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UN 84

Autumn 2016

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FUCK SAFE SHOOT CLEAN

UN 84

Autumn 2016

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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.

WE CAN BE HEROES

FROM THE EDITOR

In this edition you will read the personal stories of ordinary people who have achieved extraordinary things. It is a privilege to walk the same path of these people who have contributed to this issue, to follow in the footsteps of those who work in incredible adversity to improve the lot of our community. In a world where prohibition policies mean our very existence is challenging, and for some life threatening, these people have "come out" for us, identifying as people who use drugs in order to take up our issues. Sometimes they suffer stigma and discrimination in putting our collective case forward, to change things for us. But they are about the business of saving lives, our lives, so they wear it with pride.

In talking about what motivates her, activist veteran Jude Byrne asks us all to reflect on how each of us can be involved in the processes that lead to change, challenging us to reflect: "How do you think change happens?" The answer is simpler than you think. It happens by all of us speaking up, supporting each other, standing loud and proud about who we are and demanding our right to be treated with dignity and respect. You don't need to be running a drug user organisation or be a politician to be part of the change process But you can join your local drug user organisation - like NUAA in NSW and make sure they hear you.

Every time you speak out in defence of your rights and those of your community, you are a harm reduction hero. When you put in a formal complaint because you have been treated poorly by a health service or other body. When you put your name on a petition or badger a politician or other community leader. When you speak out if you see someone bullied for being a user, challenge derogatory language used or otherwise go head to head with discrimination. When you support your community by passing on harm reduction tips, give a mate a new sterile fit, get naloxone in case you witness an overdose or give someone a lift to a doctor or health service. All these acts add to the strength and power of our vibrant community.

There are so many - too many - issues for us to address. But it is the responsibility of all of us to act. As drug user activist Freedom says: Get your cranky pants on. And leave them on. Then get loud. Have a look in this edition and on the UN and NUAA websites for tips on how to be heard in a strategic and professional way that will get results and advance our community. Use the draft letter on page 11 and let your local MP know our national drug user body AIVL is worth saving. And remember: You are amazing. You are brave. You are prime material for a harm reduction hero.

TOGETHER

A GUEST EDITORIAL BY DR ELIOT ALBERS

Dr Eliot Albers is the inspiring Executive Director of the International Network of People who Use Drugs (INPUD) (http://www.inpud.net/), representing our community around the world at high level meetings, conferences and negotiations. Eliot has a history of drug use spanning nearly thirty years; he has spent more than half this time as a human rights activist for people who use drugs. In this guest editorial, Eliot talks about why and how the motto of our community NOTHING ABOUT US WITHOUT US is central to our international fight for rights, health and dignity.

We are people who have been marginalized and discriminated against. We have been killed, harmed unnecessarily, subject to mass incarceration, depicted as evil, and stereotyped as sick, diseased, dangerous, irresponsible and disposable.

We are people from around the world who use drugs.

We refuse to accept our treatment as pariahs and second-class citizens because we use or have a history of using drugs; or because we live with HIV, hep C or TB; or because we are on pharmacotherapy programmes.

Now it is time to raise our voices as citizens, to establish our rights and to reclaim the right to be our own spokespersons striving for self-representation and community empowerment.

Three international treaties comprise the global regime of punitive prohibition, criminalising the possession of certain drugs and non-medical drug use. This has directly caused a human rights crisis among people who use illegal drugs that fuels our vulnerability to abuse, discrimination, incarceration, ill health, torture, and death.

The so called war on drugs is a war on people who use drugs and our communities. This war fuels the systematic abuse of our human rights.

Documented examples of rights violations include the use of withdrawal syndrome to extract false confessions; refusal to provide medical treatment on the basis of an individual's drug use; mass incarceration, forced "rehabilitation" and murder. In Thailand in 2003, in a bid to make the country "drug free", police and armed forces

murdered nearly 3000 people suspected of drug use. Across Asia, tens of thousands of people who use drugs are thrown into forced "treatment centres" where they are subject to human rights abuses including torture, forced labour and withholding medical treatment. Many countries maintain the death penalty for drug business.

Yet there is recognition that criminalization of drug use drives systematic abuse of the rights of people who use drugs. This understanding is no longer confined to a small fringe but is widely accepted at the highest international levels. Anand Grover, the United Nations Special Rapporteur on the Right of Everyone to the Highest Attainable Standard of Physical and Mental Health reported that "criminalizing drug use or imposing punitive measures against drug use has a disproportionate impact on the health of people who use or are dependent on drugs". Juan Mendez, the United Nations Special Rapporteur on Torture reported that the denial of methadone to opiate dependent people is in and of itself "ill treatment and possibly torture", and furthermore that the "common practice of withholding anti-retroviral treatment from HIV-positive people who use drugs … amounts to cruel and inhuman treatment".

Repressive legal environments not only drive the transmission of blood borne viruses BBVs such as HIV, hep B and hep C amongst people who inject drugs, but actively dissuade us from using mainstream or targeted health and other services. In the majority of countries in which injecting drug use takes place, the key harm reduction programs that we need - needle and syringe programs, pharmacotherapy and naloxone - are illegal, at an inadequate scale, or quite simply inappropriate. In many countries we face harassment by the police and potential arrest when we access services.

In spite of this, there still seems to be a complete lack of will to dismantle, revise or even to seriously scrutinise the international laws that maintain the conditions in which such abuses flourish.

What can we do in the interim? We have to recognise that in the fight for drug law reform and the provision of rights respecting and appropriate harm reduction services there is no replacement for hearing the voices of those most affected - in this case, people who use drugs.

The HIV movement has raised the principle of meaningful involvement of people living with HIV to centre stage through the Greater Involvement of People Living with HIV (GIPA) principle(http://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_GIPA.pdf)

In the movement for drug users rights, this has led us to use the slogan, NOTHING ABOUT US WITHOUT US. Making this slogan real means ensuring that people who use drugs are meaningfully involved in the design, monitoring, and implementation of all services that aim to serve us.

No group of oppressed people ever attained liberation without the involvement of those directly affected by that oppression. Through collective action, we can better fight to change existing local, national, regional and international drug laws and formulate an evidence-based drug policy that respects our choices - including that to use drugs - human rights and dignity instead of one fuelled on moralism, stereotypes and lies.

Our experience with building and supporting peer based groups of people who use drugs or peer support groups is long standing and geographically wide ranging. There are now self organised peer groups of people who use drugs on all five continents, from Kenya and Tanzania in sub-Saharan Africa to Afghanistan, in most countries of Eastern Europe and Central Asia, in Latin America and in South East Asia. INPUD provides a platform for country and regional organisations to connect and act across the world.

It is often said that we're "difficult to reach", but for us it is often the case that services are difficult to reach, are inappropriate and do not meet our needs. This is why peer based groups of people who use drugs must be involved in regional, national and international political processes that set the policies that affect our lives.

When people who use drugs become organised, we can be powerful advocates in calling for appropriate services, and less repressive legal environments. Peer support groups have been crucial drivers of advocacy campaigns calling for an end to criminalisation and stigma. Another vital role of peer support groups is the provision of peer education. Raising awareness around safer injecting practices and the risks of HIV and hep C are best transmitted peer to peer.

Organising can also be a powerful tool in breaking down internalised stigma. Many people who use drugs are not aware of their rights, or believe themselves to be unworthy of them. Even fewer are aware of the mechanisms for raising human rights violations at national and regional levels. Ongoing peer to peer training with technical support from established drug user organisations is an effective means of raising awareness amongst the drug using community.

Setting advocacy priorities is a necessary process in the formation of any peer support group - such issues might include access to vital medicines, legal literacy, campaigning against rights violations, and calling for the provision of, or improvement, of harm reduction services.

Organising active drug users in especially repressive legal environments is a particular challenge. It is effectively asking people to come out and admit that, in the eyes of the laws of their own countries, they are criminals. Courageous drug users from environments as repressive as Russia, Afghanistan, Thailand and Kenya are coming forward and claiming their human rights, their dignity, and their right to live free from stigma, marginalization and institutionalised violence. They stand as beacons of hope to those still to organise, encouraging them to come forward and take their place in this great struggle for human rights, civil liberties, health and dignity.

LETTERS TO THE EDITOR

FROM PEGASUS PAIN IN THE LIVER

DEAR USER'S NEWS: I was quite interested to read in Sam's Story (UN #73) about hep C treatment: "They don't tell you that because the liver processes everything, pain relief wasn't an option." I don't believe this is true. I had a friend with liver cancer who definitely was on opiates and felt the effect of them. I think the information in the story is incorrect and people should know that they can get pain relief even if they have a dysfunctional liver.

Dear Pegasus,

This was genuinely part of Sam's experience, and unfortunately he went through a great deal of pain with his hep C. Sam tells me his physician told him that he could not have any pain relief because of the complexity of his HIV/hep C co-morbidity and that his liver was too damaged to process painkillers.

A Mayo Clinic medical journal article from 2010 discusses the challenges with pain management in patients with cirrhosis. Complications and adverse events from analgesia (pain relief) are frequent and sometimes fatal. According to the article, the risks are renal failure and encephalopathy (a degeneration in brain function) that occur because major categories of pain medications are largely metabolised by the liver. The article explains the relationship between the liver and opioid take-up like this: "patients with cirrhosis have decreased drug clearance and/or increased oral bioavailability, leading to drug accumulation in the body, especially with repeated administration." This can lead to renal failure if opioids failed to be adequately processed by the liver and build to over-dose levels.

Opioids can be given to patients with extreme liver damage, although smaller amounts less frequently are recommended to minimise risks and the patient must be monitored closely. The Mayo article recommends hydromorphone (e.g. Dilaudid) and fentanyl (e.g. Durogesic) as the best options because they are processed more quickly in the body. Methadone at 4-6 hour intervals is also a recommended treatment. One of UN's consulted doctors recalls a patient on a methadone program with liver failure who experienced lowered tolerance from 140mg daily to 20mg daily over 2 weeks. Another, dying of liver cancer but not in liver failure, had a shifted tolerance from 130mg daily to 545mg every 4 hours.

Sam's doctors were fighting for his life and were unwilling to add anything into the mix which might endanger his recovery. However, Sam should not have been in the agony he was. Even if Sam could not be given opioids or other medications even sparingly, there are a range of other medications and pain management techniques that can be given.

A journal article from 2007 on approaches to cancer pain management found that "more than half of cancer patients [worldwide] have insufficient pain control, and about quarter of them actually die in pain."

Some doctors and nurses refuse to give pain relief to people who use drugs, under some sort of belief that every time we are ill we are simply "drug seeking" (Read *Sorry seems to be the hardest word* on p38). Other doctors are simply not skilled in pain management. There are patients who refuse opioid based pain relief, fearing it will trigger problematic drug use. These may include people with a history of drug use who have worked hard for abstinence. Other patients have no faith in pain relief measures that are not medication based. However the aforementioned article estimated that 90% of those who were receiving inadequate pain relief could have been managed with relatively simple interventions.

When we talk about pain relief, we are often thinking about opioids like morphine, however this is just one way. There are many forms of pain relief and patients with severe pain can be managed with a combination of interventions. Non-opioid medication can include anti-convulsants. Psychological tools such as intensive cognitive behaviour therapy can also be used. Allied medical interventions can include desensitisation; physiotherapy; radiofrequency ablation (using heat to destroy the nerves causing pain); and neuro-modulation treatments (using electrical pulses to change nerve activity). Surgical procedures could include a nerve block (like the epidural given for childbirth); and neurosurgery to the brain or spinal chord.

We need more research in the area of pain relief and cirrhosis. In the meantime, we need to explore a full range of pain relief options, because there should be no reason for patients with liver cancer or liver pain to suffer.

Love Leah xx

Read more here:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2861975/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2386360/

DEAR UN

WANT TO RAISE AN ISSUE?
Write to Letters, User's News
PO Box 350 Strawberry Hills 2012
or email leahm@nuaa.org.au
Published letters pay $30

FROM CELIA IT'S ALL ABOUT SURVIVAL

DEAR USER'S NEWS: I currently get my naloxone from the Kirketon Road Centre for free. I have been told that naloxone is going to be available at chemists over the counter. I would like to know what it will mean in terms of cost. I am a little bit worried that I won't be able to afford to have naloxone any more. Can I still get it at Kirketon or will this be the only way I can get it? Also how much will it cost from the chemist?

While not all people who inject opiates are stretched for cash, a lot of us are. It's great that they are making naloxone more available by having it at chemists but it is like they are making it less available by charging for it. It seems crazy that they might put something that is meant to save lives out of reach of the people who need it. I am worried that even if I can get it to have at home for use on my friends or have it to use on me that I won't be able to afford to use naloxone on strangers, and that other people will think this as well. The fear is that we might use it on a stranger and not be able to replace it and then not have it if someone we love drops or not have it around to use on us. I also thought that perhaps we might not be inclined to not use it as quickly as we would if it were free, that we might hold off to see if they came around because the naloxone will be too precious to use. All this seems really unacceptable when there a life at risk but it's human nature. I guess if it comes down to it I couldn't watch someone die knowing I could help them so I was thinking that there should be a way to get a refund or get it replaced for free if you have used it on a stranger and saved a life.

Dear Celia,

Naloxone (often known by its brand name Narcan), the opioid reversal drug that has saved many people in our community from overdose, is now available in a new way, in addition to how you have been getting it up to now.

