody knows each other's status. In my case, I've got an undetectable viral load and I disclose and I don't share injecting equipment.

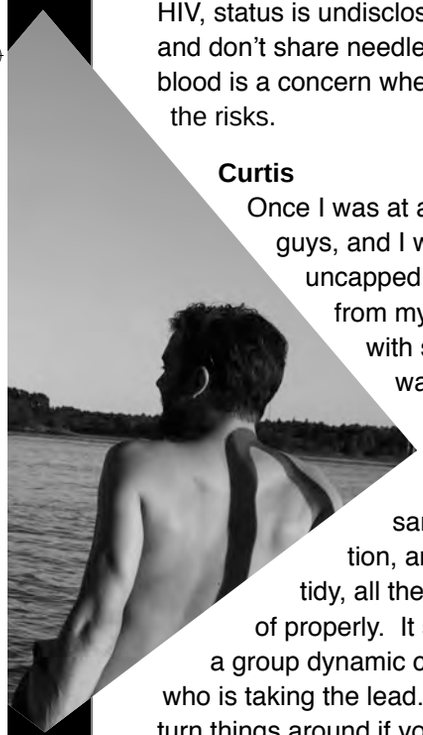


Peter
You feel like you're in a realm, a contained bubble, and that you're protected in it. You are very disinhibited, it is quite unreal how open you are and how safe you feel being that exposed. And this kind of situation can be an invitation to harm, it can attract abusive personalities to it. Keeping yourself safe in this kind of situation means keeping part of you aware. It starts with filtering or profiling the people you are going to play with, and includes scoping the environment - knowing where the exits are, where the clean fits and the dirty fits are, prepping for different scenarios and formulating a back up plan. I don't take my

drugs until I know where a situation is headed. I make sure I am where I want to be, with the people I want to be with, before I get high and lose my inhibitions and a chunk of my judgement.

James
Adding crystal to my sexual adventures was a real game-changer for me. I feel like there is nothing stopping me doing whatever I want to do. It is wonderful to push yourself like that, to push the margins of pleasure and find out new things about yourself. But the same things that make you open to wonderful, new things can make you too generous in some situations. You need to be careful not to be too open, so you don't do unsafe things you might later regret. You have to remember you're in an unreal situation, a game. It's important to decide the rules you want to play by beforehand and rehearse how you are going to keep to those. Getting carried away and compromising your health can happen if you don't keep a hold on reality.

Tony
Sero-sorting [disclosing HIV status] is part of my process. Hep C is more tough because, unlike HIV, status is undisclosed. I know my HCV status and don't share needles. However, rough sex and blood is a concern when you stop to think about the risks.



Curtis
Once I was at a party with half a dozen guys, and I woke up on the floor with an uncapped syringe a couple of inches from my face, and the floor littered with syringes and bodily fluids. It was a total unsafe mess. And these are intelligent, mature business people. The next weekend, I partied with the same guys, with one exception, and it was totally clean and tidy, all the fits and condoms disposed of properly. It shows the difference that a group dynamic can make, depending on who is taking the lead. It also shows how you can turn things around if you reflect on a situation and decide to change it, decide to make it safer, as an individual and as a group. It just takes a bit of problem-solving, some forethought and organisation and the will to put strategies in place to make it safer for everyone.

Jamie
The gay community has become judgemental and divisive, especially about meth, and this new prudishness makes it difficult for people to discuss their meth use openly, and for people who may be developing a problem to ask for help or support from their peers. Social media plays a part here as people write nasty stigmatising rubbish, which creates further division and isolates the people who need the support of their community the most.

Patrick
Shame and self-loathing in relation to meth use inhibits individuals' abilities to engage in the moment and to be honest and open with others. Some guys tend to close down, lose interest in the world around them and become unresponsive to their own needs and the needs of others. It's really sad.

Brett
Most of the time I party at home. I wouldn't feel comfortable going to a bar on meth because people are so down on it.

Hamish
I learned to be discreet about my drug use and my contacts in Sex on Premises venues. You can get banned for dealing, or using, or even just being out of it. I downplay what I feel and watch out for spiteful people who will use info against you. I have also found that although cops can be there for personal pleasure, they won't turn a blind eye to drug use and will use the info they get from venues about using and dealing. Even if they are selling, even if you know they are bent, they will still use information to their advantage. I'm really private about my use.

Will
Meth has no impact on my ethics. My ethical compass continues to work regardless of my drug use and there's no difference in behaviour between when I'm drugged or 'straight'. Other guy's ethics vary and I've also seen guys who aren't on meth being unethical. In my opinion, meth doesn't change your actions. You can't use meth as an excuse for poor decisions. People are responsible for their own actions and decisions.

We would like to thank our partner organisation Positive Life for sharing these stories with us. Most of them come from Lance Feeney's blog: "Poz Gay Men talk about Meth". Some have been edited. Other bites are by User's News readers, including some from our "Party and Play" special feature in UN #75.

Dear Doctor,

Recently I had a bad experience. After I had a shot of heroin, I got a red rash and white welts on the top half of my body. Then my face swelled up and my heart beat was very rapid. I thought I was going to die. I walked to the emergency department at my local hospital, a walk of about 20 minutes, but by the time I got there, the symptoms had gone away. What the hell happened and how can I prevent this in the future? It scared the hell out of me.

Micky, 34.

Dear Micky,

I doubt anyone will give you a definite answer as to what happened. If we are not sure what happened, that makes it difficult to tell you how to prevent it in the future. The chances are you reacted to an additive in the gear rather than the heroin itself. If you were taking a branded product, we would know exactly what you took and how much you took and could isolate your reaction. One of the issues with prohibition is that we don't know what is in a packet of illicit drugs nor in what amounts, as it changes from deal to deal. Investigating in retrospect adds another layer of complexity.

It is possible that you had an allergic reaction in the medical sense to one of the additives you injected. If so, then the risk could increase if you continue to use gear from the same source. This could lead to anaphylaxis, which can be fatal in the absence of the correct emergency treatment involving adrenaline. If you got itchy at all, then it is likely that histamine was involved in your reaction. Usually that would prompt use of an antihistamine, but the sedative effects of the antihistamine when used before a shot of heroin could multiply the chances of overdose.

My suggestion would be to be more than usually cautious for the next few times you shoot up. Avoid the same gear, know your source and be confident in the makeup of what you're injecting. Make sure you inject in company of someone who could support you if an ambulance was needed and while it was on its way. Use a small test shot and wait as long as your impatience can stand, but at least 15 minutes before tapping the mother lode. If your doctor is onside, he might provide you with injectable adrenaline such as an Epipen, to have on hand should the need arise.

Dear Doctor,

I know that you can run the risk of blood borne viruses - hep B, hep C and HIV - if you share an ice pipe with other people and there is blood from cracked lips that is shared. But are their other risks around sharing a pipe? I'm thinking of things like flu, herpes, Golden Staph or other transmissible illnesses or conditions. How likely is it that you can ending up sharing more than a smoke? And if it is likely, what sort of steps can you take to reduce that?

James, 26

Dear James,

All your concerns are valid and all the possible complications from sharing a pipe that you listed are on the table. Add tuberculosis and syphilis. The risks vary. In some circumstances you can calculate the risk, such as if you are sharing with someone who has burnt or cracked lips, has bleeding lips, has a visible cold sore on their mouth or is in the transmissible stage of a flu or other virus such as glandular fever. It is not unusual for meth smokers to have broken skin on their lips. In a study of crystal meth users in Canada, 18% reported having experienced burns and cuts to the lips and 35% reported cracked lips.

However there are other times you may not know you are sharing your pipe with someone with a transmissible condition. A systematic review concluded an HCV prevalence ranging from 2.3 to 5.3% among never-injecting drug users represents a serious health concern among this population but the causal mechanism of transmission was unclear. One very small Canadian study tested 51 people who smoked crack for hepatitis C and collected their glass crack pipes after use to test them for evidence of the hep C virus. Of the 51, 22 were living with hep C and one pipe carried the virus. The study was too small to be conclusive, however it does provide the evidence that it is possible for a glass pipe to carry the virus.

Using your own equipment is the only way you can be absolutely sure you will not "share more than a smoke" as you put it. There are parts of the world, such as Canada, where health departments fund two to five centimetre pieces of sterile surgical tubing that can be attached to the end of a crack pipe. Some Northern American Needle and Syringe Programs (NSPs) even provide full glass pipes or even crack smoking kits containing a glass stem, a screen, a push stick and a mouth piece. Adding lip balm to the kits has been deferred until it is known whether that would help reduce the spread of viruses by protecting lips or whether balm would be another thing

to share, increasing the harms, or if the effect of the gel on already bloodied lips would become a mode of transferring blood more easily. It would be useful to see smokers being catered for in NSPs in Australia. Apart from the obvious, people who smoke their drugs would be able to access the valuable harm reduction information that NSPs provide - including picking up a copy of User's News!

Dear Doctor,

I have been using ice for nearly 15 years. I made the decision to smoke my drugs while many of my friends inject. I thought I was making the healthier choice. Yet, my friends seem to be much healthier than I am! I have bad teeth, I get a lot of colds and have a daily cough. I don't smoke tobacco or choof and I watch my diet and try to exercise. It makes me wonder if I made the right choice. Given the choice, if we imagine a level playing field in everything else, are we better off injecting or smoking our drugs?

Bao, 29

Dear Bao,

Neither method of administration is without risks. Both can promote the spread of the viral diseases hep B & C and HIV, sharing fits is the highest risk and smoking has a very much lower risk. But this is of course not the only harm.

It is easy to find out about the risks of tobacco smoking as there has been a lot of research. Smoking can harm the entire body. Smoking carries with it the possibility of direct toxic effect on the lungs and lung infections. It targets the mouth, throat and lung area, potentially causing emphysema, cancers and dental diseases affecting the gums and bones that support teeth. It can also promote poor blood circulation.

Smoking drugs, especially from the amphetamine family, has the possibility of a sudden effect on the heart leading to a heart attack or sudden death. Methamphetamine, like all the drugs that have an adrenaline-like effect cause blood vessels to constrict (narrow). Most people don't realise that the lungs, if spread out as one layer, would cover the area of at least one tennis court. The rate at which an inhaled drug is absorbed into the blood stream and has its effect depends on the surface area of the lungs. All the blood from the lungs goes straight to the left side of the heart. If that blood is carrying ice, it will continue to narrow the blood vessels of the left (heavy-lifting) side of the heart which pumps oxygen carrying blood (and drugs) to the rest of the body. The coronary arteries are the first blood vessels affected, and these carry the supply for the heart itself. This is very risky. Smoking ice also raises the pulse rate and blood pressure. This places a heavy load on the heart. The heart needs additional oxygen to cope, but the vessels that deliver that oxygen are suddenly narrowed. If the loaded heart requires more oxygen that can get through these narrowed channels, the heart effectively runs 'out of breath. The heart may then electrically short circuit. The heart will either stop pumping or some of the heart muscle will die, causing permanent impairment.

Injecting has its own dangers. There is the risk of injecting unsterile stuff into your veins which lays you open to blood stream infections (septicaemia) and can result in endocarditis (bacterial infections in the heart and its valves) and abscess formation. You can lose limbs and suffer lifetime illness, seriously affecting your quality of life. You can reduce some but not all of the harms by filtering properly and always using new, sterile equipment - not just fits but all equipment. The constriction of the blood vessels will also have some of the similar effects as smoking in terms of stressing major body organs. In addition, because ice narrows the veins, you may end up having several attempts to find a vein that will accept the drug. This means you may need to make several holes in your body, substantially increasing the risk of an unsterile shot, serious damage to the veins, track marks and pain from numerous re-entry with the same needle. Drinking water will help a little, but will not overcome this narrowing of the veins.

While injecting ice may not whack the heart quite as severely or quickly as smoking it, if you weigh up the dangers I would assess there is only a marginal difference between the two means of administering.

I would have to say that overall the safest way to take drugs and minimise the infection health risks is probably to take them by mouth or by shafting (up your anus). I understand from people who use drugs that both can be effective and that shafting in particular supports very quick uptake of drugs. Of course I am aware that seriously restricts the range of your activities, but it's the best response I can come up with.

Do you have a Dear Doctor question?
Text Leah on 0406 422267 or
email leahm@nuaa.org.au

Thanks to our Expert Medical Technical Committee for these responses: A/Prof Nadine Ezard, Dr William Huang, Dr Robert Graham, Mr Denis Leahy, Dr Frank McLeod, Dr Hester Wilson

NUAA KNOWS HOW: ASK A PEER ANYTHING

PETER ASKS: I hear the terms speed, ice, meth, crystal, tina, and then there's crack. What's the difference - not just pharmaceutically but in terms of experience and bang for your buck?