Naloxone now has a dual pharmaceutical listing as both S3 and S4. That means that as an S4 drug you can get it on prescription and get it at the lower PBS price (for five vials you pay $6.20 if you have a health care card or $38.30 if you don't). As an S3 drug you can walk into your chemist and, assuming they stock it, buy it without a prescription as if you were buying aspirin or bunion cream. The NSW Ministry of Health have advised that the retail price for a single vial of naloxone from NSW pharmacies should be around $18, but pharmacies can charge what they want. Best Buy: We understand Chemist Warehouse are charging $60 for five vials. Note that we recommend that you have a kit with at least two vials, as you may need two injections to reverse some overdoses.

As far as the concerns you raise, I understand completely. But I am convinced that while there are upsides and downsides, there do seem to be more advantages than disadvantages.

Firstly, as far as I can tell, those services who currently have free training programs are likely to continue them. So if you have been accessing free naloxone at a particular service, chances are you will continue to be able to do so.

This is a big step forward for peer organisations like NUAA who will be able to undertake naloxone training as part of their peer education. In the past, organising a doctor to attend training courses has been a big stumbling block. People needed to be registered as patients of the doctor, then have a consultation after training in order to get a prescription and take home their naloxone kits.

There are many groups who will benefit from increased provision. People in country and suburban areas who currently have no services providing free naloxone will be able to access it for the first time. It is also great for family members who have been ineligible to be prescribe naloxone under programs like Kirketon Road's - only users of opioids were eligible to be prescribed naloxone under that scheme. Now families can purchase naloxone themselves and know that in their first aid kits, they have the means to reverse the overdose of a loved one if necessary.

The cost is of course disappointing. This is a drug that should be available for free or very cheaply and it is unfortunate that we will not be able to get it at a price that would enable us to saturate NSW with the stuff. We need a "Narcan fairy" like Lee Hertel's (page 18) to donate all the naloxone we need.

I can see that some people will feel constrained about the money. But I hope that we will one day get to a point where naloxone is so commonplace that it will always be available where it is needed. I think most people in our community would not stand and watch someone die knowing they could save a life for less than a packet of cigarettes. Overdose is a pointless, unnecessary death and together we can help rid it from our community. I encourage everyone to get naloxone and to use it.

Let's start a spiral of survival in our amazing community. Here's to the era of the harm reduction hero!

Love Leah xx

Read more here:
http://www.abc.net.au/news/2015-12-15/naloxone-to-be-available-over-the-counter/7031214
http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/

CONFERENCES & CLAMBAKES

IT'S AN UNGASS

UNGASS = United Nations General Assembly Special Session

2016's UNGASS is focused on "the World Drug Problem".

The 'General Assembly' is the principle policy making tool of the UN and the only one in which all 193 UN member states have equal representation. The Special Sessions began in 1946 and are held at the request of member states. They focus on a specific issue such as population, the environment, sustainable development, HIV, treatment of prisoners, children, gender equality, disarmament and apartheid. Only two previous sessions have been convened to discuss drugs, in 1990 (on "Drug Abuse") and in 1998 (on "the World Drug Problem").

The next meeting was to be held in 2019 but in September 2012, the Presidents of Colombia, Guatemala and Mexico called on the UN to bring that session forward to 2016.

The outcomes of these past special sessions do not give one much hope of any real change. It doesn't feel like an accident that the meeting is being held in New York in the USA, the home of the "War Against Drugs".

The first drug-related UNGASS in 1990 was held to build support for the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. This convention was the third UN drug control convention, enacted to close loopholes left by the 1961 Single Convention on Narcotic Drugs and the 1971 UN Convention on Psychotropic Substances. The wording in the 1961 contains some of the most emotive, pejorative language to be found in any document of its type. For example, the Preamble starts:

> "The Parties, Concerned with the health and welfare of mankind ... Recognizing that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind, Conscious of their duty to prevent and combat this evil... hereby agree..." and goes on to note: "drug addiction leads to personal degradation and social disruption".

UNGASS 1990 declared 1991 to 2000 the UN Decade against Drug Abuse and adopted a 100 point Global Program of Action. It concluded that the functioning of the UN drug control structure needed to be reviewed and a unified secretariat in Vienna was established. The UN International Drug Control Program was established in 1991, later merging with other divisions to become today's United Nations Office on Drugs and Crime (UNODC).

In 1990, the resolution of the session was to aim for 'a drug free world'. We wonder how any country representative and senior policy analysis could seriously imagine this was even remotely possible. Yet, with the legal and institutional drug control framework established, they somehow felt they could turn the tide of the expanding illicit drug trade. It should be noted that in 2012, it was estimated that 300 million people worldwide used illegal drugs, contributing to a global market with a turnover of $330 billion per year. Far from a drug free world...

With the end of the cold war, former adversaries and anti-drug leaders Russia, the USA and China joined to co-opt the restructured UN drug control agencies in Vienna. As the communist threat waned, the USA justified its global military expansion as needed for drug interdiction. This increasing aggressive approach was questioned in Latin America and Europe who had opted for a more pragmatic response to drugs and the HIV epidemic. The outcome of UNGASS 1998 was a compromise. It agreed to the quixotic goal of 'a drug free world within ten years' while recognising the need for a more balanced approach.

While the UNODC was charged with overseeing both the health and criminal aspects of drugs, it has clearly leant to crime reduction . Even in the face of HIV it remained steadfast in its determination to ensure drugs were seen as an evil and any effort to disrupt drug use could not be changed to ensure HIV was dealt with effectively. All the structures and organisations around UNGASS are aimed at minimising drug use. While there have been some tepid pronouncements about how drug laws and discrimination provide a fertile space for blood born viruses to thrive, this is not the dominant view by most member countries.

Because there has been movement around drug law reform throughout the world over the past couple of years, there have been hopes that UNGASS may mark a major shift in international drug policy. Some people are getting very caught up in the hype. For the many past months there has been much toing and froing about representation to the meetings prior to the UNGASS. However the drug using community holds out very little hope of change.

It seems unlikely that one meeting in April 2016 can address the financial distress and the social harms that prohibition wreaks on the poor and marginalised, when it provides so much for the rich and connected.

The degree of investment in prohibition in the government organisation and power structures means it is impossible for reform to occur quickly... too much money involved and too many people employed in prohibition. Prohibition provides a ready-made excuse to

THIS YEAR,IN NEW YORK,,REPS FROM 193 COUNTRIES ARE MEETING UNDER THE BANNER OF THE UNITED NATIONS TO TACKLE "THE WORLD DRUG PROBLEM".

make war on any persons or even countries with views incompatible with the status quo agenda.

This is not to say we cannot combat prohibition, but for lasting change to occur we need to change attitudes. This is best achieved working as a connected grass roots community of people who use drugs within our wider local community and government structures.

Not that this has stopped the drug user movement from contributing to UNGASS 2016.

Our international organisation INPUD (International Network of People who Use Drugs) is the group formally charged by drug user organisations around the world to represent the using community in international high level forums such as UNGASS. INPUD is sending representatives to UNGASS and has taken part in preliminary meetings. The formal submission to UNGASS 2016 by begins with these guiding principles:

- People who use drugs must be respected as experts on their own lives and lived experiences
- Participation of people who use drugs in debate and policy formation must be meaningful, not tokenistic
- The wellbeing and health of people who use drugs and their communities must be considered first and foremost in the formation of laws and policies related to drug use

INPUD's submission positions drug use in a human rights agenda. It promotes the right to drug users to enjoy good health and looks at the harms that criminalisation drives. The submission promotes the ten key rights which form part of INPUD's Consensus Statement:

RIGHT 1:	People who use drugs are entitled to their human rights, which must be protected by the rule of law
RIGHT 2:	People who use drugs have the right to non-discrimination
RIGHT 3:	People who use drugs have the right to life and security of person
RIGHT 4:	People who use drugs have the right not to be subjected to torture or to cruel, inhuman, or degrading treatment
RIGHT 5:	People who use drugs have the right to the highest attainable standard of health
RIGHT 6:	People who use drugs have the right to work, to free choice of employment, to just and favourable conditions of work, and to protection against unemployment
RIGHT 7:	People who use drugs have the right not to be subjected to arbitrary arrest or detention
RIGHT 8:	People who use drugs have the right to bodily integrity
RIGHT 9:	People who use drugs have the right to found a family entitled to protection by the law, entitled to privacy, and entitled to be free from arbitrary interference
RIGHT 10:	People who use drugs have the right to assemble, associate, and form organisations

It must be recognised that not only has INPUD been invited to input the UNGASS process, organisations which oppose drug use and are disrespectful of people who use drugs have also been allocated a seat at the table. Many of these organisations use emotion and rhetoric rather than evidence to support their views and will be backed by many country members. However we also have our supporters. While UNGASS is unlikely to bring the sorts of changes that we hope for, it may be that the conference will bring with it a greater focus on health and human rights for people who use drugs. After all, things can't get much worse.

Read more at:
http://www.inpud.net/sites/default/files/INPUD%20Submission%20for%20UNGASS.pdf
http://www.drugpolicy.org.au/ungass_2016?gclid=Cj0KEQiA3t-2BRCKivi-suDY24gBEiQAX1wiXPjqjw5JnfSRrfHPYUCCpLOn28mDAxx3szHfsokirj0aAikk8P8HAQ
http://www.unodc.org/ungass2016/

DRUG USER ACTIVISM AUSSIE,STYLE

Annie Madden has given nearly 30 years to the drug user movement. She became the founding Executive Officer of our national drug user body, AIVL when it was funded some 16 years ago in April 2000. She went into the role with the skills she developed while Executive Officer of NUAA, here in NSW.

Annie has recently announced her resignation from AIVL for personal reasons. She will be sadly missed.

Annie has been a leader in drug user activism since the 1980s and has done an amazing job of steering the Australian drug user movement towards better times for our community. She has contributed enormously to the progression of drug user rights in Australia including pressing harm reduction as the offical policy response to drug use and blood borne virus prevention. Through this work she has influenced the movement internationally. Annie has an extensive background in advocacy, policy development, research and service delivery. Over the last 20 years, she has sat on most pivotal national committees directing policy and services that affect people who use drugs Annie is well-published in peer-reviewed scientific journals and recognition for her work includes being installed in the NUAA Hall of Fame.

In the context of the international AIDS conference in Melbourne last year, Annie wrote about the development of the drug user movement in Australia from her unique perspective.

Here is a short excerpt from that essay, *The History of Drug User Activism in Australia*. You can read the whole book here:
http://hrvic.org.au/docs/historyofIDUactivism/index.html

ANNIE WRITES

THE HISTORY OF A MOVEMENT

By any measure, Australia's long history of drug user activism is a proud one.

Despite the illicit nature of drug user and the ongoing criminalisation of users, drug user activism has contributed a compassionate and challenging voice to the public debate about drugs for nearly three decades. There are few countries in the world that can boast such a strong and vibrant network of advocacy bodies - fuelled, of course, by the energy of countless passionate individuals.

So, what is that sets Australia apart? What makes our brand of activism and our organisations unique? How do we explain our refusal to fold in the face of systemic discrimination and stigmatisation, and the relentless War on Drugs, that is, in essence, a war on people who happen to use drugs?

As someone who has been on the frontline of the struggle for most of its history, I have seen too many outstanding activists die before their time - be it from AIDS, overdose, the arbitrary violence of criminalisation, and now, increasingly, from hepatitis C and other (largely preventable) health problems associate with long term injecting drug use.

But I have also witnessed remarkable people standing tall for what they believe in, and the tremendous power of committed people working together to demand the right to be treated with dignity, respect, and in accordance with their basic human rights.

In the beginning was the word, as the good book says, and the word was HIV. Okay, it's not a word as such, more of an acronym, but you get the picture...!

Even before the looming spectre of HIV/AIDS appeared in the mid-1980s, there were localised groups of drug users meeting and organising in Australia. Generally, these groups were associated with methadone clinics (particularly in NSW) and their focus was on improving access to methadone, and supporting those seeking to move away from injecting drug use. However, with the emergence of HIV. The nature of these early groups was to change radically.

Other groups and networks were also forming with specific political and advocacy agendas, particularly those highlighting the need for drug law reform. Indeed, it was a group of drug users in Victoria who first formed with a more political, reformist agenda - even before the birth of VIVAIDS (now Harm Reduction Victoria). NUAA in NSW heralded the contemporary era of Australia drug user organisations.

But these early groups, regardless of their purpose or what brought them together, were isolated. Nothing in the scant records that remain of that era suggests that they ever connected or communicated with each other.

With the dawn of the 1980s, Australia's injecting drug user community became increasingly aware of the unfolding threat posed by HIV. Although we have limited access to information about the spread of the virus overseas, we had no doubt of the need to mobilise and take action.

Early activists faced an enormous uphill struggle against entrenched prejudice and harmful stereotypes. The very notion that injecting drug users might care about their health or that they could be educated about safer drug use was considered bizarre. Accepted wisdom held that, as a group, we would be unlikely to respond to HIV prevention efforts - but, as drug uses ourselves, we knew differently. We knew their assumptions were wrong. We knew that the drug using community would share important information and that we would be prepared to educate ourselves and each other and to look out for each other.

We had privileged access to a highly marginalised community, forced underground by the law and deprived of services and support. We knew we could use this access to drug user networks to supply both sterile injecting equipment and essential HIV prevention information to people when they needed it most - when they were scoring and using together.

For their part, governments remained cautious. Ultimately, they were wary of appearing to condone injecting drug use. However, they were pragmatic enough to accept that a reorientation of public health policy towards harm reduction and a partnership with the drug using community were necessary to avoid an HIV epidemic in Australia.

This realisation paved the way for a national roll-out of needle and syringe programs (NSPs) and funding for HIV peer education. Drug user organisations were quick to advocate for such policies and programs, and spearheaded the engagement of affected communities, the provision of peer education and the supply of sterile injecting equipment.

The rest, as they say, is history. Ultimately, it was the actions of drug users which prevented a major HIV epidemic in Australia and, to this day, we maintain one of the lowest rates of HIV among injecting drug users in the world.

SAVING AIVL, THE AUSTRALIAN INJECTING ILLICIT DRUG USER'S LEAGUE

SURE WE LOVED NEON SOX AND WHAM but the 1980s were a bad time for people who injected drugs

You couldn't get new, sterile needles. HIV was on the rise and viral hepatitis seemed inevitable - and the tests and treatments were brutal. The stigma, discrimination and stereotyping of users were far worse than today, the police were more full-on and the punishments were harsher.

Drug user organisations were an important part of the change process that mean we now have one of the lowest HIV rates among people who inject drugs in the world.

AIVL is our national drug user organisation and has fought and won many important changes for people like us, who use or have used drugs

AIVL is under threat. If we don't act, it will be defunded by 30 June 2016. We risk going back to those bad old days. It's our turn to fight for them, to thank them and let them know we appreciate what they have done and are going to do in the future for us.

If you have never before tried your hand at advocacy, this could be the issue you were waiting for.

10 REALLY GOOD REASONS WE NEED TO SAVE AIVL

Essential Part of the Partnership Approach: With the emergence of HIV in the 1980s, the Australian government adopted a ground-breaking approach by resourcing key affected communities to lead their own peer-based responses to the epidemic. This proved to be highly successful and has led to an extraordinarily low prevalence of HIV among people who inject drugs, other key communities and the Australian population as a whole.

The National Voice of People Who Use Drugs: Without AIVL this voice for people who use drugs will be absent from national advisory structures and working groups that oversee the implementation of the Australia's response to blood borne viruses, sexually transmissible infections (STIs) and illicit drugs.

A Valuable Resource for the Whole Community: AIVL has worked collaboratively with the community and health sectors, making advice and support available to the workforce, developing information resources, as well as delivering national training for health professionals who are providing services to people who use drugs and/or people in drug treatment.

Consistent Health Messages To People Who Use Drugs: The highly regarded education resources that are produced by AIVL are provided to a large range and number of agencies across Australia. These agencies rely on AIVL's peer education resources in order to provide credible, non-judgemental, and evidence-based information to their service users.

Exemplary Peer Education: Peer education - the professional development of people who have used drugs that enables them to deliver services to others in their community- has been the backbone of Australia's globally renowned response to reducing Blood Borne Virus transmission amongst people who inject drugs. AIVL provides a nationally co-ordinated and consistent approach.

A Key Advocate for Harm Reduction: A cornerstone of Australia's successful response in preventing blood borne virus transmission for almost 3 decades, harm reduction has also been shown to be a most effective approach to illicit drug use internationally. AIVL has ensured that drug policy is firmly grounded in harm reduction and informed by best practice and up to date evidence. If we were to lose AIVL, we risk weakening this pragmatic approach.

A Conduit to Specialised Knowledge: AIVL actively contributes to Australia's understanding of drug use and the issues for people who use/have used illicit drugs through its advisory role in national research projects including the annual Australian Needle and Syringe Program Survey and the Illicit Drug Reporting System.

Fighting Stigma and Discrimination: Access to healthcare is an inalienable human right that belongs to every Australian. Currently, people who use drugs experience disproportionately higher levels of stigma and discrimination, particularly when attempting to access as the health system. Overcoming this stigma and discrimination nationally is not possible without a national organisation representing these health consumers.

Effective & Timely Responses to Drug Trends: The landscape of drug use in Australia is constantly changing. AIVL and its membership have always been at the forefront of these trends because we are situated within the drug user community and have first-hand experience of drug use. Without AIVL, Australia's ability to form a relevant, cost effective, and timely responses to drug use patterns would be considerably eroded now and into the future.

Representing Australia as an International Leader: Through work in Australia and the Asia-Pacific region, AIVL has inspired the creation of several similar drug user organisations throughout the world. AIVL has contributed to Australia's status as a global leader via our work with international organisations such as the United Nations, the International Network of People who Use Drugs and more recently the Pasifika regional drug users network. The loss of AIVL would be a significant setback to this work and damage Australia's reputation globally.

DO YOUR BIT TO HELP SAVE OUR AUSTRALIAN DRUG USER ORGANISATION!

SEND A LETTER TO YOUR FEDERAL MEMBER

<<Name of MP or Senator>>
<<Electorate>>
<<Address>>
<<Suburb>> <<State>> <<Postcode>>

<<Dear Mr/Mrs/Ms _____ MP (for local members)>> OR <<Dear Senator _____ (for senators)>>

Re: The loss of Australia's only national community-based organisation for people who use/have used illicit drugs

I am writing to seek your support for the future of the national peak body representing people who use/have used illicit drugs in Australia, the Australian Injecting & Illicit Drug Users League (AIVL).

I am deeply concerned that the Australian government's restructuring of the "Blood Borne Viruses (BBV) and Sexually Transmissible Infections Prevention and Education Programme" under the Communicable Diseases Prevention & Service Improvement Grants Fund will effectively mean that AIVL will no longer be able to operate after 30 June 2016 due to the lack of ongoing funding for the organisation's core BBV and harm reduction program of activities.

I believe this decision will significantly damage Australia's ability to effectively respond to the issues related to illicit drug use, in particular the prevention and treatment of blood borne viruses such as hepatitis C and HIV among people who inject drugs.

AIVL has successfully provided an evidence-based, cost-effective response to urgent public health issues and in doing so has provided a voice at the national level for many people in my community who use drugs, for over 20 years.

AIVL has provided a stable consistent, cohesive and coordinated health messages and resources to its membership, ensuring that some of the most marginalised and socially isolated people have safe and reliable access to the information and support they need.

Research shows that 42% of Australians use or have used illicit drugs in their lifetime; these approximately 8 million people are our children, our families, our friends, our neighbours and I believe they deserve to have a voice at a federal level advocating for their health and human rights and ensuring they have access to credible, timely and importantly, non-judgmental information and education on the issues that affect them including BBVs, overdose prevention, drug treatment, harm reduction, etc.

As the issues surrounding illicit drug use are constantly changing, I do not believe now is the time to be winding back what has historically been a highly effective, internationally recognised approach. Australia's unique response to HIV of partnership with communities made us world leaders in reducing drug related harm and upholding people's basic human rights. Any decision that has the result of undermining the above achievements will have major negative consequences for the entire Australian community.

Regardless of one's personal views in relation to illicit drugs, I ask you, as a member of the Federal Parliament to show your clear support for a strong, evidence informed, and effective response to all issues in relation illicit drug use in society and support organisations like AIVL to continue to be key partners in developing and delivering that response.

As a member of your electorate, I ask that you please raise my concerns within your party including with representatives working in health policy, directly with the Federal Minister for Health and within the Federal Parliament more broadly to ensure AIVL, as a vital member of Australia's public health partnership approach is able to continue representing, educating and advising on all matters relating to the health and human rights of people who use/have used illicit drugs now and into the future.

I look forward to receiving your response to my letter.

Yours sincerely

<<Your Name >>
<<Your Contact Details>>

You can use part or all of this letter to send to parliamentarians. Adapt it to send as a Letter to the Editor of your local news paper. If you have a computer, you can download this as a Word file to save retyping from http://www.aivl.org.au/saveaivl You can use other information in this edition of UN as well. Whether you write your letters by hand, type it, post it , hand deliver it or email it - it's all the same. Just get it out there as soon as you can!

INSPIRING WOMEN

JULIE BATES

HAS GIVEN 30 YEARS TO DRUG USER ADVOCACY
Founding Manager, NSW Users & AIDS Association (NUAA); Founding Manager, Australian Prostitutes Collective; Former Board Member, NUAA; Current Director, Harm Reduction Association. Inducted into the NUAA Hall of Fame 2012.

Once touched by the double stigma of drug use and sex work and the looming HIV pandemic, there was only one thing to do and that was to fight back and reclaim my dignity while forming associations with other like minded people. This early community development work led to the formation of NUAA and the reinvigoration of the Australian Prostitutes Collective NSW (forerunner of SWOP). Subsequently, I found myself employed as the founding manager of both of these groups and on a personal level, dispensing with much of the guilt and shame that I had been lugging around with me for what seemed like forever!

I am motivated by the knowledge that harm reduction and drug user advocacy has, can and does save lives and restores dignity and respect. However, the fight against the war on drugs and by definition, the war on people who use drugs, is far from over. It requires continued vigilance and new armies of people ready to step up and continue the fight. I love nothing more than to see the spark of recognition in the eyes of new peers as they realise they too can make a difference as they take on advocacy roles and become leaders within their communities, saving lives and challenging stigma.

JUDE BYRNE

HAS GIVEN 30 YEARS TO DRUG USER ADVOCACY
President, International Network of People who Use Drugs (INPUD); Former President, (Australian Injecting Illicit Drug User's League) AIVL; Founding Co-Ordinator, AIVL; Current Senior Project Officer, AIVL. Winner of the International Rolleston Award for outstanding contribution to harm reduction 2011. Inducted into the NUAA Hall of Fame 2013.

Xmas Day 1986, I had asked a friend to leave me a "clean" fit in my letterbox as I was out. The fit she left me was not sterile and I became very ill about six weeks later. This was the early days of HIV so I was sent to the isolation ward. I turned out to be incubating not HIV but two hepatitis viruses - hep B and hep C . I had worked as a nurse for some years prior and had a fairly good idea of how patients should be treated. My experience was nothing like anything I had ever seen before. I didn't mind the health precautions - everyone masked to the max and food trays pushed through the door. What I didn't like was the attitude that went with it. I was in serious pain while they were faffing around trying to find methadone - as they decided on principle that I would get morphine over their dead bodies.

That shocking treatment made me extremely angry. I had been an injecting drug user for the previous 20 years but had been able to "pass". This was the first time I had experienced the heartbreaking, soul destroying discrimination that can be meted out to you when you are at your most vulnerable.

It took some time to recover but when I read an advert for a peer worker at the ACT drug user group, I was immediately interested. I was still very fired up about the rights of my community so I applied for the job... and that started my nearly three decades working in the drug user movement. My commitment and passion for standing up for people who inject drugs has never wavered. Once I was in the job I oversaw an extremely vibrant drug user organisation that fostered an atmosphere for people to take pride and enjoy a feeling of self-worth within their community rather than shame and fear.

I was one of the first drug users to work as a current drug user, to be invited to Ministerial Committees and international conferences. I was President of AIVL four times over ten years. When we were funded in 1997, I became the first coordinator and have worked there in different roles ever since. I am very involved in our global organisation, INPUD and worked to set it up - a real labour of love. INPUD represents the needs of the drug using community to international organisations that interact with our community, like the United Nations AIDS and drugs arms (UNAIDS and UNODC) and the World Health Organisation (WHO).

It feels like the job hasn't even started on some levels. Our community is still being stigmatised, incarcerated, bullied and harassed.

Any injecting drug user who doesn't put their hand up and help with the work of their local group needs to have a think about how change occurs. It only occurs when there is momentum and our voices reach out to the rest of the community demanding our rights. We do nothing wrong except use a drug that has been classified as illegal for reasons that are as alien and ludicrous as having homosexual encounters deemed illegal.

One thing I have learnt is, if I don't accept this society as one I believe is fair and equitable I don't believe I have to follow their laws or feel diminished when one of them discriminates against me. Prohibition is wrong. It's morally reprehensible and it is being supported by all the people and institutions who are making money from our losses, deaths and misery. We do not need to feel shame but by god, the rest of them must.

FIRED UP

JENNY KELSALL

HAS GIVEN 26 YEARS TO DRUG USER ADVOCACY
Current Executive Officer, Harm Reduction Victoria (HRV)

I have been doing this stuff for as long as I can remember!

I began working in this area several lifetimes ago in 1990. I literally have been around since the start of the hep C story. I sort of stumbled into a job at the Burnet Institute with Professor Nick Crofts. Nick had recently returned from the US where he had been exposed to the HIV epidemic among people who inject drugs. His research to look at HIV and hep C among Australians who inject drugs brought attention to the silent hep C epidemic in our community. He employed people like me from the affected community to recruit and interview study participants.

At that time I had been trying to re-enter the workforce after raising my two daughters, one of whom who was born with a disability which inevitably slowed down her bid for independence. How I agonised about my double life and the secret of my ongoing opiate use. How would I conceal it from an employer? How would I explain the gaps in my CV? Or my need to attend a local pharmacy every day for my methadone? So it was an extreme irony that my history of heroin use - rather than disqualifying me from employment - actually opened the door to what has become my life-long career working in the drug user movement.

I knew from the first that I was in the right place. I liked the fact that the line between my life and my work were blurred, that one fed into and supported the other. It felt like my entire life experience to date had led me to this place and that the variety of skills and insights I had gleaned over the years all had a part to play in what I could contribute. I have always identified with the underdog and had a profound sense of social justice. So I welcomed the opportunities to advocate for those without a voice, rendered powerless by cruel and arbitrary drug laws.

My involvement in a number of consultancies in Asia cemented my commitment to drug user activism. I was so humbled by my experiences of working with so many inspiring people who have so little and give so much, despite the human rights violations they are subjected to on a daily basis.