Amphetamines are synthetic psychostimulant drugs that speed up the workings of the brain. The most common amphetamine in Australia is methamphetamine. Amphetamine is scientifically known as methylated phenylethylamine. Methamphetamine is double methylated phenylethylamine That doesn't mean it is twice as strong, it means it has undergone additional refinement to remove impurities.

Methamphetamine comes in three formats. First is a powder which in Australia we call speed or goey. Base is an oily or waxy paste. Crystal methamphetamine is a crystalline powder and is also known in Australia as ice, meth, crystal, tina (from Christina / Crystina) or shabu (from Japan) ; as P or Pure in New Zealand; and as glass in the US.

Crack is a different drug altogether and does not actually exist in Australia from what we know. Crack is the crystal form of cocaine and is heated and smoked, making the cracking or popping sound that gives it its name. Crack cannot easily be injected and has to go through an additional process to break it down for injecting.

As for more bang for your buck, there are many factors. What you are using, how you are using it, your body weight, your general health and the amount of sleep you have had can all play a role in how effective a substance is or isn't and how it effects you. We have all experienced sharing the same gear and one person says it was mad while another rubbishes it. Meth is typically the strongest form of amphetamine, but the rest is a matter of personal preference.

JENNA ASKS: I use ice every weekend and have done for a long time. Lately I have been feeling like using mid-week. Is there a reason for that?

There can be a few reasons or a combination of reasons why you have been feeling like using ice more often. If you are using on the weekend, it's around Tuesday /Wednesday that the comedown starts to really affect some people and you will feel more exhausted and depressed during that time. It is also around mid-week when people start to become tired from the work or school week and are looking for a lift. If you have been managing this for a while, your body might be getting run down. It might be helpful to find other ways of giving yourself a pick-me-up during the week. Alternately, it could be time to take a break of a few weeks and take care of your body by regularly getting a good night's sleep, eating healthy food and doing some exercising, stretching or meditating.

It may also be as simple as you may be getting a purer or less pure form than what you were getting which can make you feel either more or less satisfied with your drug use, which can change the way you use.

There are also physiological reasons for wanting to use mid-week. Meth takes about a week or longer to come out of your system. So if you are doing every weekend, you are building up on the previous weeks of use. This increases your tolerance. Your body/mind becomes used to having the drug in your system so you crave it more often. It is possible to get physically dependent on ice. Stopping daily or binge use may result in physical withdrawal symptoms on top of the mental and emotional come down. The more often you use, the more down you will feel afterwards. This includes feeling flat and depressed as well as experiencing muscle fatigue and exhaustion. You may then find yourself thinking it would be useful to keep taking ice to go about your normal activities like working, studying and socialising, or just to get through the day. Again, it might be more useful to pull back and have a bit of a break. Talk to the people around you. They may have opinions and some great tips for this, or see some UN articles on comedowns and detox.

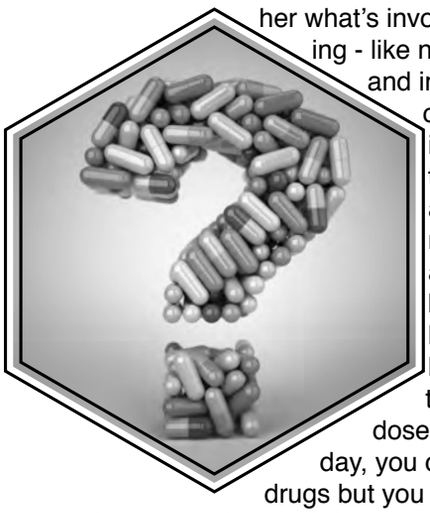
DAVID ASKS: A friend of mine is seriously hassling me to help her try ice for the first time. If she is going to do it, I would rather be there for her and show her properly, the harm reduction way, and also be with her to help her through it all, but I don't want it to wreck our friendship if she ends up liking it too much. What should I do?

Unfortunately, prohibition means that unregulated street drugs don't come with any product warnings or safe use instructions. It falls to peers to explain the risks and how to minimise them.

I suggest you start with your experiences with drugs, good and bad; the different reasons people use; why some people can't stop or end up in psychosis; the strategies used by people who manage

their use well. She needs to know that while she may see the fun side, she has no idea what some people face in their use. She has not yet probably experienced stigma and discrimination and how the general community express their fear and lack of understanding around ice.

You could also share some of your wisdom. Tell her about managing the feelings of openness and expansion that come with ice, including around sexual freedoms and how to plan for safe sex. Describe what the come-down is like and how to handle it. For nuts and bolts issues, she needs to know about things like not using alone, pre-loading on food and sleep, how to nurture herself during comedown. She also needs to understand the risks of not knowing what you're getting or how strong it is. Caution will keep her alive: being moderate, setting some rules, thinking of her safety, even if everyone else is behaving recklessly. She needs to work out her own limits and respect them. Tell her what's involved with smoking - like not to hold smoke in and implementing good oral care. And about injection – the need to be super-clean to avoid a dirty shot, the need to filter. Tell her about how to avoid a blood borne virus. Tell her about what might happen if she takes too much and overdoses. At the end of the day, you can't stop her using drugs but you can explain enough that she makes an informed decision. Having said all that serious stuff, try to make the first experience as fun as possible! That is after all why we take drugs.



LILIANA ASKS: A friend's mother told Family & Community Services (FACS aka DOCS) that my friend was using ice and now she has temporary care of my friend's 3 year old. She did use ice, with me and some other friends, but only a few times a month, and she always had her son babysat when we partied. Unfortunately she has now gone on a bit of binge as she is so miserable and also she doesn't have her son to fill in her days and occupy her thoughts. The custody order isn't permanent yet, but my friend's behaviour is not going to get her child back and I am worried about her. How do I be a good friend and support her to get her son back without hassling her or making her feel worse about herself? She's a really good mum but I can see her heading somewhere she will later really regret.

There are a number of issues here. First and foremost, being a good friend is about accepting our friends wherever they are. Love them. Be there for them. Above all, remember that whatever she chooses to do, she is not a bad person, she is not a bad friend and she is certainly not a bad parent.

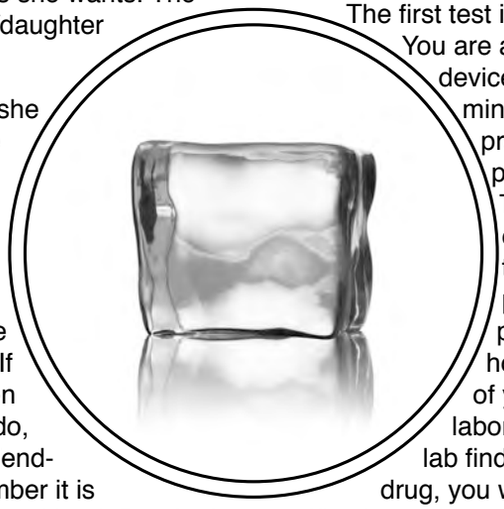
Your friend may be using because she is experiencing grief, but it is also likely she is enjoying being free of the responsibility of parenthood for a while. Parenthood can be very hard and relentless and when we get a break, it can be a real relief to have some "me" time. It could be she's enjoying herself while the responsibility is (temporarily) lifted from her shoulders. She may need reminding that it may not be temporary and that she has some serious decisions to make.

Of course, if she is using out of grief, she will be avoiding comedown. Coming down from ice is a significant emotional load and often hard enough to deal with without emotional trauma weighing us down even more. Detox is also when we have stupid thoughts at 3 a.m. that perhaps our children would be better of without us and other utter rubbish. We often try to fix how we are feeling by having more ice rather than face the depression we know is coming. You might help her care for herself while she is withdrawing. Clean her house, do some shopping for her so she has food, be there for her if she needs you. Remind her that the comedown is just part of it and she will feel bad and that is ok. Let her know you love her and that it is not useful to give herself a hard time about any of it.

As far as the custody issue goes, while it differs from worker to worker, sadly DOCS seem to have no tolerance for ice in the current climate. One dirty urine is enough for use in court for permanent removal. While the rhetoric in DOCS is that drug use is not enough to engender removal of children, that there needs to be signs of abuse and neglect, the culture within DOCS at the moment is affected by the panic around ice. If wanting her son back is the most important thing at the moment, then there is a raft of services that can help her. But she will have to do abstinence. There isn't any flexibility. She will probably have to confront detox, rehab, counselling, NA and blood and urine tests. If she wants to do that, support her by not using around her. Remember she may even need to not see you for a while, as you may be a trigger. This can be harsh, but your friendship will stand the test if you

support her.

You also need to help her not blame her mother. She probably got caught up in fear around the "ice pandemic". The media, politicians and some sectors of the drug and alcohol industry are really bashing this one at the moment. You and I know the lies that get told, but all Mum may know is that she is scared and feels like she needs to protect her grandson. She may even have friends putting pressure on her. Your friend needs to let go of the anger and blame so that she can work with her mother not against her. Her mother needs to see how much your friend wants her baby and how great a mum she can be. And in the case a permanent order is given to the grandmother, your friend needs to have a good relationship with her so that she can see her son as often as she wants. The child will lose out if this mother/daughter relationship is not mended.



Whatever she decides, even if she chooses to keep using and she loses custody of her child, it does not make her a bad person or a bad mother. Be compassionate. It's easy to judge other people's actions harshly, much harder to let people make their own decisions. Be loving. If someone is our friend only when they do what we want them to do, then we need to look at what friendship is. You also need to remember it is not up to you to fix this. Love your friend. But don't take on responsibility for her actions.

MURRAY ASKS: What happens if I have been using ice and I'm driving and get pulled over by the police? Like with alcohol is there an amount I'm allowed to use?

Unfortunately, there seems to be more emphasis on busting drug users than on road safety in the way drug driving laws have been put together. You don't actually have to be stoned, you just have to have the drug in your system. As we know, some drugs stay in the system a long time, even from one use. Unlike drink-driving, where the alcohol in the blood reflects the ability of the driver, the drugs in your blood may not indicate any impairment at all. It's all about getting drug convictions, not road safety convictions - so said Magistrate David Heilpern when he had a driver before him who had had two puffs of cannabis 14 hours before his positive saliva test.

The use of stimulants by drivers are particularly targeted by police in driving offences, partly because of the general mood of the ice panic that has hit Australia in recent months and partly because it is well known to be used by driving professionals to help them work longer hours to meet deadlines.

Ice is an illicit drug in Australia and that means we are not allowed to use it at all. We are of course allowed to use stimulants as prescribed by a doctor, for example the use of Ritalin for Attention Deficit Disorder or if we were on a dexamphetamine or Modafinal replacement therapy.

You can be randomly tested for stimulants or asked to do a test if you are driving in a manner that police consider is dangerous or if they suspect you of being under the influence of a substance. The first test is a preliminary oral fluid test. You are asked to lick the test pad of a device, with results shown in five minutes. If you test positive you provide a second oral fluid sample in the police support vehicle. The second sample uses an oral fluid screening device and takes 20 minutes. If you test positive to this test you will be prohibited from driving for 24 hours. The remaining portion of your second test is sent to a laboratory for confirmation. If the lab finds the presence of an illicit drug, you will receive a court attendance notification within a few weeks with the charge of driving with the presence of an illicit drug.

Methamphetamines will show up on an oral fluid test for about 24 hours after use - give or take variations for amount used and your gender, size and so on.

Legal Aid has some online advice on how to handle your court appearance, including how to prepare for court, the kinds of questions you will be asked, how to check the police information and how to behave in court. Legal Aid also looks at penalties, including the maximum fine and gaol times that can be awarded to you and the likely time you will be disqualified from driving. They also outline the appeals process if you are not satisfied with the Magistrate's decision. See it here: http://www.legalaid.nsw.gov.au/publications/factsheets-and-resources/drugs,-driving-and-you-pamphlet.

Do you have a Ask a Peer Anything question?
Text Leah on 0406 422267
or email leahm@nuaa.org.au

MIXING IN BAGGIES

Ever scrubbed the burnt bottoms of kitchen spoons? Nicked a spoon from cafes? Or been foiled by those places that drilled a hole in their cutlery? Used the bottom of a drink can when in a jam? You're showing your age! Most people now use a disposable plastic spoon, fine for the job because we don't usually add heat in Australia. NSPs provide plastic ones and some of the classier spots, like NUAA, provide the purpose-made ones that sit with a stable, flattish bottom and can take some heat, as long as you don't put the flame directly onto the plastic. And if in a jam, we now find it safer to use our sterile fit wrapper to mix up in, just opening enough at the very top to get the fit out and leave as much volume as possible.

These days, especially if you are an ice user, you are likely to mix up in the very bag used to deliver your drugs to you. The satchel bag, aka satty, baggy, or even "drug bag" as seen advertised in a $2 shop, is a versatile object! You can mix up right there and then in the bag it came in.