I can say with all honesty I never tire of this work - as much as I do and have done over the years, there is so much more to be done. For every small success there are 100 more issues to address. I guess that's what continues to drive me & propel me forward.

Yes, this is what I want and need to do. I am acutely aware of the choices I have made in my life but in many ways, the decision to pursue this line of work was made for me. It is part of the fabric of my life and the person that I am.

FIONA POEDER

HAS GIVEN 23 YEARS TO DRUG USER ADVOCACY
Former Manager, NUAA; Former Manager (Hep C), AIVL; Current Director of Programs and Services, NUAA

I had an epiphany on the same day I found out about the Needle and Syringe Program (NSP). And the first time I used one, I saw my first copy of *User's News*. I opened it up and thought these people just get it: there's no judgement, it's pragmatic without the bullshit. I was still at uni, I had two kids I was raising on my own, working in a nursing home and I finally realised what I wanted to do. I'd always thought I had something important to do (not to be important personally, and that was why I was still alive while so many of my friends weren't) and that's the day I realised what it was.

When I finished uni, I did some computer course for single mothers and it had a work experience component. I said I would organise my own and rang NUAA who agreed to supervise my placement. While I was there, a job came up and I got it. After working in various jobs I eventually became the Acting NUAA Manager. I left NUAA for a while to expand my experience and managed the NSP network for parts of Western Sydney. I came back to the drug user movement for the role of Hep C Manager at the national organisation AIVL then returned to NUAA a couple of years ago.

I've been doing advocacy, peer education, training, project development and management, resource development, policy and all that with people who inject drugs for about 23 years and it's still important. In fact, finding NUAA and NSPs on the same day probably saved my life.

READ/WATCH MORE HERE:

JULIE BATES IN *USER'S NEWS*
http://www.usersnews.com.au/articles/famous-and-fabulous
http://www.usersnews.com.au/articles/the-road-well-travelled-how-drug-users-took-on-hiv

JUDE BYRNE ON *YOUTUBE*
https://www.youtube.com/watch?v=yDWVCA8xm8c

USING OUR FREEDOM

HOW IT IS IN INDONESIA FOR DRUG USERS

Indonesian drug policy is cram packed with mixed messages. Harm Reduction International's (HRI) 2014 report showed that Indonesian policy includes explicit reference to supporting harm reduction and the Indonesian government funds and operates needle exchanges and a methadone program.

In late 2012 a new Narcotics Act was introduced with the goal of decriminalizing people who use drugs and directing them away from gaols and into rehabilitation programs.

However user advocate Edo Nasution, National Coordinator for Indonesia's drug user organisation Solidarity for Indonesian Drug Victims (Persaudaraan Korban Napza Indonesia or PKNI) says that at the level of implementation, things are far from ideal.

Data from the Directorate General of Corrections showed the number of occupants in prisons as of April 2013 was 158,150 people. Around a third of them (55,636) were there on drug related convictions. Prisons and detention facilities are over capacity, have inadequate facilities, poor drainage and sanitation resulting in a high number of illnesses and deaths due to diseases such as HIV, tuberculosis and hepatitis C, particularly among injecting users. Despite this, the number of drug users in prison continues to swell.

In 2015, fourteen people were shot by firing squad for trafficking crimes at the behest of new President Joko Widodo, after a four year moratorium on executions placed by the former leader.

Although the Ministry of Health has stated that drug use deserves a health-oriented approach, drug dependence is still treated as a criminal matter. The level of human rights violations toward drug users is very high. Drug treatment programs are priced out of the reach of the working class. They can only be accessed by people with wealth or particular status, such as artists.

PKNI states one of the most worrying changes recently is that the new head of Indonesia's National Narcotics Bureau ((Badan Narkotika Nasional - BNN), Budi Waseso, is actively undermining Indonesian drug policy. While the Ministry of Health's official international position is harm reduction, "Buwas", as he is known, has declared that Indonesia's drug laws are too weak, claiming traffickers get lighter treatment by claiming they are users. He wants an end to government-funded rehabilitation, describing it as a waste of funds on "fixing broken people".

In November 2015, Buwas said that the death penalty for drug dealers should be carried out in a new way: "Let them overdose by their own drugs". Buwas spent time scoping for a new island prison site specifically for drug users, one where crocodiles could be used as guards. He also suggested piranhas, lions or tigers could also be used. "We will keep sending them food supplies every day. But they have to survive on their own" Buwas announced. In December 2015, that he had found the site for this prison, an island off East Java.

Buwas has also made public statements advocating a return to Petrus Killings for drug related offences. PKNI explained Petrus Killings began under Suharto in the 1980s. When thousands of law breakers were put to death by Indonesian police without a trial. Police would then place their victims bodies in public places in an attempt to terrorise the population into ceasing criminal behaviour. Buwas, whilst calling for a reinstatement of Petrus Killingings also warned drug users to turn themselves in by 2016 for compulsory rehabilitation (despite a lack of rehabilitation places) or face prosecution.

People who are suspected of drug use can be stopped on the street and asked to provide a urine test on the spot and in public. If a test is positive for drugs, the person is taken into custody immediately. From there it's "rehabilitation" or prison along with the possibility of the death sentence if found guilty of supply.

EDO NASUTION
AN INDONESIAN HARM REDUCTION HERO

EDO NASUTION'S BACK STORY

Edo Nasution started using drugs at age 15. He has used various drugs but says he experienced the most impact from heroin, known as "putaw" in Indonesia. He has been arrested "nine or ten times" for drug use, tortured by police and incarcerated in Indonesian prisons.

Now 37, Edo is the National Coordinator of the Solidarity for Indonesian Drug Victims (Persaudaraan Korban Napza Indonesia or PKNI; see the website at ***http://korbannapza.org).***

PKNI is a network of 23 drug user organisations that provide harm reduction services across 19 provinces in Indonesia. PKNI was established based on the concerns of the victims of Indonesia's drug policy and focuses on the stigma, violence, discrimination and violations of human rights towards people who use drugs. The focus includes advocating for people who use drugs around issues such as pharmacotherapy (methadone and buprenorphine); compulsory rehabilitation; overdose; the prevention, of blood borne viruses; testing and treatment of viral hepatitis and HIV; and community building.

A recent project was a Peer Driven Intervention held in Jakarta for 500 people who inject drugs. Activities included HIV and hep C testing, and needle and syringe services were provided for the event.

Edo has led PKNI to become one of the most effective drug user organisations in the world. For over 15 years, he has campaigned for the national government to take a more humanistic and health-oriented approach toward drug users. Despite living in a regime which is very hard on drug users, Edo is "out" and identifiable as an activist. He has his image and views plastered over the internet and other media and travels internationally to spread the word about the situation in Indonesia and work towards solutions.

The PKNI has been recognised with several international awards. In 2014, PKNI won the International Red Ribbon Award for advocacy and human rights category at the International AIDS conference in Melbourne. In 2015, Edo received both the International and National Rolleston Awards at Harm Reduction 2015, the biannual conference of the organisation Harm Reduction International (http://www.ihra. net/). The Rolleston Awards are presented to honour outstanding contributions to reducing harm from psychoactive substances at the international and national levels.

UN'S FAVE ANSWER TO AN INTERVIEW QUESTION BY EDO

Interviewer:
So are you now still using drugs?

Edo:
As with my Facebook profile, my relationship with drugs has an "it's complicated" status. However, I am not under any influence of drugs at the moment.

Should I be screened for HEPATITIS B?

Hepatitis NSW

NUAA

Only 56% of people living with hepatitis B know they have the infection

GET TESTED if you:

- Are pregnant – you can prevent the infection being passed on to your baby
- Aboriginal and/or Torres Strait Islander
- Were born overseas – especially China, Taiwan, Korea, South East Asia, the Pacific Islands, Africa and Southern or Eastern Europe
- Are someone who injects drugs
- Are a man who has sex with men

Other at risk groups are sex workers and people in correctional settings.

Ring the Hepatitis NSW Infoline
Ph 1800 803 990 for further information.

You can receive a

FREE COURSE OF VACCINE if you fit into any of the following groups:

- Aboriginal and/or Torres Strait Islander People – contact your AMS
- People in contact with corrections or juvenile justice – via these services
- People living with people who have hepatitis B – contact your GP
- Clients of Sexual Health Services including Gay and Bisexual men, Sex Workers, People Living with HIV, people who inject drugs

OR Come to the primary health care clinic at the NUAA NSP on Thursdays or phone NUAA on 02 8354 7300 for further information!

WE'VE GOT YOUR BACK!

NUAA DELIVERS TO SYDNEY'S SOUTH WEST

Get your injecting equipment delivered for free by a peer service that understands your needs

CALL OR TEXT NUAA ON 0487 387 442

shoot clean
NUAA

NUAA NSP OUTREACH MENU

1mL Needle Syringes
Terumo (27G & 29G)
BD Ultra-Fine (29G)
Fitpacks (5 or 10)
Boxes (100)

Tips
18G blunts (black - drawing up)
18G x 1½ ″ (pink)
21G x 1½ ″ (green)
23G x 1¼ ″ (blue)
25G x1 ″
(orange - long)
25G x ″ ″
(orange - short)
26G x ½ ″ (brown)
27G x ½ ″ (grey)
30G x ½ ″ (yellow)

Barrels
1mL, 3mL, 5mL
(Slip-on)
3mL, 5mL
(Luer-lock)

Wheel Filters
Red (Particle 1.2 microns)
Blue (Bacterial 0.22 microns)

Safer Injecting Tools
Sterile Water (10mL)
Alcohol Swabs
Plastic mixing spoons
Disposable tourniquets
Plastic Mixing Spoons
Yellow Returns Bins (medium, large and extra large)

Safer Sex Supplies
Condoms (all sizes!)
Sachet Lubricant
Dental Dams
Gloves

Other
Disposal of used equipment
User's News magazine
Peer education resources

NOT SURE IF WE DELIVER TO YOUR AREA?
CALL US ON 0487 387 442

CONTINUED FROM 15

EDO IN HIS OWN WORDS

I come from Indonesia, a country known best for killing drug users in cold blood, and most recently, for recruiting crocodiles to guard a proposed prison for drug offenders located on a remote island. The new head of BNN plans to reactivate the mysterious (Petrus) killing policy for drug related offences.

With over 250 million people, Indonesia is the 4th largest country in the world, and the world's largest Muslim country. The challenges we face in terms of drug policy are similar across all of Asia. There is a punitive war on drugs raging across most of my region. But we are far behind in terms of drug policy reform and advocacy.

Governments in Indonesia are a lot less open and far less inclusive or responsive of civil society in the decision making process. In fact, civil society and community voices are often choked and silenced.

Our president declared a new war on drugs early last year. In the last 8 months, my community has experienced serious human rights violations, including forced treatment and detention, disclosure of personal information and medical records, and extortion and abuse by the police. In 2015 alone, Indonesia executed 14 people on drug related offenses and has plans to execute more.

So why do I continue to fight a battle that seems impossible? Why do I continue to advocate on behalf of the drug user community?

I became an activist in 2007, after I was shot by the police.

Back then I was a drug user on the streets of my hometown. One day, few police officers chased me and arrested me. Then they dragged me to a cemetery and hung me upside down. They tortured and beat me and finally shot me in the leg from behind so that I would provide information about my supplier. After that they exposed my personal details on the media.

That experience changed my life. I became tired of seeing and experiencing injustice, and ready to fight for the right to be treated equally to other citizens. I became tired of seeing all of my friends imprisoned for minor possession charges, which ruined their lives and those of their families. And I became tired of seeing my community be systematically excluded from basic healthcare.

My outrage and my anger became more powerful than my fear.

Today, I continue to advocate because these issues are still with us. Drug users in Indonesia continue to have their basic rights violated, continue to be put in prison or mandatory treatment or extorted for bribes. And they continue to be systematically excluded from the national health insurance scheme.

It is clear to me that the movement to end the war on drugs is growing stronger, larger and more resilient every year! But we must make this a global movement. While we continue to fight our smaller battles, we must unite our voices so that no country or region is left outside the movement! We must learn from each other, strategize together, and advocate together! The best time in our lives are the moments when we realise and put to use the freedom that we didn't know we had.

READ MORE HERE:

http://www.sbs.com.au/news/article/2015/12/18/experts-decry-indonesias-failing-drug-war
https://en.wikipedia.org/wiki/Petrus_Killings
https://newrepublic.com/article/121692/indonesia-executes-bali-nine-duo-despite-australian-outcryhttp://www.ihra.net/files/2015/02/16/GSHR2014.pdf http://jakartaglobe.beritasatu.com/my-jakarta/the-drug-policy-situation-in-indonesia-has-failed-2/
http://theconversation.com/indonesia-uses-faulty-stats-on-drug-crisis-to-justify-death-penalty-36512
https://www.opensocietyfoundations.org/voices/academics-come-out-force-against-indonesia-s-drug-crackdown

PISSED OFF

HOW IT IS IN THE UNITED STATES OF AMERICA FOR DRUG USERS

The US is the home of the "War On Drugs" which was launched in the early 1900s and reinvigorated by Nixon in 1971 when he declared drug abuse "public enemy number one", despite his own dependency on pharmaceuticals. More than forty years later, President Barack Obama went on the record with a personal history of cannabis and cocaine use. "I inhaled frequently... that was the point" he said, with a nod to predecessor Bill Clinton's statement that he tried cannabis but "didn't inhale". Obama's regime stopped using the term "War on Drugs", but continues to spend more than $51 billion annually on supply reduction including international crop eradication programs. The US has the largest prison population in the world – in large part due to the mandatory minimum sentencing for drug offences. The overwhelming majority of those incarcerated on drug related offences in the US are African-American or Hispanic.