The "satty mix" or "baggy mix" is quick, convenient and discreet - great if you are on the go. It may reduce the risk of a "dirty shot" from germy fingers in your mix. Because there is no transfer, all your drug will be in the mix. Plus a bag mix is hard to spill, even if you drop it! Another great advantage is that you don't run the risk of blunting your needle against a hard spoon. But technique is everything, so there's a few tips.

Mixing is mixing whatever you do it in, but when mixing up in a bag there are few things to consider. Obviously you can't heat the bag (doh!). Less obviously, you need to grind up or crush your gear before you add water. While deal bags are happy to be folded up and squished into a pocket, once they are full of water they suddenly get vulnerable.

Reject any bag with a faulty ziplock seal; it must shut tightly. Push any air out and seal the bag. Turn it upside down, shaking your drugs to the sealed end. This is so if any of your drug punctures the bag (despite your best efforts) the holes will be near the top. When it comes time to add water, the holes will be too high for any to seep out.

Gently crush your drugs by twisting between finger and thumb, remembering bags may split or puncture if you are too vigorous. Ice melts quite easily in water but for some other drugs you need a finer mix and may need to work harder to get powder. You can lay the bag flat and, covering it with a swab packet, roll something like a lifesaver lolly packet or a lighter back and forth over it.

Now that you have crushed your drugs, turn the bag back up the right way. If you are worried about losing your mix through holes, then try double bagging. Just slide a new baggy over the one you have been using to catch any leakage.

Shake your mix back down to the bottom of the bag, away from the seal, then open carefully. Add your water. Seal it again and agitate gently till your powdery crushed drug is dissolved in the water. Help it by along with your fingers if necessary.

Once your drug is mixed, you need to filter. Any filter is ALWAYS better than no filter. An easy way to go is to use a sterifilt (if you can get one). They attach to your needle so you have good control and no chance of piercing your bag. Sterifilts don't retain much liquid either, so you end up with the most drug in your syringe from any filter. Otherwise use a pinch of cotton wool. Be careful not to pierce the bag; this is the art of dealing with a floating filter. If you do pierce the bag, don't panic; it will hold integrity for the time you need to get the liquid into the syringe. Practice with water if you want to get the technique down. Again, double bagging may reduce your anxiety. Last but not least, enjoy!

TIPS FOR SAFER ICE USE

1.HARM REDUCTION IS ALL ABOUT PLANNING. Think ahead! Here's a starter list... Trusted drug source. Sterile equipment. Comfy clothing (optional). Safer sex. Cool companions. Location, location, location. Nutritious food. Water. A cozy bolt-hole for comedown sleep. Alarm for your next "straight" gig.

2. THE ONLY WAY YOU CAN BE SURE TO AVOID A BLOOD BORNE VIRUS (hep B, hep C and HIV) is to use your own sterile equipment for every shot and every puff. Make up a Boy Scout kit with enough injecting or smoking equipment to see you through a binge. Include a safer sex kit with condoms, lube, dams, gloves etc.

3. ESTABLISH SUPPORT NETWORKS of people you can call on if you are feeling unsettled. Use the "buddy system" where you and a mate look after and keep each other safe.That could include things like always answering a call from them, getting each other home, telling each other if you get a bit scattered, keeping sexual predators at bay and making sure you only use sterile equipment. Listen to your friends! Let people know where you are.

4. MAKE YOUR ENVIRONMENT WORK FOR YOU For some people using ice in a club or at some other public event is fun. They also find they use less when they are out and active than if they are home alone. Others prefer to party at home with their friends and not to be "on show". Either way, choose activities that maximise the fun factor, companions who love you and places that make you feel comfortable and safe.

5. MANAGE USE BY MANAGING YOUR FINANCES. Decide how much you are going to use and stick to it. It may help to pay your rent and bills first then pay for your drugs. Buy as many drugs as you need then leave your ATM card at home and avoid borrowing or tick.

6. PLAN FOR SAFER SEX. Think safer sex and make sure you have safer sex supplies. If you "Party 'N' Play", think about how you can keep yourself safe. If you feel uncomfortable anywhere, get out. There's lots of other places to be.

7. LOOK A GIFT HORSE IN THE MOUTH. If someone is giving you free drugs, wonder why. If someone is mixing you drugs to inject, watch and make sure the equipment is new and sterile and the area is bacteria free. If someone is injecting you, make sure they have washed their hands and swabs have been used freely!

8. BE AWARE OF RISK SITUATIONS. Using ice at times of illness, the death of someone close to you, relationship breakup or job loss can make you vulnerable to a negative experience which may put you at risk of overdose or a mental health episode. Take steps to reduce the harms around your drug use. Be gentle on yourself. Talk to someone about your problems and be with people who care about you.

9. SLEEP, EAT, SHOWER Pre-load on sleep and food before a binge. While you are high, take a rest break, even just ten minutes of deep breathing. Eat something, even if you are not hungry (check out the nutrition section in this mag). Get a friend to drop stuff in or get delivery if you can't bear to go out. Having a shower can give you a much needed break, calm you down a little, soothe your skin and make you nicer to be near.

10. DRINK WATER but don't guzzle. There is such a thing as too much. Add a salty snack or a sports drink so you are replacing body salts you lose by dancing or other activity. Drinking water hydrates veins, making them easier to find. It will also combat "dry mouth" leading to tooth decay which affects people who use drugs. Chewing gum can also keep your mouth moist.

11. A NOTE ON THE HARMS AROUND ADMINISTRATION There are different risks associated with the way you take drugs. Check out the Dear Doctor column. Taking ice by putting it in a drink and swallowing it, or by shafting it, (putting it up your butt) is safer than smoking or injecting. No matter how you take ice, you will get as stoned. What differs is the speed it comes on with. Shafting comes on nearly as quickly as injecting. Next comes smoking, then swallowing. Experiment and try mixing it up a little to minimise the harms.

12. TIPS FOR SMOKERS You get most of the drug's effect in the first few seconds, so there is no need to hold smoke in your lungs. Because of small cuts and abrasions on lips, gums and throat from vapour, it can help to gargle salt water, drink water, suck cough lollies, use lip balm and chew gum. Gas (jet) lighters melt the crystal faster and better so you don't suck in crystal granules plus you waste less. They also don't leave black marks around the pipe so you can see what is happening more easily. Pipes can get very hot with continuous use so let it cool from time to time to ward against the cough and sore throat that can come from burning the gear and will protect your pipe from becoming brittle and breaking.

13. IRRITABLE SKIN Injecting stimulants is known to cause a rash, but this should go away within ten minutes. The combination of dried sweat and drugs

leaching out can make your skin feel irritated; a shower helps. Infections from injecting or picking may need prescription medication. If you feel like you have insects in your skin it might be a drug reaction, but there are real parasites and bacteria so ask a chemist and take their advice. Good advice with all skin problems is to minimise picking. Using bactericidal soap, such as PhisoHex ® or Sapoderm ® available at pharmacies, along with keeping fingernails short and clean, can really help.

14. RECHARGE YOUR BATTERIES If you begin to hear or see things, feel weak or physically off, feel a bit paranoid or find yourself impatient or quicker to anger than normally then your body and mind is telling you to live a quiet life for a bit. At this stage you may not realise you need it - we can sometimes be the last to know when we are a little off kilter - but if you are experiencing those symptoms and continue to use, it may become a problem for you and those around you. You will have to push through the depressing come-down but it will end and you will feel a lot better for the break. There is always another day and more drugs.

15. KNOW WHEN TO CALL IT A DAY Knowing when a binge has run its course is an art form and practice makes perfect, but like pro-athletes and movie stars, it's best to go out on a high with no regrets. If you're out and about, it helps to have a welcoming cocoon waiting for you and know how you're getting home.

16. OVERDOSE SYMPTOMS include anxiety, racing pulse, profuse sweating, excessive thirst, breathing difficulties, seizures (fits), nausea, vomiting, delusions (seeing or hearing things that aren't there), psychosis and chest pain. It's getting super serious if they stop sweating (and they are getting hot), have a stroke (headache; loss of balance; blurred or decreased vision in one eye; difficulty in speaking; numbness or partial paralysis) or fall unconscious.

17. IF SOMEONE FITS First make the area safe. Remove anything that can cause injury. Don't restrain them, the fit will only last a short time. Don't worry about their tongue, they will NOT swallow it. Second, call an ambulance on 000. Third, put them in the recovery position. Put them on their side to keep the airway clear so they won't gag on vomit; bend the top knee to keep the body from rolling; bend the top arm and put that hand under their head to support it. Stay with them.

18. WHAT IF YOU START TO EXPERIENCE A PANIC ATTACK OR PSYCHOSIS? Remind yourself that the way you feel is a side-effect of the drug (and sleeplessness). The drug will wear off and you will sleep! Concentrate on controlling your breathing - evenly and deeply - as this often helps overcome anxiety and can slow a racing heartbeat. Try not to get into arguments; you may say or do something you will regret later. This is especially important for couples who use together. Use your "drug buddy" if you have one, or if you know people who are safe and won't freak out at you looping, go find them. If you are at a venue, find the "chill-out" space.

19. TIPS FOR CARING FOR SOMEONE WHO IS DISTRESSED OR OVERDOSING Stay calm! How you react will affect the person. Move them away from bright lights and action if you can. Avoid sudden movements and confrontational situations. Sit beside not in front of them. If there are people around who are making things worse, ask them to leave or move away from them. Offer food and water. Most people will be diverted by talking about stuff they love doing, so try to get them talking about their interests to get their head in a more comfy space. Stay with them as it may only take a few minutes to wind themselves up again.

If they are physically unwell, monitor pulse, breathing and conscious state. Keep them warm. Encourage them to keep sipping water. Without making it a big deal, discourage them from smoking; the heart is having enough trouble getting oxygen through the body.

If they are delusional, don't challenge them but remind them they are out of it. They may be talking nonsense, they may react to things, or talk to people who aren't there. Telling them they are imagining things or disagreeing with them won't help. Because they are likely to panic, people experiencing psychosis can become extremely frightened, irrational, aggressive, and sometimes violent. Listening and not freaking out will often calm them down.

If at a venue consider getting help from staff. Large events employ First Aid officers. If you are concerned about anyone's safety, or are worried that the person is at serious risk, call an ambulance. Be aware that police will usually attend, and may transport the person to hospital where they will probably have to spend 24 hours. They may be taken to a mental health facility. If so they are likely to be released within two weeks.

20. WHAT GOES UP MUST COME DOWN Come down is inevitable. Be nice to yourself when your body is detoxing. Make a nice space to retire to until it is all over, if possible somewhere with clean sheets, good music and food in the fridge. You will feel depressed, but remember your feelings are exaggerated and it will pass. Feeling bad is okay sometimes. Take multivitamins, eat fruit and drink water. Most of all, remember detox has a beginning, middle and end. The middle is often the hardest but it does end.

WE ASKED PEOPLE WHO USE ICE FOR THEIR BEST TIPS, AND HERE THEY ARE!

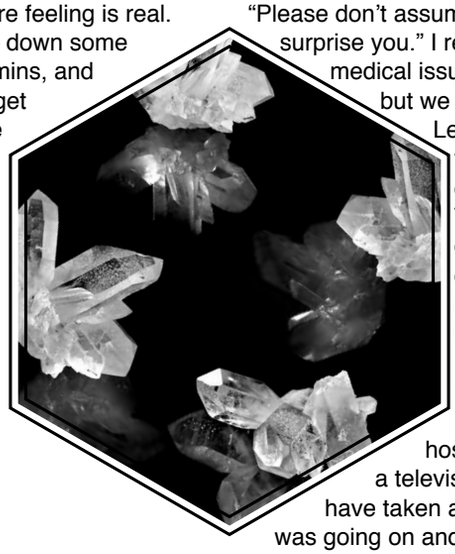
DOING ICE THE HARM REDUCTION WAY

Pierce on managing his use

I schedule a long weekend, so there is recovery time and make sure that there's no meetings or responsibilities for the week after. I also make sure that any work contingencies are covered off. After a session I get to a point where I've had enough. Tiredness (physical and mental) makes me want to stop. Experience with the effects of meth and how long it lasts and the time it takes to recover help me manage my use.

Teri on keeping safe

I think as a person who uses drugs you need to be always learning from your experiences and work out ways to keep yourself healthy and safe. Ice does heighten your emotions and you have to remember that you are stoned and it's the drug that is making you feel a bit emotional. Not everything you are feeling is real. Also it's really very important to force down some food or even just some milk and vitamins, and though you can't sleep, you need to get some relaxation. You may not get the signal your body is stressed so you have to do the thinking for your body and rest it. I make sure I get a bit of extra food and sleep before I use it, so I have a bit of a bank up. And you have to stay hydrated and drink some water from time to time. I also think managing the come down is also really important and I do that by making sure I have opioids, eating something light and healthy like fruit and getting some sleep.



Jill on staying home

My husband and I mostly stay at home these days and don't put ourselves on show. This is really important for us, with all the hype around ice at the moment. Cops are looking for ice users. Being in my own home makes it easier for me to be comfortable when I'm on ice.

Lily on paranoia

Sometimes I get a bit paranoid on ice and have to remember that is just the drug - and that not everything is about me, that people have other things to think and talk about than what I'm doing or wearing or saying. Let's face it, we can all get a bit paranoid when we're straight as well! I've seen some people get really paranoid, thinking people are following them and stuff, but I tend to think that is as much about not getting sleep and not eating. And that person who is talking at you? Just as likely to be the next door neighbour's dog barking. With ice you have to keep your head and keep a grip on what is real and what is the drug.

Jade on dealing with ED

The only times I have been in the Emergency Department (ED) I have been treated either as a "drug seeker" - that is, just there to try and scam some drugs out of them - or as a person with a mental illness there to upset their smooth operation. I have been ignored for hours in the hope I would go away. I have been spoken to like a child, turned away because I didn't have my Medicare card on me and treated like an idiot. My friends and I have a joke that if you take illicit drugs you could go into the ED of any major Sydney hospital with every bone broken and covered in blood and they would deny you any pain management and put you in the psych ward. Regardless of all this, I have found a few techniques. I am always polite, no matter how many buttons they push. But I challenge their discrimination if they show it: "Please don't assume you know why I'm here, I might surprise you." I remind them that I am there for a medical issue: "We may see the world differently, but we can both see that my leg is infected. Let's focus on that first." Sometimes you have to say it straight out: "I take drugs, but I care about my health. That's why I am here, because I care about myself. I'd feel a lot more comfortable if you were focused on my health rather than your views on how I choose to live my life."

Bill on communicating better

I ended up in ED at a major inner city hospital on a night they were filming a television series. If only someone would have taken a few minutes to explain to me what was going on and to reassure me that I wasn't going to guest star on the show. It would have saved me a lot of stress and anxiety – which the staff assumed was a random ice thing – but was just me worrying about my anonymity. The hospital staff are really scared of people who use ice and that makes it all build up. I'm told you get a sticker on your file if you've ever been a psych patient or if you use drugs. That means you are always treated with fear and discrimination. Judged before they even see you. Then because they hold all the power, we are intimidated by them. So we get paranoid about what they think about us and what their motives are. The hospital staff and patients need to talk more. They could explain to me what is going on so I know why I am waiting or what is going to happen to me. I could explain to them that just because I am jumpy or twitchy and a bit sweaty doesn't mean they have to be scared of me. You know what would help? Some sort of representative of people who take drugs working in ED. They have them in methadone clinics. Even a phone service. Just some sort of intermediary to smooth out the situation and stop the fear and paranoia escalating – and I'm not talking about the patients, I'm talking about the medical staff!

Jenny on blood borne viruses

For some reason, ice users think they aren't in the market for hepatitis B, hepatitis C or HIV. And yet we can put ourselves at risk in many ways. Injecting equipment is one of the main ways that blood borne viruses spread. I always make sure I use new, sterile fits and that I don't share my other equipment and use new spoons, tourneys and so on. If I smoke, I use my own pipe when I can and use lip balm so I don't get cracked lips from the heat, because that little bit of blood can be enough. I find ice lowers my inhibitions with sex, so I add some safe sex equipment - lots of condoms, dams, gloves, and lube. I find that if I'm feeling experimental or if I have sex for hours the delicate skin around our sex organs can get rubbed raw and bleed, and that can be a danger zone. Wherever there is blood, there are blood borne viruses. As well as that, I get tested regularly, then I know what is going on with my health. Of all the stupid myths around drug users, the one that we don't care about our bodies and our health is truly dumb. Because my health really matters to me.

David on having rules

I have personal rules about my use and the main one for me is, don't let it affect your work. There are 'triggers' at the end of an ice cycle – work commitments are the big one for me. Two days is a good session for me. There are exceptions to the rules but when that happens, there are trusted friends I call on to help me get back on track. When I've broken my own rules, that's when I know I've got a problem.

Lucia on when to leave the party

I work out when I next need to face my responsibilities at work or uni or at the "in-laws" for lunch. And I count backwards. I figure if I've gone without sleep for more than 24 hours - and sometimes much more - I'm going to need a full night's sleep, plus some of the extra that I've lost. For me that's about 12 hours. Before I get to sleep, I need some downtime to get in the sleepy mood and unwind. I give myself enough time to relax, have a bath with smelly stuff and candles, have an herbal smoke, watch some television and have something to eat and a chamomile tea. I also always have a vitamin B tablet. And a valium. All that takes around four hours. Add it up, four hours preparation for sleep then 12 hours sleep means I need at least 16 hours at home. For me (because it is different for everyone and depends how long you've been up and how much you've taken) that means my last shot of ice needs to be around eight hours before that. It's not rocket science, it's just ice maths.

Betsy on managing comedowns

I need some sort of drug to relax me after a sesh. I use a bit of green, a single glass of alcohol, maybe a benzo if I'm really fried. You just want to take the edge of the up so you can sleep, not get plastered on something else. Then I relax a bit, eat something, shower and have a good long sleep. The down mood doesn't come until a few days later. That's why it's called the "mid week blues". It hits Tuesday or Wednesday if I have had the ice over the weekend. I try to be nice to myself. If I am sharing my space with others, I make sure it is people who love me. I don't book any events in until Thursday. I just go straight home from work and give myself a couple of days of the basics. I listen to music, cook and eat some healthy food with lots of vitamins and protein. I find baths and long, hot showers are great. Lying around with my pets makes me happy too. The main thing for me is recognising that the comedown is normal. It is just about the drugs leaving my system and it's normal. It doesn't need fixing; I just need nurturing. I try to keep hold of the fact that the mood is related to the drug come down, the world isn't actually out to get me. Just because my boss has given me a reprimand or someone on the train snapped at me, I don't need to blow it out of proportion. It's me seeing the world through moody lenses, not the world being bad.

Jake on supporting friends through psychosis

Ice psychosis hits people in different ways. While I have used a lot - A LOT - of ice, I have never become psychotic. However, I have supported friends through all sorts of experiences. Some people are just a little paranoid, thinking people are talking about them or following them. Others lose touch with what is real and imagine plots or hear voices. Fear is a really big part of it. Some become very afraid - absolutely terrified. I have managed friends through all the stages. It's important to keep calm and stay with them. Scared people are unpredictable and can become violent, in what they think is self-preservation. It's important to make sure you don't become part of the threat. I get them somewhere they are comfortable, often their own home. I try and get them to eat something or have a rest. It's obviously best for them not to use any more ice, but a benzo can help. With some people you can divert them, get them to talk about other things, even have sex, until they calm down and sleep. For some TV or the net will divert them, for others it will rev them up. With others, they are so scared they are immobilised. Move slowly. Be careful in what you say. Don't play into their fantasy, but don't disagree. Lots of non-committal "mmm"s! You will not be able to talk them out of it, you need to just look after them and make sure they don't do anything stupid. You need to be a friend.

TREATMENT OPTIONS

WILL A MEDICATED REPLACEMENT THERAPY EVER BE AN OPTION FOR PEOPLE WHO USE ICE?

For nearly 50 years, people who use opioids have been able to get a replacement medication - methadone or more recently buprenorphine - which, when taken daily, helps them to get some stability in their lives. Many manage to decrease or cease their drug use and most improve the quality of their health, finances and other aspects of their life. There is a ton of evidence to show this pharmacotherapy works to reduce the harms of opioids, in particular heroin, on individuals and the communities they live in. It even has an impact on the crime and imprisonment rates.

People who use stimulants have been asking: "What about us? When are we going to get a replacement therapy?" Regardless of all the brouhaha in the media about ice, there is still an appalling lack of treatment options for people who want to manage or cease their ice use.

In 2006, the Stimulant Replacement Program (STP) started as a research trial at the John Hunter Hospital in Newcastle and St Vincent's Hospital in Darlinghurst, Sydney. For the first time in NSW, people who use ice and other stimulants were able to access a range of treatment options that included - for a very few - a medicated replacement therapy using dexamphetamine (dex). At the same time, modafinal was trialled at KRC with very limited success, although it is used in other states and countries for detox or as a replacement therapy.

A number of UN readers who use ice have asked us to get an update on the STP. They are frustrated that dex has never become a mainstream option, even though the Program has been going for nine years. We caught up with two doctors and two UN readers to find out about their experiences with the STP and ask what they think the future of dex should be.

WHAT IS THE STP?

The STP is currently still in operation at both St Vincent's and John Hunter. It remains to be run as it was set up. The Program offers a stepped strengths-based treatment approach to helping people with a dependency on stimulants like meth or ice to manage or cease their drug use. On offer is one-on-one counselling; group discussion sessions; and supervised daily dosing of dexamphetamine pharmacotherapy. Only a very few people are on dex at any given time and must engage in other aspects first. Testing the effectiveness of the replacement therapy is still a central component of the project.

The STP folk have also come up with S-Check, a medical check-up designed especially for people who use stimulants offering a general health check, sexual health screening, blood borne virus testing, harm reduction information and information about the STP.

INTERVIEW WITH DR TONY GILL

Dr Tony Gill is a Fellow of the Chapter of Addiction Medicine who has prescribed methadone and buprenorphine for the Opiate Treatment Program (OTP) at various locations and currently manages patients on the STP at both venues where it is offered.

UN: What does pharmacotherapy for stimulant use consist of?

TG: Patients are dosed with dexamphetamine (dex), which is a slightly different form of amphetamine than available on the street, less potent than methamphetamine. The form we have available to us in Australia is short acting and is given orally each day. The daily dose given is somewhere between 30 and 80 mg. Use of the dexamphetamine is highly monitored. Consumption of the drug must be supervised and there are no takeaways, apart from rare exceptions.

UN: If someone wants to get on dex, what do they need to do?

TG: The criteria is stringent. You must be seeking abstinence. You must be severely meth dependent and be experiencing severe consequences of your use, for example health, legal, financial and relationship impacts. You need to have tried at least two other forms of treatment and failed to achieve abstinence. You need to attend the Stimulant Treatment Program either at St Vincent's Hospital in Darlinghurst or the John Hunter Hospital in Newcastle. And you must engage in counselling. Before you will be considered for dexamphetamine, you must attend at least four sessions of

counselling through the STP and it must be agreed that a non-pharmacological approach alone is not working.

Dexamphetamine is not given on its own in the way that methadone and buprenorphine are. It must be given in combination with regular counselling sessions.

There are some exclusions as well. You must not be on an Opiate Substitution Treatment Program, that is methadone or buprenorphine. You can't have a psychiatric condition that might be worsened by the medication. No medical conditions. And you must be able to pick up your medication daily.

So we are talking about a very small component of those people who use the services of the STP. It comes down to those who are very determined to be abstinent.

UN: How long are people usually on dex for?

TG: Patients get a six month authority, which shows that we expect that they be on the dex for a set period of time, unlike methadone or buprenorphine where you can stay on pharmacotherapy indefinitely. A number of patients have had this six-month period extended, but that requires acceptance of a doctor's report by the Ministry of Health which shows the patient is stabilised in life and engaged in counselling and outlines a plan for withdrawing.

UN: How many people are on the program?

TG: At the moment we have 10 at St Vincent's and I think there are 7 or possibly 8 at John Hunter.

UN: Why so few?

TG: There is simply no solid evidence of the effectiveness of dex. While the results we have to date show some trend towards effectiveness, the outcomes from randomised control trials are unclear. The evidence is simply not compelling at present.

Methadone and buprenorphine have really strong evidence base to show that both are very effective in reducing opioid use, improving health and lifestyle and reducing the harms of drug use including blood borne virus transmission. These indicators are simply not present for dex.

UN: What about Modafinal?

TG: Modafinal is also not definitive in terms of its effectiveness. It is used for detox in South Australia and a few patients have done ok on it, but the research doesn't show that it is terrifically effective.

UN: How many of the patients you see do well on dex?

"TREATMENT" OPTIONS OPEN TO PEOPLE WHO USE ICE

Detox: Not long ago stimulant users weren't accepted in detoxes as it was considered they didn't suffer any physical withdrawal symptoms. Once it was realised this was utter rubbish and stimulant users needed a place to detox as much as anyone, this slowly started to change.

Rehab: Less places than for opioid users, but stimulant users are accepted. Try and talk to someone who has been there before you commit to one. Get a plan for dealing with your house, pets, belongings, job etc while you are there.

Counsellors: There are lots of them. Check out their credentials. Tell them what you want from them. Don't be afraid to keep searching til you find the right one. You don't need to stay with one just because you started with them. Your GP can work out a Treatment Plan so you get some support from Medicare.

12 step fellowships: Narcotics Anonymous tends to be more helpful for opioid users, but some people who use ice have found NA useful. There is also AA which can be prejudiced towards drug users. Crystal Meth Anonymous is in Australia and may be more helpful; there are a dozen meetings in Sydney each week, mostly in the inner city. They have a website http://www.crystalmeth.org.au/

Smart Recovery: Facilitated "self-help" groups. Check out the website http://smartrecoveryaustralia.com.au/ for the philosophy and meeting times.