Recently there has been a surge in legalising cannabis in some states, with many others supporting medical cannabis. Four states currently regulate and tax cannabis sales, 23 allow the medical use of cannabis and 20 have decriminalised cannabis by eliminating criminal penalties for possession of small amounts of cannabis for personal use. Less than half the states continue to deal with cannabis use through the justice system. However in 2013 alone nearly 700,000 people were arrested for a cannabis law violation, 88% of which were for possession only. More than 200,000 students have lost federal financial aid eligibility because of a drug conviction. A drug conviction can also affect eligibility for public housing, medical insurance and income support.

Key harm reduction interventions – including needle and syringe programmes (NSP) and opioid substitution with methadone and buprenorphine – are available in the US to some extent. However, there is no comprehensive response. In 2011, the federal government instituted a ban that prohibits federal assistance for needle and syringe access programs, despite one third of all HIV cases being caused by syringe sharing. US prisoners are rarely able to access methadone or buprenorphine. Testing people for drug use is widespread in the workplace and even in schools.

POSTER DISTRIBUTED IN US FOR NALOXONE FEATURING LEE

UN'S FAVE ANSWER TO AN INTERVIEW QUESTION BY LEE

Harm reduction works. You have to get past the fucking orange cap. The syringe is powerful, it does a lot, and it connects people to everything... It's an exchange. It's a physical exchange of the syringe, but it's more. It's an exchange of trust, of empathy, of sympathy, love, dignity, respect. It's an exchange of all that. But people just don't get it. They just see the syringe. They don't see anything else. But I notice it in my participants, they have a cockier walk, a cockier attitude, they want to help other people, become secondary exchanges, and I couldn't do it without them.

LEE HERTEL
A MINNESOTAN HARM REDUCTION HERO

LEE HERTEL'S BACK STORY

Lee Hertel has been an injecting drug user for over 10 years. He has lived with HIV since 1987 and hep C since 2004.

Although Lee's main focus is the city and surrounds of Minneapolis in Minnesota, located in the mid north of the USA, he is active internationally. He has represented the International Network of People who use Drugs (INPUD) at several conferences. He is on the Board of the Global Network of People Living with HIV (GNP+) and a member of the organisation's Key Populations Living with HIV/AIDS Working Group. He is a member of the Civil Society Forum, a working party of the World Health Organisation (WHO) responsible for revising guidelines to address the introduction of HIV medications (anti-retroviral therapy - ARVs) in lesser-income countries.

When the Minneapolis needle and syringe project (NSP) he volunteered for in 2012 folded for various reasons, Lee began his own syringe exchange in Minneapolis. In a recent video interview, Lee said of his NSP work "I finally found the thing that we all want in our lives, the thing that makes us happy, that makes it all worth it." When the Morpheus Project ended, Lee thought "Screw it, I'm going to do it on my own."

Lee's work is unfunded. While this has its own stresses and means he needs to spend time fund raising, it also leaves him free of the usual constraints that arise around needing to please a funding body. Lee can prioritise his work as he sees fit and he is free to be an active peer with his "clients". Lee spends his time in outreach, getting out there amongst people who inject drugs to distribute syringes and other equipment to make sure there are new, sterile fits available to those who need them. His main focus is with homeless and "precariously housed" young people. Sometimes he rides with a dealer (or as one friend likes to call himself, a "street pharmacist") to provide the "hardware" to match their "software".

Another passion of Lee's is overdose reversal and he has been responsible for saturating the Minneapolis using community with naloxone. Naloxone distribution is not legal in Minneapolis however authorities are aware of Lee's work. Lee is angered by the lack of official support for peer distribution of naloxone Public health programs fail to include naloxone as a strategy for dealing with the high overdose rate; community health education campaigns emphasise heroin as a dangerous substance but fail to alert people to the obvious solution, naloxone can reverse overdose. Lee finds this irresponsible in the extreme.

Like drug users everywhere, Lee often finds himself speaking out on unpopular issues and having to repeat his position over and over: "It pisses me off." Lee has raised hackles from the health sector with his criticism but says "I don't give a fuck. The cause is the cause. They don't care. It's a big fuck-you to injecting drug users." Lee points out that a failure to provide harm reduction information that will save lives is unethical. "So these people I really love are going to die" says Lee, "and no-one deserves to die because of how they navigate life".

The failure of any level of government to fund needles and syringe programs and naloxone, or to provide basic harm reduction information are powerful examples of the stigma and discrimination in American society against people who use drugs. Lee is also angry and saddened by the internalised stigma of people who use drugs, of those people who do not feel they have the right to live because of their drug use. "I don't know how to deal with that" he says, "People are so beaten down."

LEE IN HIS OWN WORDS

"If I can't drink it smoke it snort it or shove it up my ass I don't want it."

Enter a needle filled with crystal meth into my mainline, introduced by someone else, someone I specifically asked to do so. Dammit the next 48 hours flew by while wide awake. I'll bet I can still remember a great deal of that entire weekend hour by hour just as if it had happened only last week.

I find it strange that I was into my 30s when I started using "hard" drugs more and more. In my 20s I smoked quite a bit of pot, dropped acid and shrooms, snorted a little coke, did a little ecstasy, popped some speed (they were white crosses, a small white round pill that gave me a little more energy. I could make it through the workday hungover and with only three or four hours of sleep. I kept a small bowl filled with them on the kitchen table and would pop a couple on my way out the door Monday, Wednesday, Thursday and Friday mornings, (sometimes Tuesdays) on my way to work.)

That was pretty much my drug use from my early 20s up until my early 30s. All of it was just recreational use at the bars with friends while dancing or maybe at a concert or a museum (Magritte and coke work pretty well together).

My drug of choice for the past 20 years has been crystal meth. I began by snorting it, then I smoked it, then I . . . well you know how it goes. Through Lee's, my outreach work, I have been around a lot of heroin – china and tar. I love the smell of heroin being smoked and can always pick out that distinctive smell on the streets and on the busses and in stores. I've smoked it a few times. But not too many. I have a great deal of respect and reverence for heroin. I respect it the same as I do a river or a large lake or the ocean. I don't treat it casually or dismissively. I know the effects it has. I know the casualties. I know the dead. I know the allure. I know the fun.

I began Lee's Rig Hub (The Hub) in 2012 after another exchange went belly-up. Through that other exchange I had met a lot of new people who weren't accessing the main exchange here in Minneapolis, mainly because of how they are treated there. It seemed callous and neglectful to abandon them. So I set up an account with the North American Syringe Exchange Network (NASEN), a buyer club for all things harm reduction basically. NASEN is where most of the syringe exchange programs in the US get their needles and supplies.

The Hub is an unfunded, in-your-face, street-based, participant-driven harm reduction collective made up of users, former users and non-users that provides creative, and responsive syringe exchange, safer drug use education as well as overdose recognition education and the training and resources to fight opiate-induced overdose deaths in Minneapolis – St. Paul and throughout Minnesota.

Since I'm unfunded, I procure my supplies through in-kind donations, bartering, begging, paying out of pocket, donations from individuals, sex work and "thinking like a junkie."

The provision of sterile injecting equipment is vital and is motivation enough. But what really excites me about harm reduction and outreach work are the life-changing relationships that are formed. Something as simple as a sterile syringe or smoking foil signifies to people who use drugs that they are respected, that they are worthy of being on this earth and that they and their contributions to keeping one another safe really matter. Harm reduction instils dignity in the people reached. Men and women gain a great deal of self-worth and self-respect I believe.

My methods were considered by many to be "without many boundaries" when I began. That means I hang out with the young men and women who are participants and secondary exchangers with the Hub in the shooting galleries and I ride along with drug suppliers on their rounds.

The Hub has no set site, hours or days for exchange, and was specifically designed to be nimble to meet the needs of people who may not be able to make it to either of the other exchanges within their set hours. The Hub is available for exchanges on weekends and late into the evenings, and we strive to be available around the clock. As long as one of our volunteers is awake, we can direct inecting drug users to one of our informal satellite sites in participants' homes. There they can access syringes and the additional equipment needed to inject. If a satellite site is not an option, the volunteer and the participant will work out where they can meet for an exchange.

Everyone involved in Lee's Rig Hub know what's happening on the streets and in the shooting galleries. We also know the quality of the local drug supply. That in itself is vital information. We provide educational materials regarding trends of diverted pharmaceuticals and opiates that become readily available for a short while before fading from availability. When fentanyl patches suddenly appeared this past summer, we consulted with drug-users globally and were able to hand out an excellent guide to preparing and shooting fentanyl patches that we got from another drug users union.

We also sent the pamphlet to the other SEPs and to the Minnesota Department of Health syringe services coordinator within the infections disease division.

Like the majority of the US, Minnesota is in the grip of a runaway epidemic of overdoses caused by opiates. The Hub inherited an existing overdose response and reversal program originally begun by our now closed bricks and mortar syringe exchange, Access Works. In the amount of time we have had the program he amount of naloxone we have distributed has exploded. I've since lost count, but since January 2014 we had distributed more than 11 litres of naloxone to people who inject drugs.

We have distributed so much naloxone into the hands of our drug-using friends that between 2013 and 2014 the overdose death rate in Hennepin County (where Minneapolis is located) declined by more than 23 percent from 132 deaths to 102. Minnesota does have a Good Samaritan Law and naloxone is on the list of all mandatory medications that all first-responders must carry, but those laws were not passed until mid-2014. There is no way that those events could have contributed so drastically to the lower OD death rate.

It was the drug users of Lee's Rig Hub who did that. We weren't intentionally trying to lower the rate, we were just protecting our friends and peers from dying. It was a shock to me and everyone else that we had had such an effect.

Did we get credit for such an amazing feat? No.

The powers that be have been interviewed several times and not once when the 23% decline came up did they credit us. The fact was just left to hang there, almost as if all of a sudden there was a massive decrease in the number of people using heroin – something that we drug users know categorically did not happen. Once again drug-users' altruism in saving drug-users from death is not acknowledged.
How did we accomplish it? It is my belief that in order to have any effect on HIV/Hep C rates and overdose deaths, both sides of the drug using equation need to be involved. That is, buyer and seller. Unlike physicians when they prescribe painkillers, the drug suppliers we work with hand out naloxone with every opiate sale. Each supplier also hands out hundreds and hundreds of needles.

Twelve litres is a large amount of naloxone – to say the least. Since the Good Samaritan Law there has been a concurrent movement of making naloxone easier to obtain. Methadone clinics and other syringe exchanges are providing it to their clients. Each person is allowed 2ccs each week. Laughable, I know, if there is to be a noticeable effect. More laughable: drug users can only get naloxone on Fridays. I don't know why only on Fridays. Wait, I think I do know why. Because people just can't fucking be bothered to interact with people who use drugs on a daily basis because it takes up too much time and takes away from the OST providers other duties – namely, making money.

The price of naloxone in the US has increased dramatically over the past several years, making it very expensive for programs to obtain. Since the Hub is unfunded I know you're wondering how in the hell we can pay for it. We don't have to pay for it. An extremely large-hearted individual who loves drug users and our community and who knows the value of human life donates all of our naloxone to us.

Who is this person? The Narcan Fairy.

Peace out!

READ/WATCH MORE HERE:

http://www.ihra.net/north-america-harm-reduction-programmes
http://www.drugabuse.gov/publications/drugfacts/nationwide-trends
http://www.drugpolicy.org/drug-war-statistics
https://vimeo.com/channels/reachforme/69109413
https://www.facebook.com/Lees-Rig-Hub-395452160520221/
http://harmreduction.org/connect-locally/righub/

IT'S ABOUT TRUST

HOW IT IS IN MEXICO FOR DRUG USERS

Mexico is a well-known producer and smuggler of illicit drugs. Under former president Felipe Calderon, Mexico erupted into a violent drug war between organised crime, people who use drugs and law enforcement authorities. To this day, over 170,000 deaths have resulted from the political strategy of full confrontation, yet Mexican drug cartels continue to flourish.

The violent drug war spilled into all sectors of the Mexican community and this led to public discussion of decriminalisation as a solution. In 2006 there were drug law amendments to supposedly prevent criminalisation of users. The charge of possession was removed from the criminal code by allowing users to possess small amounts of specific substances for personal use, however the quantities listed for personal use are smaller than the average deal. The unexpected result is that people caught using or carrying drugs now face heavier penalties, including trafficking offences leading to prison and sometimes torture and/or forced disappearance.

Between 2006 and 2011, there were nearly 400,000 people detained under these new laws and more than 80% of all female prisoners are incarcerated for crimes related to drug use, including possession of very small amounts. This may in part be due to ambiguity around aspects of the drug laws that allow for law enforcement officers and the judicial system to make their own interpretations.

Mexican prisons are severely over-crowded, the perfect scenario for corruption, abuse of authority and human right violations including inhumane conditions and treatment, torture, denigration, human trafficking and organized crime networks throughout the penitentiary system.

A further attempt to refocus policy from a justice to health approach saw people who use drugs obliged to attend a compulsory rehabilitation program if caught three times. Failure to comply with the treatment schedule means prison.