Stimulant Treatment Program: For St Vincent's, Darlinghurst call the 24 hour Stimulant Treatment Line on 02 9361 8088 or NSW regional/rural freecall 1800 10 11 88. For John Hunter, Newcastle call (02) 4923 6776.

S-Check (Stimulant Check Clinics): To find out when you can be S-Checked at St Vincent's Hospital's call 02 9361 8079 or email SVHS.check@svha.org.au. At ACON call 02 9206 2000, email aod@acon.org.au or go to the web at www.acon.org.au/alcohol-and-other-drugs.

For more information: Google or contact your Local Health Area District (LHAD) for options- see page 47 or call ADIS - see page 46.

TG: For those prepared for the hoops of the STP and who meet the criteria, and who really want to become abstinent, dex can be very effective. Those who have done well believe strongly that it is going to work.

I'd say the majority of people I see do well, around two-thirds. The most determined of the patients that I see. They say it takes away their craving, helps them recover energy, drive and pleasure. Helps with withdrawal, particularly around depression. And those who continue to use report they don't get as much out of it.

My experience is that it works best for daily uses. Those who use in runs and binges, or use a few times a week as opposed to daily, don't seem to find it as useful.

There are a number of reasons the other third don't do well on dex. It can be as simple as that they cannot sustain the daily dosing, because it places too much constraint on their life so they need to withdraw.

Others drift off because it is too difficult. There are a number of people who are expecting to find the magic pill, the "silver bullet", and they find it is not that simple. You also need to put in the work. Attending counselling. Changing attitudes. Becoming self-reflective.

UN: How can we get more people on dex?

TG: I'd like to see a good evidence base. Currently we have a select group doing well, but we need to know it will work in other contexts, outside the constraints of the STP.

We need big, multi-centred studies. Randomised trials. We need to compare pharmacotherapy as a standalone intervention against combining it with counselling. And that means funding.

We also need a process that is more client friend-

ly, where it is not so difficult to recruit people into the program. And we need a drug that is longer acting. We are about to do a small finding trial with lisdexamfetamine (pronounced Liz-dex-amphetamine) which is a longer acting form of dex metabolised in the red blood cells. "Lis" could be the new format that means success with this. We are hoping to get some good results from that.

INTERVIEW WITH DR ALEX WODAK AM

Dr Alex Wodak AM is a Fellow of the Chapter of Addiction Medicine and former Director of Alcohol and Drug Services at St Vincent's Hospital and a co-founder of the STP, leading the project at St Vincent's until his retirement in 2012. He now focuses his energy on drug law and policy reform.

UN: Why so few people on dex?
AW: Caution. We don't have yet a strong enough evidence base in Australia to show that dex is effective as a pharmacotherapy, and there haven't been high enough numbers of people recruited to test that. However, from what I have seen during my time prescribing for the STP, dex can be very effective and the results are extremely encouraging. Given there are so few options for people who use stimulants to assist them in managing or stopping their use, I think it is worth investing in dex pharmacotherapy. We must invest in some large studies.
We do need to get a longer acting product. It must be easier and friendlier for the patients and for the prescribers and dosers as well. We need a system in place for prescribing and dosing as we have for opioid pharmacotherapy. We need guidelines for assessing, prescribing, dosing, determining takeaways.
UN: What is the future of dex?
AW: I think that in ten years' time we will have as many people who use stimulants on dex - or a better substitute - as we have people who use opioids on methadone and buprenorphine. We have to have a good alternative treatment regime for people wanting to stop or manage their use. It's important and it's urgent.

INTERVIEW WITH MARILYN

The utterly gorgeous, intelligent and super-nice Marilyn M is a fit 40 year old businesswoman with a long history of drug taking. She brought her daily ice dependency to an end with the assistance of the Stimulant Treatment Program (STP) including three years of supervised daily dosing of dexamphetamine (aka "dex") used as a replacement therapy.

UN: Tell us a little bit about what got you to the STP program.
MM: I have had a tricky life, with a long history of suicide attempts, but I held my life together using drugs for a really long time. I used drugs from about 12 years old, around 25 years. I used ice for the last ten of those, multiple times a day. I had my own business throughout my ice use, although looking back I don't know how I did it.

I had dual feelings about my ice use. Ice was very seductive for me from the start. Gentle. I smoked it at first and it was a good fit for me. One part of me found ice helpful, efficient ,motivating. I felt invincible. I had secret knowledge: how can you not know how amazing this is? But towards the end of my ice use, another part of me felt trapped. I reached a place where I was paranoid, angry, unpredictable. I also had a strong physical dependency. I used to get so sick from withdrawal. I literally couldn't get out of bed each day without ice, I couldn't move my arms and legs. And the depression! It was sooo bad. Then I'd have a fix and it was all ok. Except it wasn't. It was crazy ok. Nothing in my life was working properly. I was distracted by my drug use, by trying to balance work and drug use and relationships and hold them all together. So I was using several times a day but at the same time I was working to get free of the obligation to use each day.
UN: What sorts of things had you tried to stop using ice?
MM: Everything. I was one of those people who tried everything. Doctors. Psychiatrists. Dozens of counsellors. Detox. Rehab. But none of those things worked for me. I tried Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) several times. For me, NA was too triggering. I also felt there was a hierarchy of drug users with heroin users at the top and they didn't know how to deal with ice users - they just thought we were crazy. The one-size-fits-all approach wasn't useful for me. I am sure it works for some others, but there were too many rules and I felt "owned" by the organisation and I didn't like that. I also think those organisations emerged when there was no public debate

about drugs and a secret society was essential. But I think we have moved on and pharmacotherapy has a big role in that.

Every day I trawled the internet, looking for solutions. Spas, diets, vitamins... I started making a booklet with all this info on ways that might work to help me stop using. Then one day I came across the STP. It was a fluke I found it. It wasn't obvious, it was carefully worded and you had to read between the lines.

UN: Where did you go and what happened when you got there?

MM: I made an appointment at St Vincent's Hospital. There were a lot of hoops to jump through. I had to really prove to them I wanted it. The STP was a research project. They needed to protect the program, so the criteria was stringent. It was a stepped approach, and I had to sign up for weekly counselling. I did everything they asked me to do and was patient. When it became clear that the counselling alone wasn't going to work, I was recommended for the replacement therapy with dexamphetamine. I ended up on dex for three years.

UN: Everyone I talk to about the STP talks about "jumping through hoops". Tell us about the elements of the STP and how it worked to help you.

MM: I genuinely believe I wouldn't have survived much longer if it hadn't been for that program. My body was just not coping from the punishment I was giving it each day. It's true there were a lot of hoops to jump through, even before I got to the dex but the STP was less work than using.

While the dex was the clincher, the counselling actually helped a lot. I had a brilliant counsellor. I had been seeing counsellors since I was 12. I knew how to talk to them, how to put one over them. But this counsellor had been where I was; he knew the game. There was no judgement at all and that was really important. I hated going to counselling, I got so sick of talking about myself, week in, week out. I was so over me. But I always left a session feeling enlightened in some way, or the penny would drop the next day.

For me, the counselling alone didn't work. The replacement therapy was absolutely and undeniably essential. It dealt with the physical cravings, so I could get on with the day, so I could be normal and get stuff done. I wouldn't be here today if it wasn't for the dex.

UN: What did the dex do that worked so well for you? I mean it's not a huge dose or anything...?

MM: I was on 80mg a day. That was a sufficient therapeutic dose for me and I was a big user. In fact a friend of mine pointed out that I used more than anyone he knew and that if dex worked for me, it would work for anyone.

I know how ice is made. I know what goes into it. It's poison. Dirty. To inject that rubbish ended up feeling a bit like an act of self-hatred. The dex felt so clean and chemical in comparison. It gave me the physical and psychological boost, but there was a shelf life in your body, you didn't stay up for hours, it wore off. It was a speedy feeling but not a crazy feeling. No metal taste. No skin break outs. My thought processes were clear.

Dex helped me reduce massively my ice use. In the beginning it was about management, not needing to use ice several times a day or even every day. I could just use once a week. I got over the come down. I got healthy. After some time I was using once a month. The highs weren't that great then and I decided I didn't ever want to feel as bad as I had felt during the worst of my ice use, so I stopped doing ice. It was great.

UN: What were the disadvantages of the dex?

MM: I hated going in every day. It was at least 90 minutes out of every day in travel. Only a short time was allocated for dosing dex - less than for the methadone patients. It was totally inflexible and inconvenient. Then there was the waiting and queuing in the clinic. I worked for myself but one of the guys on the STP had real issues with his boss because he was late back to work every day. So he had to tell his boss and that led to more problems and eventually his job was threatened. He couldn't afford to lose his job so the dex had to go. It was much easier to score than get the dex.

Another issue was that I had clients in the inner city where the hospital was located. They would ask "Why is your car outside the methadone clinic every day?" and I made up a story about having a nurse as a client.

Sharing the dosing space with methadone patients was also a problem. Unfortunately there was a lot of discrimination from the methadone patients towards us. There was a lot of animosity. I was told to keep my head down and not engage in any conversation with anyone else there, which worked for me. I understand the STP patients are

dosed in a different spot now which must make life easier for them.

At the time they were talking about longer acting dex, being able to be dosed at a chemist and getting takeaways. That would have been amazing and would have made life almost normal.

UN: Was it a smooth run on the dex, you just reduced your use over three years then came off?

MM: I did have one binge, when a lover died. I had used ice with him and so I started using a lot in grief, because it made me feel close to him. But it just made me realise the jig really was up and that was the impetus for me coming off the dex.

UN: How did you come off the dex?

MM: At the time I was ill in hospital and it was a time when everything was being done for me - no cooking, shopping, cleaning... that was important. I had no responsibilities and I had people to care for me. Then after that I had the support of family and friends and the freedom to go wherever I wanted. I went interstate with my dad for a while, spent some time living with my sister and her family, then I house-sat for friends who moved overseas. Those things had their own problems of course but it's great having support like that and having space to change things. Every day I felt better and better.

UN: And where are you with your life and your drug use now?

MM: I was on dex for three years. I came off dex nearly two years ago. And since then I have been abstinent. It has taken a while but all I know is that if I was offered a pipe right now, I would say "no". For the first time in my life I know that. I don't even have drug dreams any more.

I feel like a different person. I eat well. I go to the gym. I no longer look skinny and unwell. I actually have muscle tone! I gave up cigarettes, again using replacement treatment. I haven't looked back since being given an e-cigarette. I have met someone I really like. I still have my business which is more successful than ever. I live in a lovely house in a regional area; beautiful scenery and clean, fresh air, but close enough to Sydney that I can still operate my business from here. A completely different lifestyle.

I am living in the moment. I feel joy in life.

UN: Would you recommend dex to other people looking to manage or stop their ice use?

MM: Absolutely. Drugs are always going to be around and people are always going to use them. We will always need systems in place so they are less harmful to the people who use them and everyone else. I just don't understand why dex isn't more available. We should have as many people

on it as are on methadone. Dex as a replacement therapy changed my life. It gave me a sense of hope.

RICHIE'S STORY

The debonair, dashing and really really smart Richie R is a businessman in his 40s who currently uses ice, as he has done for a number of years. He wants to manage his ice use and wants to use the STP to do that but has twice been refused access to dex replacement therapy.

I have tried and tried to stop using ice and have never got more than a few days without it. I have gone to rehab, doctors, counsellors and groups including NA and Smart Recovery. I have had two attempts to get onto the STP. When I told them I wanted to stop using ice, I was deadly serious. The most recent time I approached the STP, I had the added weight of legal problems and I had to get off. My freedom was at risk, yet I still struggled. I felt that the dex replacement therapy might prove to be the thing that would make the difference for me. I really wanted something to help wean me off the ice. I jumped through every hoop they asked of me. I went to see counsellors for some months. I went to the group discussions.

I continue to use, despite pressure to produce clean urines for my parole officer, despite not having a vein to inject in. Sometimes I have 25 or more jabs to get a vein. I have cellulitis. I have MSRA (Methicillin-resistant Staphylococcus aureus infection). My body can no longer heal. It's just not handling the use. Sometimes I just use the ice IM (intramuscularly) because I can't get a vein. I don't even get high any more. But I can't stop. I feel like I'm crazy when I'm on ice, but I'm mad when I'm not. That's why I felt dex would help me. It would give me some of the effect without the harms, and give me the space to reduce and stop.

My counsellor told me that dex wasn't clinically proven, that there was no evidence. They refused to recommend me for dex.

For two months I was shuffled between my counsellor and my GP. The counsellor said my GP could prescribe the dex for me under certain conditions. My GP said he couldn't prescribe to a person who was drug dependant and sent me back to the counsellor. The counsellor said the GP had it wrong and that he could prescribe if he wanted to. The GP said the counsellor had it wrong. Then my GP suggested I could get dex on the street, illicitly. Funnily enough, my counsellor made the very same suggestion. And so I could, for a lot less hassle than I was going through with them. Trouble is, I need it to be legal. I do urines for probation and need to have a reason to have dex in my system. After both my GP and the STP clinic suggested I buy my dex on the street, I left the program. Having dex without a prescription has more legal ramifications than holding ice.

I have actually recommended that other people go to S-Check to get their health checked and attend the STP clinic if they want help to manage or stop their use of ice. It's all there is. Recently a friend of mine took my advice. He got on the dex. I don't understand why he did and I didn't. The difference between him and me is that he has psychotic episodes on ice whereas I don't. I have never had a psychotic episode, but I could fake one if that would help me get on the dex.

I think the STP is brilliant. I think the counsellors are very, very good. But there are so few people on dex replacement therapy and so many people who would like to be and who need it. So it may not work. But I want to try it. I think all ice users who want to manage or stop their ice use have the right to try it. Because there are very few choices out there for us and dex could be the thing that makes all the difference. We deserve to have that bit of hope. We deserve to have the chance to at least try.

SATIRE. SATIRE. SATIRE. BUT YOU COULD HAVE BEEN FOOLED, RIGHT? IT SEEMS THAT EVERY GOVERNMENT, WHEN THEY WANT TO RALLY 'TEAM AUSTRALIA' CAN DO NO BETTER THAN CULTIVATE A GOOD PUBLIC SCARE CAMPAIGN AGAINST MINORITIES. BE THEY ILLEGAL IMMIGRANTS, 'RADICALISED' SOCIAL GROUPS, OR DRUG USERS. THE ICE 'PANIC', 'SCOURGE', 'PLAGUE,' 'EPIDEMIC,' WE ARE READING ABOUT IS NOTHING NEW, BUT PART OF A FAMILIAR CYCLE OF REPRESSION AND SUPPORT HAVE A MUCH HARDER TIME BEING HEARD AND IT IS UP TO YOU. BUT ABOVE ALL, DON'T LET CONSERVATIVE FEAR CAMPAIGNS DICTATE HOW WE SHOULD HELP OUR OWN COMMUNITIES.

AND CONTROL. HOWEVER ICE USERS ARE NOT A MASS OF ZOMBIES HELL BENT ON DESTROYING SOCIETY, BUT PEOPLE. PEOPLE LIKE YOU AND ME OR EVEN SUSAN LEY FOR THAT MATTER. REMEMBER, HYSTERIA AND PREJUDICE ARE EASY TO MANUFACTURE, BUT FACTS, USEFUL INFORMATION

SIX THINGS ABOUT SLEEP

"Anyone who has experienced this desire [for sleep] knows that not even hunger and thirst are comparable with it." Menachem Begin, who was tortured by the KGB

1 Sleep and the body

There's a reason why so much time in the human day is allocated for sleep. Sleep allows our bodies time for the essential, daily task of healing and repairing our organs, blood vessels, muscles and skin. If we make it a habit to miss sleep, we increase our risk of things like heart disease, kidney disease, high blood pressure, diabetes and stroke. Our skin ages and we produce too little human growth hormone, ending up with low muscle tone, weak bones and thin skin. Sleeplessness lowers our libidos and is linked to weight gain, stimulating our appetite for all the wrong foods as we search for an energy boost in sugar and carbs. (Instead read the nutrition pages of this issue!)

2 Sleep and the mind

Lack of sleep dumbs us down. Sleep plays a critical role in thinking and learning.

First, sleeplessness impairs attention, alertness, concentration, reasoning, and problem solving. So pulling an all-nighter to get things done can work against us. Sleepiness can cause accidents. Not only can we hurt ourselves, we can injure others. Lack of sleep hampers our reflexes and our ability to make wise choices or reason things out. At the root of the Chernobyl nuclear meltdown was sleep deprivation.

Second, various sleep cycles play a role in "consolidating" memories in the mind. If you don't get enough sleep, you won't be able to remember what you learned and experienced during the day. In short, lack of sleep makes us forgetful.

Getting enough sleep is essential for good mental health. Sleep and mood are closely connected; poor sleep can cause irritability and stress, while healthy sleep can enhance well-being. We may make unhelpful decisions and become impulsive and emotional. The irony is, sleeplessness can affect the way we interpret events, so while we think we are going just fine, we may not be making wise assessments. Being impaired means we lose touch with how impaired we actually are!

3 Not just quantity, it's about quality too!

When considering what's good for sleep, it is important to remember that sleep is not a uniform activity throughout the course of the night, but instead, a series of cycles involving different levels of wakefulness.

There are five stages of sleep. While they all have their value, the big one is Stage Five, when we have Rapid Eye Movement (REM) sleep. REM sleep is so important because our mind and bodies undergo maximum healing. The brain becomes more active; we dream and the brain regions used in learning. are stimulated. While we really haven't got a clue what dreaming is all about, experts are sure that it is important psychologically and spiritually, helping us work through our emotions, stresses and conflicts. REM also supports our physical well-being. Our muscles become paralysed, allowing our body to regenerate and feel rested. When we are getting enough REM sleep, we have better resources for dealing with life's worries and problems.

By the way, if you are getting proper amounts of sleep in proper time periods, don't worry if you don't remember your dreams. You may not, unless they wake you.

4 Drugs and sleep

Just because a depressant drug puts us to "sleep", it doesn't mean we get restful sleep. Anyone knows this who has spent part of a night nodding off in an odd position (on the toilet maybe?) and woken to potentially dangerous nerve compression, that is, limbs that have "fallen asleep" from being in an odd position. Opioids and benzodiazepines disrupt the normal sleep cycles, Opioids increase the Second Stage of sleep and reduce the REM stage, one reason we may feel fatigued after (non-habitual) opioid use. Benzos also disrupt REM and Stages Three and Four. While short term use of benzos can help people regain their sleep pattern, prolonged use of benzos may actually disturb sleep and delete its restorative powers. However, poor quality sleep is better than no sleep at all. We just need to recognise when we need some additional "natural" sleep and it becomes more important than ever to self-care to compensate for our poor sleep habits. Eating nutritious food, drinking water and meditating can all help.

When stimulant drug use affects our ability to sleep or our quality of sleep, The experts say that even if we can't sleep, we should try laying down, closing our eyes and relaxing. It may help to play soft music, light a candle or burn some incense. Lavender oil can be helpful, rubbed on temples and soaked iyour pillow case.

"Sleep deprivation is an illegal torture method outlawed by the Geneva Convention and international courts, but most of us do it to ourselves." Ryan Hurd, author and researcher

5 Is it sleep or overdose?

How do you tell if someone is just sleeping, "on the nod" or has overdosed? Here are some telltale signs that it is more the sleep or nodding.

- Choking sounds, or a snore-like gurgling noise (sometimes called the "death rattle")
- Breathing is very slow and shallow, erratic, or has stopped
- Unresponsive to outside stimulus
- Body is very limp
- Face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns greyish or ashen
- Pulse (heartbeat) is slow, erratic, or not there at all
- Loss of consciousness

If someone is making unfamiliar sounds while "sleeping", check on them. Many loved ones of users have thought a person was snoring, when they were overdosing. These situations are a missed opportunity to intervene and save a life.
In case of overdose, use Naloxone if you have it. If not roll the person into the recovery position, make sure their airway is clear and call "000". Give mouth to mouth resustitation if you know how. Call NUAA to ask how you can get your own Naloxone and training in how to use it.

6 Tips for getting your sleep back on track

Whether withdrawing from opioids, coming down from stimulants, or experiencing a bout of depression or anxiety, you may have times you need to get your sleep patterns back on track. It can be really tricky. Here are some tips from the experts for improving your sleep habits.

- Aim to sleep 7 to 9 hours a night.
- Try to reserve your bed for sleep and sex. You shouldn't read, watch TV or use your laptop in bed, or have heated discussion in bed, especially just before sleeping.
- It helps to get up and go to bed at the same time every day, including weekends. Start with your wake up time to help anchor your circadian rhythm (body clock) and gradually move to an earlier bedtime, 15 minutes earlier each night.

- Regular on-time mealtimes help regulate your circadian rhythm. It will help if you finish meals two to three hours before bedtime.
- Helpful dietary supplements include lecithin (in soy products and egg yolks); vitamin B3 (fish, chicken, pork, peanuts, mushrooms, avocado, sunflower seeds); or foods high in L-tryptophan (seafood, chicken, milk, cheese, yoghurt, beans and cashews and best eaten with a carbohydrate).
- Get regular exercise - 30 minutes on most days for daytime energy and ease falling asleep. Bonus benefits if you do it outside in daylight.
- Create a relaxing bedtime ritual. Try soaking in a hot bath, listening to soothing music, or reading a book. Meditation, visualisation and even prayer can help relax you for sleep. Note that alcohol "nightcaps" rob you of deep sleep and make you wake up in the night.
- Take your cues from the sun. Get light in the daytime, at least 30 minutes a day outside. We need time in the light in order to increase the production of our natural sleep-promoting hormone, melatonin and therefore to feel sleepy. Get dark in the nighttime, because we sleep best in a really dark room. Too much light right before bedtime can prevent a good night's sleep. Block out curtains or an eye mask can help. A good dose of sensory deprivation promotes sleep so throw in some ear buds as well.

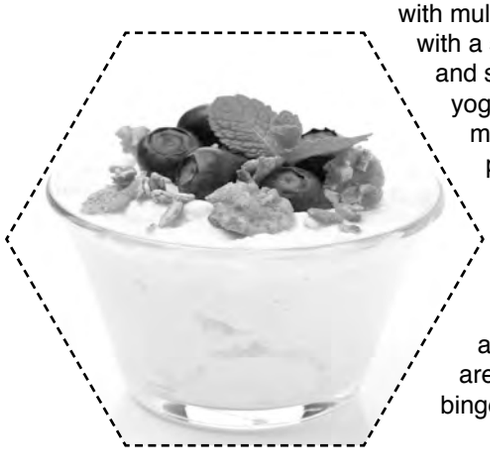
NUTRITION FOR NICE PEOPLE

1. PRE-LOADING: EAT LOW GI

When we are planning to be active and energetic for long periods, we need to think about pre-loading with some healthy food to keep us going.

Our best choice is for low GI foods. GI stands for Glycemic Index and is relevant for carbohydrate-rich foods. Foods with a high GI are quickly broken down and absorbed by the body and result in a rapid rise in blood sugar levels. Low GI foods are broken down and absorbed more slowly into the blood stream. They result in a steady rise in blood sugar and insulin levels, keeping hunger at bay for longer after eating and providing a gradual, continuous supply of energy from one meal to the next. In short, low GI foods make you feel energised and grounded for longer.

Just because something is low GI, doesn't automatically make it good for us. Chocolate is low GI but not recommended for regular intake, but only as a sometimes treat. The best low GI foods are legumes (baked beans, chickpeas, kidney beans); low-fat dairy products (milk, yoghurt); pasta (except the "quick cook" varieties); wholegrain breads; and wholegrain cereals (like oats). Starchy vegetables like potato and sweet potato is also recommended for lasting energy for people on the go. A tin of baked beans with multigrain toast along with a serving of porridge and some yoghurt or yoghurt with fruit and muesli on top or a potato, sweet potato and pumpkin curry with plain yoghurt is just about as good as it gets if you are pre-loading for a binge on the go.



Why not have a go at making your own yoghurt? You don't need fancy equipment and ingredients. With a small outlay you can make yoghurt for a fraction of the price as the bought stuff, and make it to your liking. You may need to practice and experiment to get a feel for making the yoghurt you like best, but follow these instructions to a great low GI treat.

HOME MADE YOGHURT
WHAT EQUIPMENT YOU NEED

SOMETHING TO MAKE YOUR YOGHURT IN
You can use a yoghurt maker if you want as they take the guess work out and you don't need to find a warm spot, you just plug it in. But you certainly don't need one. Some people who don't use a yoghurt maker recommend a heavy pot like a stock pot. But most recommend you make it in glass jars. Plastic is totally fine too. You can even recycle old yoghurt containers, but make sure whatever you use that you have a lid. You will need a few jars or containers. The advantage with this is that you can give some away to friends with your own Made with Love label!

THERMOMETER
A cooking thermometer is a big help and will save you mistakes. You can get one on ebay for as cheap as $2, no postage - but this is not an endorsement and no guarantees on quality! If you don't have one, you basically need to be able to identify three temperatures. The first temperature is the one that we need to get the milk to. It is almost boiling but not quite, that moment before it bubbles - don't let it boil or burn. The second is when we lower the temperature of the milk. That one is luke warm - try the old baby bottle trick and test it on the inside of your wrist to make sure it is warm but not hot. The third is the temperature we need to keep the bottles at. That's like a scorching hot summer day, so take your mind there!