Mexico's first Needle and Syringe Exchange Program (NSEP) for the provision of needles to people who use drugs opened in 1986 by a non-profit organisation, "Programa Compañeros", which carried out harm reduction activities that were tolerated but not funded or supported by the Mexican health department. It was 2004 before a second site was added. More have since been opened. While clean injecting equipment is available through pharmacies, many business or establishments will refuse to sell to people they suspect of injecting illicit drugs, especially in those regions where injecting is more prevalent and so the stigma surrounding it is more present and strong.

More than anything else, what makes Mexico exceptional are the "narco cartels". These have permeated the whole society. Membership even includes the upper political spheres and every branch of the security apparatus (military, navy, police, etc.). The cartels are part of Mexican culture, right down to the wide popularity of what are called "narco-corridos" which are songs about drug king-pins which are now illegal in some Mexican states.

The Mexican situation is also complicated by its proximity to the US. The US is the primary market for heroin, methamphetamine and cannabis manufacturers and cultivators' operating in Mexico, making Mexico a top world producer of these substances. In addition, cocaine producers operating from South America looked to Mexico for new smuggling routes after border security crackdowns post September 11, 2001. This has created enormous wealth in "narco families", who can invest in tanks, submarines, rocket launchers and helicopters on a scale that the Mexican government cannot match.

The US exports its drug war policies and anti-drug rhetoric to Mexico through prohibitionist policies and campaigns but also by coercive political pressure that allows the United States government to be very involved in the decision-making processes within the higher levels of the Mexican government.

Discrimination from the US towards Mexico has a long history and is not solely based on drug sales. However an example of racism is clear in the widespread use of the US adoption of the Mexican word for cannabis: "marijuana". This has served to marginalise, stigmatise and blame Mexico for US drug use for decades and was one of the key elements of the start of prohibition against cannabis and industrial hemp during the 1930s.

It is estimated that 85% of Mexican people who inject drugs are living with viral hepatitis and 13% are living with HIV.

A key fundamental part of harm reduction in the region is reducing the impacts of inhumane drug policies and the context that promotes corruption and strengthens organized crime. In Mexico, the number 1 cause of death amongst young males is murder. This is directly related to poverty, lack of opportunities for development and proper education, lack of services like water and electricity in some areas ... married with the omnipresent halo of influence of the cartels and their promise of power and money.

BRUN GONZALES
A MEXICAN HARM REDUCTION HERO

BRUN GONZALES' BACK STORY

At 27 years old, Brun Gonzalez is already a veteran drug user activist working in peer education and harm reduction. A poly-drug user since the age of 13, he started to engage in activism and community-based interventions and grass-roots youth-led projects since 2009.

Brun has worked with a number of peer-driven organisations to deliver safe using messages. These include promoting the use of new, sterile injecting equipment, non-injecting routes of administration, opiate replacement such as methadone and buprenorphine and harm reduction interventions for night-life and festival environments such as raves. Brun has a personal interest in raising awareness of the benefits of psychoactive plants and substances including the medicinal role of psychedelics and traditional plants.

For Brun, peer education is about building trust, so he can pass on accurate information to help people who use drugs to make informed choices around their health and to make conscious decisions about their lives. Brun believes that his work will contribute towards building a better social reality for everyone. For him, harm reduction is a stepping stone to introduce people to the awareness and the notion of one big human family, beyond stigma, beyond discrimination, beyond violence, beyond social injustice or suffering.

Brun has worked extensively with young people who use drugs (and not so young as well), through organisations such as Youth RISE and Espolea, both youth-led non-government organisations involved in harm reduction, human rights and drug policy advocacy. Espolea works with young people defending human rights, sexual and reproductive rights and gender equality and fighting HIV, stigma and discrimination, Espolea received the Red Ribbon Award for prevention of HIV by and for people who use drugs and this was in part because of the harm reduction program that Brun has been coordinating since 2010.

Youth RISE is an international network established by volunteer youth activists to reduce the risks and harms from substance use and drug policy among young people. Funded in part by MTV, YouthRISE works through an international working group which coordinate activities across all the world to empower young people, educate about prevention and harm reduction related to drug use. It engages as many people as possible in political advocacy and social transformation. Brun has also been collaborating in different ways with Energy Control in Spain, Échele Cabeza in Colombia and the international network of Students for Sensible Drug Policy (SSDP), chapters of which exist in a number of Australian universities as well as Mexico, Canada and elsewhere.

Mexican young people face similar issues to young people all around the world, including lack of options and opportunities and the exclusion and stigmatization that stem from social judgement. However Brun has found working with empathy through a true horizontal, peer-to-peer model has the ability to dissolve differences and judgements to communicate successfully with young people around harm reduction messages and initiatives.

Brun's projects include psychedelic music escapades and biofeedback therapy machines as well as harm reduction stands at festivals to raise awareness about new psychoactive substances in Mexico. At the end of 2015, two years' work of promoting a drug testing service became official. A collaborative agreement amongst three civil society organizations (ReverdeSer, CUPIHD and Espolea), the Institute of Attention and Prevention for Addictions (IAPA) and the Human Rights Commission from Mexico City (CDHDF) provides a legal, institutional and official platform. P.A.S. (Programa de Análisis de Sustancias), has been established to provide substance analysis as a public, free and integral harm reduction service.

Brun is also the regional representative of the Latin American Network of People who Use Drugs and as such is part of the board of the International Network of People who Use Drugs (INPUD). He is currently helping to coordinate the consolidation of the emerging (Night-life) Harm Reduction Network of the Americas. He also founded the Mexican chapter for the Psychedelic Society to promote psychedelic medicine, science, research and traditional and shamanic practices involving visionary and sacred plants. He recently helped to organize the Global Ibogaine Conference sponsored by GITA (the Global Ibogaine Therapists Alliance) and ICEERS (the International Center for Ethnobotanical Education, Research and Service) in Mexico in March 2016.

BRUN IN HIS OWN WORDS

So, for me it's been a long and weird ride and I've been very lucky and very blessed to be able to take some of the things that I've learned and picked up on the road and to help others with it and through it.

I was born in Mexico and I've lived there all my life my upbringing was unconventional parents were eco-activists (and also quite hippies) during the 70's and 80s., I was brought up surrounded by people from all over the world and they were all working for one thing, our Mother Earth and how we coexist together.

My background and home environment gave me a completely unique approach to school, society and life in general (it also helped me to learn English at an early age). I started using many different substances at a very early age, including some significant contact with the sacred plants of my culture which are mushrooms and peyote. However, LSD and heroin became my two main companions.

Heroin completely took over my life for seven years I went through textbook symptoms of drug dependency and a deterioration spiral. I was living on the streets, panhandling in the subway and scratching the walls and doing whatever needed to be done, for the next fix. What made me stop and rocketed me towards harm reduction was my last overdose and the major injury that came with it.

For many years I had been going in and out of treatment centres, psychiatric treatments, alternative therapies and contention strategies (some more hostile and violent than others). During this time, I had many (many) overdoses and emergency room incidents, chemical shock, septicaemia, vein related injuries and so on, but they were all temporary.

During my last heroin overdose, I had been trying to quit for a while and had been through three weeks of using lots of clonazepam and alcohol with almost no food whatsoever. This had helped a lot with the withdrawal symptoms, but as soon as I had some money, I went straight for some more heroin (or "chiva", as it is called in Mexico, meaning "goat", instead of the European cliché of "horse", they both have a very strong kick, but "chiva" is "black-tar" or something that looks like a black resin and "horse" is "brown-sugar" or brown powder).

With the second fix I blacked out immediately and when I started coming around, my right arm was dislocated. I learnt that I had spent 6 hours unconscious over the articulation and the nerve stem, so my right arm became almost entirely paralysed. This was something that really shifted the way I felt and thought about heroin and drugs in general.

By not being able to move my right arm changed everything for me. I could no longer play guitar,

I had to learn to write and do everything with just my left hand. I went through almost a year of excruciating neuropathic pain that seemed unaltered by a cocktail of eight different pain medications, four of them opiates, but I still had a very large tolerance.

A few months later, I was starting to look around and decide if I was going to go back to art school or what would be a good next step. By pure synchronicity I learned that youth-led organization Espolea was looking for a young person with free time, internet, English and experience and knowledge of drugs. At the job interview we immediately connected, so I was hired as a local consultant on a project that joined MTV, Youth RISE and Espolea to generate a resource for young trainers on drugs, harm reduction, human rights and sexual and reproductive health and rights. (You can check out the resource here: http://www.espolea.org/uploads/8/7/2/7/8727772/youth-peer-trainers-guide-to-provide-sexual-health-drug-related-hr-education.pdf).

After a few months Espolea started a harm reduction program and everything started to change. The success of the first project led us to start the Universe of Drugs campaign and website, a Spanish based harm reduction database; a model for talking to young people at raves, festivals and night-life environments; and videos featuring Lugo, our drug-enthusiast puppet. You can visit Lugo at: https://www.youtube.com/user/lugopeludo).

UN,S FAVE ANSWER TO AN INTERVIEW QUESTION BY BRUN

The intention is to open people's eyes, not to give orders or instructions about how things should be. You provide information so people can weigh their decisions in an objective manner, offering the most comprehensive scenario possible... The goal is to try to raise awareness of the real problem in all dimensions and offer pathways that when people take any decisions... they have all the support and access to the tools available.

My brief story would be incomplete without mentioning that my transition from being solely focused on the next hit and being actively involved in promoting social action and transformation wasn't as simple as fucking up my arm and thinking about taking it easy from then on. It involved very large amounts of acid and many different kinds of traditional ceremonies with different plants and medicines sacred to my culture.

After my injury I was "out of the game" and developed a very grim, negative, nihilistic and pessimistic world view that kept me frozen and neutralized by my own critique of the world. I called this phase: "the inevitability of being human with everything that it implies". It had me constantly trapped into dramatic and tragic projections and delusions and kept me seriously thinking about suicide as the only option to heroin, which was (temporarily) out of the picture.

I was lucky enough to discover the LSD psychotherapy manual. As LSD was my second favourite substance since I was 13, I took upon myself the mission of simulating the clinic/therapeutic setting that the manual neatly describes. I started on a incremental program of large (and then larger) doses of clean, pure LSD every two or three months (to prevent any tolerance and have the full effect every time). After a year or so, I was having very profound and sometimes difficult sessions and experiences. Eventually, it helped me to come to a more flexible mind set or reality-tunnel so that I could start thinking about doing other stuff and more importantly, helping other people.

This was potentiated when I finally decide to go out of my solitary retreat and connect to my culture. I moved closer to Mexican Medicine Circles. I connected with the different traditions that hold my culture's ancestral knowledge and developed relationships with Plant Teachers. The organic, naturally-occurring phenomena of sacred hallucinogenic drugs are my birth-right - by environment, cultural heritage and social context. Through Ayahuasca and Peyote I was able to find a place within where everything resonates and vibrates like a purring cat and radiates a well-spring of Love and Light. I've used this awareness and the idea that this kind of feeling, of peace, of belonging, of connection, of happiness and joy and bliss is every living being's right. For me, this is the reason why we are here and why we should strive to create a society where we can access this liberation, this engine of energy and thrust.

I believe that helping people to find and generate this feeling and awareness themselves and to spread that love and light around is something that is worth doing. Harm reduction for me is all about that. Once I got there, it was logical to know where I was best placed to offer help. "What do you know by heart?" Drugs and psychedelia… "So, there you go…" :D

READ MORE HERE:

http://www.druglawreform.info/en/country-information/mexico/item/205-mexico
http://www.drugpolicy.org/drug-laws-and-drug-enforcement-around-world
http://www.thebody.com/content/art12264.html
https://www.unodc.org/lpo-brazil/en/imprensa/entrevistas/2010/06/19-brun-gonzalez-a-intencao-e-abrir-os-olhos-das-pessoas-nao-dar-ordens.html
http://www.vice.com/read/drugs-users-international-harm-reduction-conference-vilnius-lithuania
http://www.espolea.org/uploads/8/7/2/7/8727772/vj-iboga-brun-en.pdf
http://www.ihra.net/files/2011/08/08/Part_1.pdf

SHOOTING FOR HUMAN RIGHTS

HOW IT IS IN CRIMEA FOR DRUG USERS

The Crimean Peninsula in Eastern Europe, internationally recognised as part of the Ukraine, was annexed by the Russian Federation in March 2014 after a military intervention. It is a criminal offence to speak out against the Russian government's action. To speak out on the internet comes with a five year prison term.

Before the Russian annexation, the Crimean peninsula followed a harm reduction policy for people who use drugs. Nine years of needle and syringe distribution and an Opiate Substitution Treatment (OST) had just begun to see rates of HIV decrease. The number of registered new HIV cases among people who inject drugs dropped from 7,127 in 2006 to 5,847 in 2013.

Russia has harsh anti-drug laws which have not changed since their adoption at a drug conference of the now disbanded USSR in 1977. People who inject drugs are imprisoned. Health services that target the prevention, testing, care and treatment of HIV and viral hepatitis are not just absent, but actively banned. As a result, Russia has one of the highest rates of new HIV infections in the world. An estimated 1.2 million people in Russia are living with HIV and it is estimated that nearly 80% of these are people who inject drugs.