INGREDIENTS FOR ONE AND A HALF LITRES OF YOGHURT

YOGHURT CULTURE
You need yoghurt to make yoghurt. Just a little bit. You can buy a powdered culture, but the easiest thing is to use a small pot of plain yoghurt from your supermarket. You only need three heaped tablespoons (about 60 mL), so get the smallest pot you can buy. Most recipes recommend you buy a good commercial Greek yoghurt. It must contain live (active) acidophilus culture and you want it to be plain and unflavoured, sometimes labelled "natural". It is very important that it have an active culture and no added flavourings.

Once you have made your first batch, you can just use a bit of the yoghurt of that batch to make the next one. You can freeze some of your batch and keep it for a month or so to use as a starter for the next batch and so on. If you find the texture and

flavour changing over time however, it may mean the bacterial content is being affected. If that happens, it might be worth starting again with a commercial yoghurt.

If you use powdered culture, just follow the instructions on the pack; for the recipes below use one teaspoon.

MILK
2 litres of full cream (normal) milk. You can use skim or A2 milk, but the yoghurt will be runnier. The less fat the milk has, the thinner the yoghurt will be. You can use sheep or goat milk. Some people even use UHT milk. You can use soy milk but it needs to be unsweetened without gums or flavourings and you need to add a spoon of sugar to aid fermentation.
VARIATION: COCONUT YOGHURT: Use 2 cans coconut milk or cream instead of cow's milk.

THICKENER
You can make it without this, and some recipes leave it out, but it can help make your yoghurt smooth, creamy and thick.
3 tablespoons of milk powder (skim or full cream). If you like it super creamy, double the amount of milk powder.
VARIATION: COCONUT YOGHURT: Use 2 tablespoons (40g) egg white powder instead of the milk powder

HOW TO MAKE IT

1. Heat your milk in a sterile pan to 92 degrees Celsius. That's just below boiling. Be careful not to burn it - keep stirring! Once you get to 92 degrees, take the pan off the heat.
2. Put you pan in a cold-water bath - just in the sink is fine, and reduce to 35-40 degrees Celsius.
3. Add your thickener to the milk with a whisk. Don't stress about lumps.

4. Whisk in the live acidophilus culture - three heaped tablespoons of the plain yoghurt you bought to make this - and make the mixture smooth. In future you can use your own home-made yoghurt to make following batches.

5. Then you bottle it. Put the mixture into your squeaky clean pot(s) or jar(s) and secure the lid(s).

6. Now you need to keep it warm. In Australia we incubate our yoghurt for 12 to 18 hours. The longer you leave it, the "stronger" the yoghurt will be - sharper in taste and firmer in texture. It's about keeping the temperature constant, so you can use a warm place in your house (on the hot water system for example) or put in an esky with a hot water bottle or sitting in hot water, or even just wrap your bottles or jars in foil and bundle them up in towels. Check every few hours to make sure they are still warm and add a bit of heat if necessary. We want the temperature around 42 degrees.

7. The yoghurt will coagulate. When you open it up it may have green or yellow liquid on top. That is good. Mix it back into the yoghurt.

8. After coagulation, leave the jars at room temperature for an hour or so.
Again, the longer you leave it, the more intense the flavour.

9. Put your container(s) the fridge for a further eight hours before eating it - to let it solidify more. Don't add any extras or flavourings until your yoghurt has spent this time in the fridge.

FOOD SAFETY TIP!

Once your yoghurt is made, keep it in the fridge or even in the freezer (yummy!) Your yoghurt should last between one and two weeks in the fridge, or up to 10 days if you have added fruit. It will last about a month to six weeks in the freezer. You know if yoghurt has gone bad if it has a rancid smell. A small amount of liquid is okay (that's the whey) but if a puddle forms and there is a curdling texture near the bottom of the container, you know it's going bad. The live bacterial culture acts as a preservative but if they start to die off, then mould can start to form - and you shouldn't eat mould ever!

Continued to next page.....

2. ON THE GO: PORTABLE ENERGY

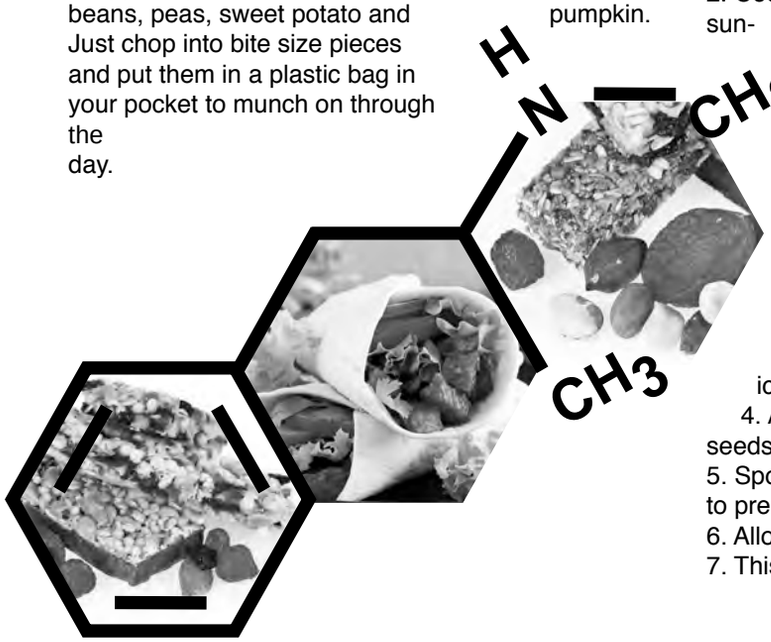
TRAIL MIXING

Trail mix was invented to be eaten while hiking or doing other strenuous activity. It is energy-dense, portable, light weight - perfect for keeping ice users healthy when they are out and about on the town. It is also high in calories, so needs to be consumed mindfully when we are sitting around at home or at work.

To make great trail mix, keep to 50% nuts, some salt but not too much sugar. Here's some stuff you can add, either raw or roasted or toasted or flavoured:

NUTS: peanuts, almonds, hazelnuts, walnuts and soynuts are best for low carb
SEEDS: pumpkin (pepita), sunflower, squash, flax, hemp, sesame
DRIED FRUITS: raisins, currants, sultanas, craisins, figs, dates, mango, berries, apple, pear and many more - but check for added sugar
CHIPPED FRUITS: coconut and banana chips
GRAINS: crispy brown rice cereal, dried chickpeas, soybeans, roasted fava beans, oats.
VEGES: wasabi peas, dried green peas, toasted corn, seaweed, dried pumpkin.
SWEETIES: cacao or yoghurt nibs, carob or chocolate chips.
FLAVOURINGS: Add a teaspoon of coconut oil, allspice, salt or chilli powder or maybe some ginger or grated lemon to spice up your mix.

You can also make great vege "trail mix" with chopped up raw carrots cauliflower, broccoli, beans, peas, sweet potato and pumpkin. Just chop into bite size pieces and put them in a plastic bag in your pocket to munch on through the day.



A YUMMY MUESLI BAR TO MAKE

You can go one step further and make this great muesli bar:

1 cup rolled oats
1 cup disiccated coconut
1/2 cup wheat germ
1/2 cup sesame seeds
1/2 cup sunflower seeds
1/2 cup pumpkin seeds (pepitas)*
1 cup mixed dried fruit (you can just use sultanas if you like)
125g butter
1/2 cup honey
1/3 cup brown sugar
*** you can replace with 1/2 cups of chopped unsalted nuts if you prefer**

1. Grease and line a baking pan with baking paper or rub with butter and coat with flour. This recipe calls for a pan 3cm deep, sized 16cm x 28cm.
2. Cook oats, coconut, wheat germ, sesame seeds, sunflower kernels and pumpkin seeds in a frying pan over medium heat, stirring, for 8 to 10 minutes or until golden. Once roasted, transfer to a bowl. Set aside to cool. Add the dried fruit and stir to mix.
3. Cook butter, honey and sugar in a small saucepan over medium heat, stirring, for 3 to 4 minutes or until sugar dissolves. Bring to the boil. Reduce heat to low. Simmer, without stirring, for 7 minutes or until mixture forms a soft ball when a little is dropped into ice-cold water.
4. Add the cooked butter mix to the prepared oat, seeds, fruit and nuts if using. Stir until combined.
5. Spoon mixture into pan. Use a large metal spoon to press down firmly.
6. Allow to cool. Cut into squares or bars as you like.
7. This will store in a foil-lined airtight container for

E

3. COMING DOWN: SWAP ICE FOR ICE

When the party is over, you need to treat yourself. Lots of calming herbs and scented candles, clean sheets and healthy, light foods. But just because the ice is finished, doesn't mean you still can't have ice of a different kind on hand to make yourself feel so much better...

Some fruit freezes fantastically just from fresh. Grapes are my faves. Just literally put a bunch of grapes straight in the freezer . They make incredible little frozen delights. Berries and cherries and cut up pineapple, peaches, plums and watermelon also freeze well to make instant iceblocks. You can skewer them and make fruit shish kebabs then put them in the freezer, or just put them on a tray or in a plastic bag. Bananas can be sliced or frozen whole with the peel on - the peel will brown but the inside will stay yellow. Don't bother thawing, just eat frozen like little ice blocks. You can also juice fruit like oranges and put the juice into ice cube trays or make ice cubes out of bought juice, adding a chunk of fruit. Then pop straight into your mouth. Super yummy, super easy and gives you a bit of energy and zing when you need it most.

Some other great ice treats you can make include these flavour sensations. The technique is the same for all of them. You can chop, slice, blend, mash, sieve or whisk the fruits. If you blend they will be smooth and if you mash you get a chunkier feel - you can even leave some bigger pieces in for a bit of extra texture and pizzazz. Then combine all the other ingredients, whisk or blend together in a bowl or jug, then pour the lot into an ice cube tray, ice block mould or cup (to be eaten with a spoon or pop an iceblock stick n the centre - recycled or from craft and $2 shops) and freeze. They will be all ready for your come down day. You just have to release by running a bit of hot water on the outside of the container - they will slip out easily.

Yobanaberry
2 cups yoghurt, a handful strawberries, 1 ripe banana, 1 tablespoon honey

Coconutty Strawnilla: A cup of strawberries, a banana, 1/2 cup coconut milk, 1 teaspoon vanilla

Honey Mango
3 mangoes, 2 tablespoons honey,
2 tablespoons lime juice.

Pineococonut: 1 cup milk, ½ cup pineapple chunks, 1 tablespoon honey , ½ teaspoon coconut extract. Add some mint if you dare.

Cocopineapple: 1cup pineapple juice or crushed pineapple, 3 cups coconut cream, juice of 1 large or 2 small limes.

Mapple: 1 cup pureed cooked apple, 1 cup yoghurt, 2 tablespoons maple syrup,

Bananilla: 1 cup milk, ¾ cup mashed ripe banana, 1 teaspoon vanilla extract, 1 tablespoon honey

Sugarmelon: Cut a large piece of watermelon into chunks with 2 tablespoons lime juice and 2 tablespoons caster sugar .

Salad Grapple: 1 peach, 1 kiwi, 1/2 cup blueberries, 3/4 cup strawberries, all cut chunky, put in 2 cups of apple or grape juice.

Orangamintang: 3 cups orange juice, 1/4 cup fresh passionfruit pulp, fresh mint leaves.
Cranstrapple: 2 cups cranberry juice,1 cup apple juice, slices of strawberry

Red kiwi: 1 kiwi fruit, sliced, 1/3 cup raspberries, sliced, 2 cups cranberry juice, two teaspoons sugar.

Or make up your own!

More information about these recipe available at:

www.usersnews.com.au

You've heard that expression **"There goes the neighbourhood"?**

Overdose management

Vein care

The law & your rights

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Safe disposal

Filtering

Hep C & HIV prevention

Safer using workshops for people who inject drugs in the REDFERN/WATERLOO AREA.

Live longer. Be healthy. Feel good.

Find out how to attend by calling Megan on 0433 360 768 or emailing her at megans@nuaa.org.au

KNOW YOUR RIGHTS.

Do you think you have been **discriminated** against because...
You inject/or have **Injected Drugs?**
Have **hep C** or **HIV?**
Or you're on **Bupe** or **Methadone?**

Would you like to tell us what happened?
➔ **www.aivl.org.au/discriminationsurvey**

Do you want more info on discrimination, what you can do, or your rights?
➔ **www.aivl.org.au/knowyourrights**

You have the **right** to live your life **free from stigma** and **discrimination.**

AIVL

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IT'S THE HEALTH CHECK YOU CAN RELY ON AT THE NSP YOU TRUST.

We know your health is important to you. It's important to us too. That's why NUAA & KRC have combined talents to bring you the NSP Primary Health Care Clinic.

NUAA NSP, 345 CROWN ST., SURRY HILLS
EVERY THURSDAY FROM 2:00 TO 4:00 PM
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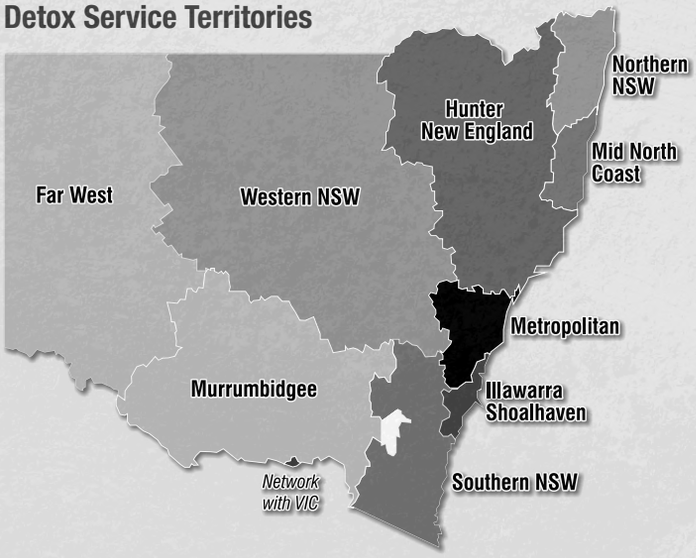
Tests, assessments, wound care, overdose training, vaccinations, sexual health, pap smears, fibroscans, peer support, harm reduction, and more…

Local Health District Intake Lines

To access any treatment service, including detoxes, rehabs, counsellors and public pharmacotherapy programs, you will need to contact your local Intake Line. Call the number of the service that best matches where you live and explain to them your situation and the service you would like to access.
They will assist you with appointments and referrals.

Service	Phone Nº
Northern NSW Local Health District Drug and Alcohol areawide intake (Tweed Heads/Lismore)	02 6620 7600
Hunter New England Local Health District Drug and Alcohol intake line	(02) 4923 2060
Western Sydney Local Health District Drug and Alcohol intake line	(02) 9840 3353
South Eastern Sydney Local Health District (Randwick/Sutherland)	(02) 9113 2944
Northern Sydney Local Health District Drug Health Services (Hornsby/Ryde/Manly)	1300 889 788
Illawarra Shoalhaven Local Health District	1300 652 226
Central Coast Local Health District Drug and Alcohol intake line (Gosford, Wyong)	(02) 4394 4880
Mid North Coast Local Health District Drug intake line (Coffs Harbour/Kempsey/Port Macquarie)	1300 662 263
Nepean Blue Mountains Drug and Alcohol Service Drug and Alcohol intake line	(02) 4734 1333
Sydney Local Health District Drug and Alcohol intake line (Concord/Balmain/Canterbury/Camperdown)	(02) 9515 6311
South Western Sydney Local Health District Drug and Alcohol intake line (Liverpool)	(02) 9616 8586
Far West Local Health District Drug and Alcohol Helpline (Broken Hill/Ivanhoe/Tibooburra/Wentworth)	1300 662 263
Murrumbidgee Local Health District Drug and Alcohol line (Albury/Griffith/Wagga Wagga/Deniliquin)	1800 800 944
Southern NSW Local Health District Drug and Alcohol Line (Yass/Queanbeyan/Bega/Goulburn)	1800 809 423
Western NSW Local Health District Drug and Alcohol Helpline (Orange/Dubbo/Bathurst)	1300 887 000

New South Wales Regional Detox Service Territories



Greater Sydney and Metropolitan Detox Service Territories

Where to Score Fits ?

SHOOT CLEAN!

NSP Location	Daytime N°
Albury	(02) 6058 1800
Armidale/Inverell	0427 851 011
Auburn Community Health	(02) 8759 4000
Bankstown	(02) 9780 2777
Ballina	(02) 6620 6105
Bathurst	(02) 6330 5850
Bega	(02) 6492 9620
Blacktown	(02) 9831 4037
Bowral	ADM at back of Hospital on Ascot Road
Byron Bay	(02) 6639 6635
Camden	(02) 4634 3000
Campbelltown (MMU)	(02) 4634 3000
Canterbury (REPIDU)	(02) 9718 2636
Caringbah	(02) 9522 1046
Coffs Harbour	(02) 6455 3201
Cooma	(02) 6885 8999
Dubbo	(02) 4827 3913
Goulburn S.East	0417 062 265
Grafton	(02) 4320 2753
Gosford Hospital	(02) 9477 9530
Hornsby Hospital	(02) 8788 4200
Ingleburn	(02) 4782 2133
Katoomba/Blue Mountains	(02) 6562 6022
Kempsey	(02) 9360 2766
Kings Cross (KRC)	(02) 9357 1299
Kings Cross (Clinic 180)	(02) 6622 2222
Lismore	(02) 6620 2980
Lismore – Shades	(02) 9616 4807
Liverpool	(02) 9977 2666
Manly	(02) 9682 9801
Merrylands	0427 851 011
Moree	(02) 4474 1561
Moruya	(02) 9881 1334
Mt Druitt	(02) 6670 9400
Murwillimbah/Tweed Valley	(02) 9562 0434
Marrickville Harm Minimisation Program	(02) 9562 0434
Canterbury Harm Minimisation Program	

NSP Location	Daytime N°
Narellan	(02) 4640 3500
Narooma	(02) 4476 2344
Newcastle/Hunter	(02) 4016 4519
New England North	(02) 6686 8977
Regional Area (referral service)	0427 851 011
Nimbin	(02) 6689 1500
Nowra	(02) 4421 3111
Orange	(02) 6392 8600
Parramatta	(02) 9687 5326
Penrith/St Marys	(02) 4734 3996
Port Kembla	(02) 4275 1529
Port Macquarie	0417 062 265
Queanbeyan	(02) 6298 9233
Redfern Harm Minimisation Unit	(02) 9395 0400
Rosemeadow	(02) 4633 4100
St George	(02) 9113 2943
St Leonards (Royal North Shore)	(02) 9462 9040
Surry Hills (Albion St Centre)	(02) 9332 9600
Surry Hills (ACON)	(02) 9206 2052
Surry Hills (NUAA)	(02) 8354 7300
Sydney (Sydney Hospital Sex Health Centre, CBD)	(02) 9382 7440
Tahmoor (Wollondilly)	(02) 4683 6000
Tamworth	0427 851 011
Taree	(02) 6592 9315
Tumut	(02) 6947 0904
Tweed Heads	(07) 5506 7556
Wagga	(02) 6938 6411
Windsor	(02) 4560 5714
Woy Woy Hospital	(02) 4344 8472
Wyong Hospital	(02) 4394 8298
Yass	(02) 6226 3833
Young	(02) 6382 8888
Redfern Harm Minimisation Program:	(02) 9395 0400

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

NUAA
NSW USERS AND AIDS ASSOCIATION

WHO CAN HELP??

THE ALCOHOL & DRUG INFORMATION LINE on 02 9361 8000 or 1800 422 599

Call trained and skilled counsellors for information, for counselling support or to get advice from a harm reduction perspective.

ADIS has an up-to-date and extensive database that includes over 2200 drug related services including providers of needles and syringes, treatment services, face to face counselling and specialty services. Call anytime – it's a 24 hours a day / 7 days a week / 365 days a year service.

THE OPIOID TREATMENT LINE (OTL) ON 1800 642 428

They can provide information about pharmacotherapy clinics, chemists and prescribers. Call during business hours or via ADIS's number.

AIVL'S ONLINE NSP DIRECTORY & LEGAL GUIDE

www.nspandlegal.aivl.org.au

Provided by NUAA's national peak drug user organisation, AIVL, this is a list of needle and syringe programs (NSPs) including contacts, addresses (with a link to a Google map), hours of operation and types of equipment supplied. It's device friendly! You'll also find a state and territory reference of NSP and drug related laws with info on possession of equipment and disposal, rights during police questioning, illicit drugs and sex work.

NUAA ON 8354 7300

Call for safer using information during business hours (after 2pm on Tuesday). Visit our website with loads of resources on nuaa.org.au or find User's News articles and featuring this edition on usersnews.com.au

COMMUNITY NOTICE

As of 29 June 2015, Bob's Chemist Newtown is moving to 1/359 King Street, Newtown (opposite Newtown High). Open 7 days/week. Needle and Syringe Program/Fit Pak Scheme Member

IS HALC THE SERVICE FOR YOU?

The HIV/AIDS Legal Centre (HALC) is a **not-for-profit**, specialist community legal centre: **the only one of its kind in Australia**. We tackle the severe stigma and discrimination associated with HIV by providing specialist services to vulnerable people living with HIV. We may also be able to help you if you have experienced stigma and discrimination because you are living with hepatitis C.

CONTACT HALC TO SEE IF WE CAN HELP YOU.

Ph: **02 9206 2060**
Fax: **02 9206 2053**
Street: **414 Elizabeth Street, Surry Hills, NSW 2010**
Web: **www.halc.org.au**
Email: **halc@halc.org.au**

What our clients say about us:

Crystal

I was born Justin, but I choose to live my life as Crystal. People often aren't too accepting of my lifestyle and physical appearance. It's a real shame, because I am not harming anyone else by simply being myself. Some days, I can't even walk down the street without being targeted.

Let me give you an example: I was minding my own business on a Tuesday morning when a paddy wagon pulled up behind me and before I knew it I was being arrested. The police said I had breached my bail conditions. I kept trying to tell them that I wasn't even on bail, but they wouldn't listen. I was taken to the police station and locked in a cell for what seemed like forever. I called my lawyer at HALC who helped to get me out by showing the police that my bail conditions had been changed a while ago. I was pretty shaken and humiliated from the whole experience. I am stigmatised because I am a transgender woman living with HIV. I am just thankful that a service like HALC exists to support me in times of crisis like this.

Debbie

Earlier this year I went to my local pathology clinic for a routine blood test. I sat there in the small waiting room, with old trashy magazines, coughing, and a couple of fidgeting children. I suddenly heard my name mentioned. I looked up. The receptionist was talking loudly with the nurse at the front of the cramped waiting room pointing to a file. Then she declared with a loud voice "Debbie's here to have her HIV viral load tests done".

I was mortified. The whole room had heard, and within days the whole town. I worried about what my friends, my family and the neighbours were thinking and saying about me. Suddenly going for a walk or performing a simple errand became an agonising task of shame. I complained. I wrote letters. I was angry. But I was also ignored. It was at this point I told my doctor what had happened and he referred me to HALC. They helped me to make a complaint about the pathology clinic. I received a letter of apology and a promise from the management that they would ensure that their staff underwent training so that an incident like this would not happen to anyone else. I also received reimbursement for the counselling I had undergone. It felt wonderful knowing there are people out there who cared about how I was feeling and wanted to assist me in making my voice heard so that this type of disclosure did not happen to anyone else.

Robert

I've never been in any trouble with the law, and I'll be 56 in June. I live out in the bush, about 3 hours from Dubbo. At the end of last year I was charged with possession of a small amount of cannabis, and to be honest, I panicked. I use cannabis to help relieve the side effects and symptoms of my HIV, and I also have a skin cancer problem. The police told me I had to go to court, and all I could think was that I might go to jail. I talked to my social worker and Jackie, bless her, referred me to HALC. Although HALC were unable to send a solicitor all the way out to Dubbo to attend court, they helped me a lot to prepare. Best of all, they reassured me that I was not going to jail. They contacted my doctor for me and obtained a supporting letter for the court. My doctor knows that I suffer from nausea, insomnia and lack of appetite. I use cannabis to help with these symptoms. My solicitor also suggested that I ask my neighbour, an older lady that I help out by doing her shopping and odd jobs to write a letter of support to show that I am of good character.

I was really worried that my HIV would be mentioned in court, as it is something I keep private. My solicitor at HALC prepared a short letter for me to hand up to the Magistrate explaining that I wanted my medical information kept private. On the day of court, I felt well prepared. I told the Magistrate that I was pleading guilty, and handed up the letters from my doctor and neighbour and the one from HALC about keeping my HIV private. The Magistrate told me that after reading my references, and taking into account that I'd stayed out of trouble for 55 years, he was going to give me another chance and did not give me a conviction.

NUAA
NSW USERS AND AIDS ASSOCIATION

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

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

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

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

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

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

Inmates, please give MIN number: _____

Name: _____

Address: _____

City / Suburb: _____Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Mail Preferences:

☐ I want to receive User's News.

☐ I want to be emailed NUAA's monthly newsletters.

☐ I want to receive news and information about NUAA events and activities.

☐ I do not want to receive any mail from NUAA.

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

P 02 8354 7300
F 02 8354 7350
1800 644 413 NSW toll free

Level 5, 414 Elizabeth Street, Surry Hills NSW 2010
PO Box 350, Strawberry Hills NSW 2012

W nuaa.org.au
@nuaansw