Following the Russian annexation of the Crimea, health services for people who inject drugs were stopped abruptly. There were 806 people cut off their methadone or buprenorphine, either reduced in huge leaps or without any reduction regime. A quarter of them live with HIV, and HIV meds were also compromised. While some patients were given a paltry forty Tramadol, many were given no medication or detox support for withdrawal symptoms. One day they were dosed, the next day the clinics were shut. Pharmacotherapy patients were left in pain and depression with no support. Over 600 patients reverted to taking street drugs. Very few were able to use the opportunity to stop taking drugs, regardless of the situation. For many, the closure of clinics also meant the loss of important community connections and friendships. Over 10% of these patients, more than 100 people, have since died, either from overdose or suicide. Each death has affected many more lives - family members, friends, colleagues, acquaintances.

In addition,196,000 people who inject drugs have been denied access to HIV prevention services such as sterile injecting equipment, condoms, and rapid testing and counselling for HIV and sexually transmitted infections. People living with HIV have been denied life-saving anti-retroviral therapy (ARTs) and all hepatitis C treatment has been stopped. An official statement from the International HIV/AIDS Alliance in Ukraine said "This is a form of execution that constitutes inhuman treatment and torture according to international law."

Another direct impact of Russian policies has been an increase in the use of illicit pharmaceuticals and the introduction into the Crimea of the drug "krokodil" or "Russian Magic", a home-baked morphine derivative. Because of the absence of sterile injecting equipment and wheel filters, users of the drug experience infections, ulcers and gangrene. This damage could be avoided if the government embraced harm reduction.

IGOR KOUZMENKO
A CRIMEAN HARM REDUCTION HERO

IGOR KOUZMENKO'S BACK STORY

Igor Kouzmenko is a peer activist who lives in Sevastopol in the Ukraine. A drug user for more than 20 years, Igor is a vocal advocate for the rights of people who inject drugs in Ukraine. He is an active member of the Eurasian Network of People who Use Drugs (ENPUD) and the International Network of People who Use Drugs (INPUD).

Igor began working in harm reduction in Crimea in 2008. After completing technical training in Budapest in 2010, he began to make short videos to advocate for the rights and dignity of people who use drugs. He hopes to reduce the stigma and discrimination that drug users suffer. He works hard to convince the general community that drug dependency is not a crime and aims to show the harms that arise from a criminalizing drug use. Igor considers that: "Helping governments and societies understand that upholding the human rights of drug users is an essential element of combating the spread of HIV".

In May 2014, Igor's world changed when Russia blocked all methadone sites in Crimea. At the time he said: "There is no future, no trust, no life for most patients; the only opportunity for most former clients is escape from here." Igor made the difficult decision to leave the Crimea temporarily with the assistance of the International HIV/AIDS Alliance, a consortium of humanitarian organizations that provided financial support to assist people to move to independent Ukraine to continue their treatment. While the move was possible for Igor, many people were left behind – as Igor explained "(leaving Crimea) wasn't an option that everyone could take many patients were unable to move because of family, disability or work".

Since then, Igor has continued to raise awareness around the world of the plight of people who inject drugs in Crimea. As well as doing dozens of interviews in both mainstream and targeted media, Igor has produced short films profiling the lives of OST patients and documenting barriers to treatment.

Now Igor is working on Drug Users News (DUNews), an independent YouTube channel for drug users, about drug users. The focus is the community of people who use drugs in the region. DUNews was created by Igor and Alexei Kurmanaevskii, Russian activists from Kazan. Now DUNews is working in co-operation with the famous Hungarian website Drugreporter (http://drogriporter.hu/en).

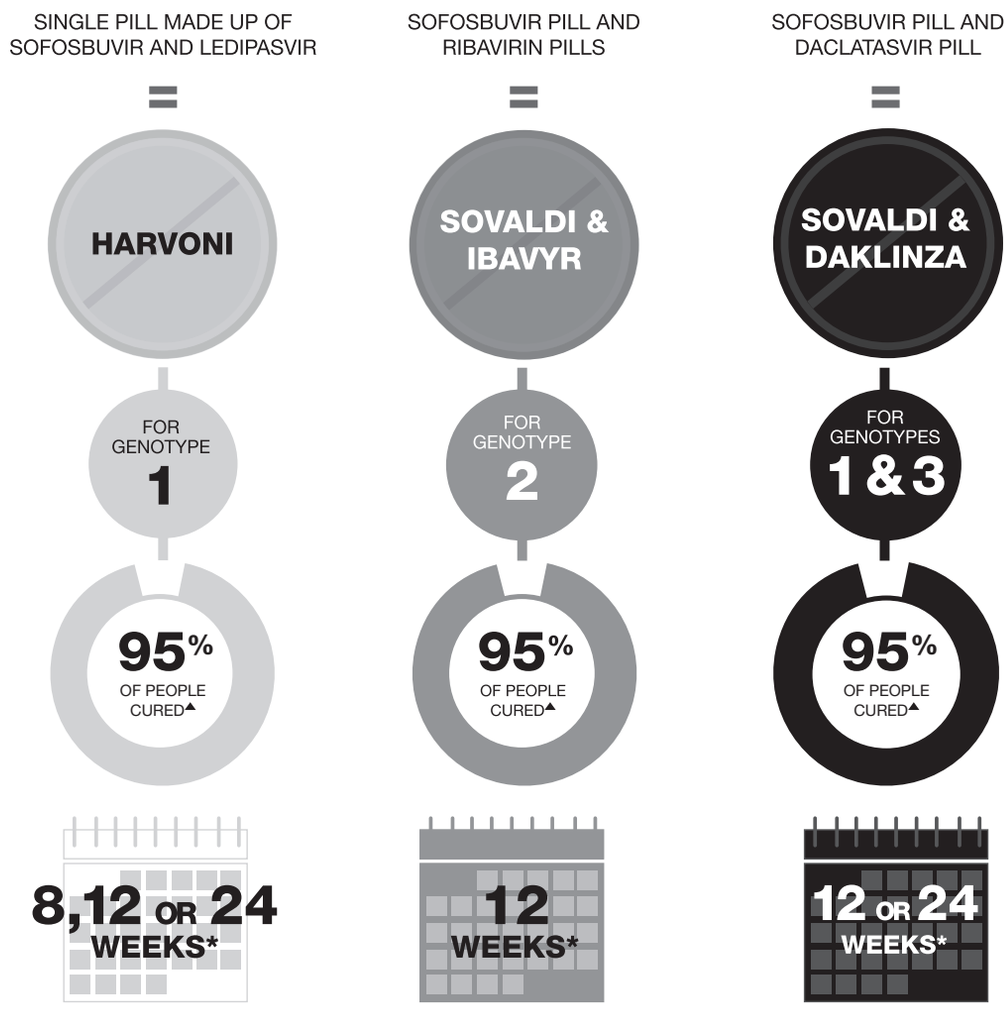
Even though he risks imprisonment, Igor has continued to post his videos online. Igor's first video told the story of a woman living with HIV, tuberculosis (TB), liver cirrhosis from hepatitis C and hepatitis B on buprenorphine treatment while working to support her three children. The Russian intervention shattered the life she had created for herself and her children. Her words in the video sum up Igor's reasons for embracing activism: "Is it a crime -- the desire to live with dignity?"

UN'S FAVOURITE QUOTE FROM AN INTERVIEW BY IGOR

At the training on video advocacy we were taught: "Your viewer is a granny in front of a TV set." That's the most precise definition of my audiences. If the film is made in a simple language, and if in five minutes I can, well, maybe not convert but at least have an opponent of methadone programs start thinking about these programs in a more positive way—I am ecstatic. I always show the film to my mum first—she is that woman in front of the TV! And if she doesn't get something, my work is not done.

THE NEW HEP C TREATMENTS

TALK TO YOUR DOCTOR, NURSE OR CLINIC ABOUT
GETTING READY FOR TREATMENT



WHO ARE THEY FOR?

ANY ADULT WHO HAS HEP C GENOTYPES 1, 2 OR 3
AND A MEDICARE CARD

▲ MOST PEOPLE HAVE NO OR VERY MILD SIDE-EFFECTS
* FOR MOST PEOPLE , TREATMENT IS USUALLY TAKEN ONLY ONCE A DAY FOR 12 WEEKS

WANT TO KNOW MORE?
Call our Hepatitis Infoline 1800 803 990
or look up our website www.hep.org.au

Hepatitis NSW

IGOR IN HIS OWN WORDS

CONTINUED FROM 27

UN: How did you end up being an activist in spite of the risks involved?

Igor: Too many of my friends died because of drug use - or more precisely because of the conditions in which they were forced to use them, due to unavailability of many kinds of treatment and so on.

At some point I realized that many vital aspects of drug use can be solved only if we will talk about them loudly. For the whole world literally. And at some point I just started to broadcast our problems to the outside world. However, I don't consider myself an activist. I'm just trying to voice our internal problems to the outside world.

UN: Your activism inspires many people but who inspires you and why?

Igor: Life itself inspires me. More precisely the desire for drug users in our countries to live a better life. Respect for human rights. Access to treatment. Constitutional rights to be observed for our community.

UN: Some people who use drugs may not feel they have the energy, the skills or the personality to do the sorts of things you do. What motivates you to keep going?

Igor: **T**his is a difficult question. I don't know exactly where I get motivation and the self-esteem for my work. Maybe it is because I never considered that drug use is a disease? To talk about drug use only as a problem, it's how to talk about love only in the context of sexually transmitted diseases or to talk about good wine only in the context of alcoholism. To be a drug user or to be a drug addict - these are two different things I guess.

UN: Funding is a real problem for many drug user activists. How do you fund your activities? Do you have any problems with having to please funders more than yourself?

Igor: I'm a happy man I guess. It's because I have never had a problem with my funders. Never. And besides activism doesn't need the funding. It's not a job, it's a necessity you could say.

We need money only for the objective things: for travel, for accommodation, for meals during the travel and for

video production of course. I know no one who would receive money for activism. It's a nonsense.

Sometimes I get paid for training, for example, sometimes for movie productions. I am grateful to my colleagues and friends for this! But it's still quite rare thing for me. It is a random earning, I do not have a permanent source of income, no salary. Would I like to change this? I guess, yes, I'd like to. Unfortunately there are lot of things that are impossible to do without money. Where's communism, comrades? ;-)

UN: *What do you feel is the most important thing that you have done as a drug user activist?*

Igor: I feel I have done almost nothing in drug user activism. I just try to do something for the community.

UN: If you could change one thing in drug policy for people in your region, what would it be?

Igor: I'd like to change only one thing. I'd like that each person in my country has his own right to choose.

UN: What do you think is a major barrier to rights for people who use drugs?

Igor: Respect for human rights of drug users is key to removing barriers to essential services. Generally speaking people are quite receptive to the "health argument", but reluctant to accept a "rights–based approach". We should acknowledge that criminalizing drug users has detrimental health and social consequences.

Igor's videos are here:

READ AND SEE MORE HERE:
Follow Igor on Twitter: @Kouzya ENPUD is at www.enpud.org Drugreporter is at http://drogriporter.hu/en/node/2832
Watch some of Igor's video's here: https://www.youtube.com/watch?v=ZFF8bQE3ZLw (turn on "translate")
https://www.youtube.com/watch?v=G9zhiLK5AGY https://www.youtube.com/watch?v=kr968kfdt1Q https://www.youtube.com/watch?v=y-fJ_epxEwB8 https://www.youtube.com/watch?v=yYuFjVqJXVE https://www.youtube.com/watch?v=SvScjppCHTI https://www.youtube.com/watch?v=UaQUyu69OkA https://www.youtube.com/watch?v=H8gF7SgPbjk https://www.youtube.com/watch?v=SFr3Q8PNngQ
http://www.bmj.com/content/348/bmj.g3118http://www.newsweek.com/putin-condemns-crimean-junkies-death-309606
https://news.vice.com/article/russia-took-over-crimea-now-drug-addicts-cant-get-therapy-and-dozens-are-dying
http://www.talkingdrugs.org/interview-with-igor-kuzmenko-ambassador-lambert-grijns-for-ihrc2015
http://councilforeuropeanstudies.org/critcom/the-quietest-casualties-russian-public-health-policies-cause-patient-deaths-in-crimea/

SIX STEPS TO BECOMING

Find out what the hell is going on

The first step to learning how to get your voice heard is connecting to the current topics of concern. Find out what is happening around issues that matter to you. Follow who agrees or disagrees with how you think and what the arguments are in favour or against. Be open, as there may be more to the issues than you ever imagined. You may get angry at the idiots out there. But also be prepared to be delighted with how many people think the way you do.

Read the newspapers and other mainstream media. Frustrating and biased as they are, they will help you keep track of the big picture. Don't forget to read the Letters to the Editor and the opinion pieces.

Get on some email lists. If you are a member of organisations, you can join their email lists and connect with like minded people. NUAA is currently putting together a killer email list of its members so we can let you know all about the issues, the petitions and current, accurate information to help and inform you.

Try twitter. Lots of people tweet and comment on the news, conferences, research and current events in 140 characters. Follow lots of drug user agencies, drug law reform groups, research bodies, human rights organisations, Aboriginal groups, health bodies and notable individuals. NUAA is @NUAANSW and we give great tweet.

Subscribe to magazines. There are loads of free ones! If you don't already get User's News delivered to your door, become a member and get all four issues a year or go online to www.usersnews.com.au and read it there. You could also subscribe to Harm Reduction Victoria's Whack and Hepatitis NSW's Hep C Review, just to name a couple.

You can of course Google the world! There are lots of chat sites that specialise in peer info about drug use, harm reduction and health issues that affect us. Read research articles. Just be careful - there are a lot of shysters out there, so double check your info. Anyone with a bee in their bonnet can put up anything they want, and some sites look very official but are full of false info. Anti-drug user organisations often have plenty of funding and have their own research journals full of convoluted rationales based on cherry-picked info. If in any doubt if something is true or not, ask our specialist peers or doctors through UN.

Learn the laws, research the rules, know your rights

Find out what the laws and regulations are that affect you, and what your legal rights are. People who use drugs need to know so many things. Dealing with the law - from drug driving to injecting someone to searches to knowing amounts for personal use vs trafficking. Dealing with health services, medical staff, methadone clinics, chemists. Dealing with discrimination and confidentiality. Coping with employers and drug testing.

Go to this article on line www.usersnews.org.au for links to previous UN articles on your legal rights, or call us at NUAA with your questions (02 8354 7300 or 1800 644 413). Go online to http://www.nuaa.org.au/things-matter/living-drugs/law/ and http://www.aivl.org.au/the-law-and-your-rights/ to see some of the legal info you need. A lot of legal services have great info on their websites. You can ask Legal Aid www.legalaid.nsw.gov.au/ or call 02 9219 5000 or the HIV Legal Aid Centre (supports people with HIV or hep C) www.halc.org.au 02 9206 2060 or the Aboriginal Legal Service www.alsnswact.org.au 02 8303 6600 or the Shopfront Youth Legal Centre http://www.theshopfront.org/ 02 9322 4808. For methadone and bupe regulations go to http://www0.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_019.pdf. For rules around drug testing http://workplaceinfo.com.au/resources/employment-topics-a-z/alcohol-and-drug-testing, . For info on drug driving http://www.rms.nsw.gov.au/roads/safety-rules/offences-penalties/drug-alcohol/. For laws around discrimination https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/quick-guide-australian-discrimination-laws. For laws around confidentiality http://www.lawhandbook.org.au/09_01_04_privacy_and_confidentiality_/ For possession and drug charges http://www.legalanswers.sl.nsw.gov.au/guides/hot_topics/drugs/possession.html

However you do it, it's important to know the rules and your rights.

Connect up

There are lots of organisations to get involved in. The advantage of joining an organisation is that you get to share skills, resources and research. You get more done as a collective than you would on your own. You are supported in your work and meet great people who are like-minded. Heh, you could even join a political party!

There are lots of cool organisations.

Drug user organisations are membership based organisations representing people who use drugs. **NUAA**, NSW's drug user organisation, is Australia's oldest. It works to improve our dignity, rights and health. See the back cover for more info and how to join up or call 02 8354 7300 or 1800 644 413 or go to www.nuaa.org.au. Our national organisation is **AIVL**. See more on page 10 or go to www.aivl.org.au. Our international group is **INPUD** www.inpud.net/.

There are other organisations that work in the interests of people who use drugs. Harm Reduction Australia is a national organisation for individuals across Australia to join together in their commitment to reducing the harms associated with drug use and drug laws. www.harmreductionaustralia.org.au/ **Unharm** campaigns for a world with drugs where people live well, with fair and pragmatic alternatives to current drug policies. www.unharm.org **Australian Drug Law Reform Foundation** works for a more rational approach to drug laws and policy. http://adlrf.org.au/

Other specific interest organistions include: ACON exists for HIV prevention, HIV support and lesbian gay bisexual ransgender intersex health. www.acon.org.au **SWOP** is NSW's sex worker's organistion promoting self-determination, diversity, workplace rights and holistic health. www.swop.org.au. Scarlet Alliance is the national sex worker's association www.scaarletalliance.org.au

A HARM REDUCTION HERO

The political is personal & the personal is political

Model the behaviour you want to see in society. Practice harm reduction. Be respectful. Act with dignity.

Change begins at home. As Michael Jackson said - and if only he had listened to his own excellent advice - it all starts with the *Man in the Mirror*. It's up to us to behave as we would like the world to behave and practice harm reduction and non-discriminatory language in our own lives.

It can start with looking after our health. Making sure we have new, sterile injecting equipment. Being immunised for hepatitis B. Getting regular tests for hep C and HIV. Getting on treatment if we need it.

We can look after our friends. Make sure we have enough equipment in case we are asked for some. Support our friends who are worried about getting tested or need a bit of support if are unwell or in treatment for hep C or HIV or making changes in their lives around their drug use. Get trained in naloxone so we can help in case of overdose.

We can also watch out for discrimination. The next time we go to say: "At least I don't use/inject x drug" or judge someone in our community for something they do, we could think twice. People usually have good reasons for the things they do - maybe it is worth talking to them and finding out more before judging without understanding.

Speak up

Start (finish!) conversations with people about your ideas. Complain if you have been treated badly. Do surveys. Put ideas in suggestions boxes. Talk to your friends and families about issues important to you. Speak up when you overhear discrimination. Tell others their rights if you see them struggling. Write about your opinions and experiences for *User's News*. Write letters to the editor/opinion pieces for mainstream media. Lobby people in positions of decision-making. You can write, phone or visit your parliamentarians, be they local, state or federal, as well as the Directors-General of relevant government departments and let them know what you think of their actions or inaction. Find out who is on particular committees that matter and write to all the members. Sign petitions. Start petitions. Just GET LOUD.

Go to this article on www.usersnews.com.au for previous UN articles on how to make a complaint and how to write to politicans (www.nuaa.org.au/things-matter/stigma/complaints/ on the NUAA website). Also have a look at Freedom's article (p33 of this mag) on the UN web site for info on how to tackle the media. Celia's story on p39 has info on how to contact the Health Care Complaints Commission.

Put your hand up!

Get active, get involved. Do something to change the world! Whether you join in campaigns run by organisations or just go alone, make sure you do something to get your views across! Put your skills to use, whether you are good at computing, drawing, filming, writing, making music, dancing, fixing things, counting things, driving, cooking, talking to people... whatever!

Become a volunteer at NUAA's NSP. Join NUAA's Peerlink project and help your community become more aware of harm reduction. Hand out fits. Get trained in naloxone in case you witness an overdose. Learn first aid and become a rover at music festivals. Join a drug user organisation Board or committee to improve services for our community. Help on a hep C or other hotline.

Write a story or take a photograph for *User's News* about something important to you. Make an artwork to highlight something you don't agree with. Give yoga or cooking classes for people who use drugs. Design a t-shirt to raise awareness about drug law reform. Help with a community website. Organise a drug law reform debate. Drive someone to their clinic. Take a friend to get a hep C test. Babysit someone's kids so they can get to the doctor to get on hep C meds. Look after someone's pet if they are in hospital or detox. Pick up a few groceries for someone who is unwell. Make them soup.

Do something quiet, small but essential. Do something glamorous and imaginative. Whatever it is, do it with pride and love for your community.

LOCAL HEROES

FREEDOM WRITES

I live in a small town. Technically Lismore is a city but with less than 50,000 people and just one mall; it's a small country town in my book. Coming from Adelaide and living in regional NSW it reminds me of the good old "wild west" at times.

This story starts on a normal hot summer day, I was just putting petrol in my car when I noticed a newspaper billboard poster that read: ***Junkie Scum – clean up your syringes.***

My initial reaction was shock but then I got mad, my adrenaline kicked in and I got my cranky pants on. You have got to be @#$% joking me? Who do these people think they are?

This is not the first time *The Northern Star* newspaper has referred to people who inject drugs as *junkies* and often uses hysterical and sensationalistic terminology to cover drug related issues.

Like all small towns Lismore has its pros and cons and country towns often breed small minded people who don't like 'others' or foreigners, outsiders or anyone who is 'different'. Apparently *junkies* are different.

To summarize the article – *The Northern Star* had written a piece about one syringe being found on an oval that kids play sport on once a week. Titled *Blood-filled syringe a sharp reminder. Discarded syringe found on sports ground used by juniors* the piece featured a photo of the alleged *blood-filled syringe* which appeared to be a discarded, used syringe with a minute speck of residual blood in the tip, hardly full. Despite the fact that this 'news' was based on someone's Facebook post and that the three professionals actually interviewed for this piece all said that syringe litter is not an issue in Lismore and there was no threat to *juniors* the Editor still ran it with that atrocious line. Not only was the title offensive, it was also inaccurate. The assumption that the syringe was discarded by a *junkie* and not someone else is pure speculation and to report the story in such an alarmist manner deliberately fuels public fears about people who use illegal drugs and promotes hysteria in a close knit community. And for what? All to sell newspapers.

The thing is I know that this kind of language is just not on; and I'm sure the Editor of the paper who published the article knows it's not on but he still thought to give it a go to see if he could get away with it. The reality is regardless of what his opinion is: all media is governed by The Australian Press Council and must uphold the Councils professional standards.

At the time I was working part-time and studying part-time and being a full-time mum so I didn't know exactly what to do but one thing I did know was there was no way I was going to let them get away with that. Unluckily for *The Northern Star,* I am a drug user / law reform activist full-time and when I set my sights on something, I will follow it through.

The one thing all media hate is….bad press. While the saying 'there's no such thing as bad press' may be true for B grade actors and reality TV stars, for most businesses including all main stream media (which are first and foremost run as a business) bad press can be devastating. A one off letters of complaint can be "lost", phone call complaints not filed, but a media campaign across a variety of different platforms is impossible to ignore. Public humiliation or anything that draws negative attention to the paper will affect public perception and how they are viewed and ultimately it will cost them financially.

Once I had decided to do something about it the first step was to identify what was the problem, who was responsible and what I wanted done about it. The problem is twofold. Firstly they used the term Junkie in a derogatory way and secondly their story was pure crap anyhow. I decided I wanted an apology, a retraction of the article and in future more accurate and less discriminating attitude when reporting on people who inject drugs in the local community.

Then I wrote out a strategy, including an angle; a plan of

THAT'S MS JUNKIE TO YOU,

action; a list of allies, enemies and unknowns; what tools I had available to me; and a time-frame. You only really have 30 days after something is published to lodge a complaint so speed is important. My main tool was my media awareness (I work as an Editor of a small publication), my writing skills and knowledge of the Australian Press Councils Standards. I also have the tech skills to create an on-line petition and a great network of contacts through my membership of drug user organisations.

At all stages I collected evidence. I took a photo of the offending billboard and even walked back in to the service station to read the article in full and take a photo of that too (no way I was buying their poxy newspaper). I also complained to the owner of the petrol station and asked them to remove the billboard immediately.

I got the contact details of the paper, the name and details of the Editor and the "journalist" responsible. My angle was that it was unethical, unprofessional, lazy journalism that breached professional press standards and was highly offensive and stigmatizing. See an editor may not care about a "junkie's" sensibilities or feelings but they don't like being called unprofessional!!

After compiling an on-line petition via *Change.org* which I forwarded to drug user organisations and other sympathetic bodies and individuals to be shared and signed, I sent a copy to *The Northern Star* and posted it on Facebook.

Then I wrote a letter of complaint to the Editor, in which I formally requested an apology, a retraction and for *The Northern Star* to adhere to a higher journalistic standard. I also got on-line to The Australian Press Council's website and filed a complaint, highlighting the press standards I believed they had breached. I also wrote an article for a competing publication.

Pretty quickly the Editor got wind of the on-line petition and wrote an editorial apologizing saying that: In hindsight, this was a poorly-worded, over-the-top, tabloid reaction to our front page story on January 30. The wording was very unlike me and I apologise if I offended anybody in the process.

But if this was his grand apology he stuffed it up by adding a poll to the paper's website: *Did the junkie poster go too far?* Voting ended on 06 February 2015, and the results were:

Yes - you should have used more sensitive language - 28%
No - it's fair enough - 43%
No - it didn't go far enough - 28%

If I wasn't mad before I certainly was now.

However, I did get the satisfaction of a successful outcome from the Press Council. *The Northern Star* was investigated and found to be in breach of three of the Australian Press Council standards.

The adjudication found that the story was an exaggeration, that the article had been adopted from social media without establishing the accuracy of the story, including where the needle was found. The Council found that the publication did not take reasonable steps to provide fairness and balance in the report by reporting the circumstances in a more qualified way. Even more importantly, the Council considered an implication that all syringe users are *Junkie scum* was likely to cause substantial offence.

The Northern Star's management was directed to put the outcome on the paper's website. It doesn't look good for the paper, the Editor and its owners. Maybe they will think twice in the future.

Taking on the media can be tricky so if you ever do decide to complain there are some good strategies to implement. If you go onto the *User's News* website www.usersnews.org.au to this article, you will see my step by step guide for doing media battle. Because at the end of the day that is exactly what waging a media campaign against the media is: a battle – of wills, principles and ideologies.

LOCAL HEROES

ELENA WRITES

People who use drugs make a massive impact on politics! There is something fabulous about uppity vocal loud proud annoying political drug users hanging out together and talking politics. Drug users have lots of experience with being mouthy; we are very informed about our own issues. By standing up for our rights, we get to make history. And why not?

Being staunch and relenting in our fight for drug user rights has achieved a lot! Thirty years ago there were no Needle and Syringe Programs (NSPs). Now there NSPs all over Australia. Drug user organisations lobbied, fought and won support for harm reduction services like NSPs, expanding of opiate replacement treatments and the injecting centre.

We also advocated for a focus on the prevention, care testing and treatment of HIV and viral hepatitis. Last year drug users made sure that new hep C drugs would become available. What an achievement! Cheap, easy to access, and we don't need to stop using to be able to get it. Excellent. I am proud to have been part of that process and have booked an early appointment!

We are also growing support for an end to the war on drugs. Drug users are the only people who can truly campaign for an end to the war on drugs. The world is pretty vacant, uninteresting and agonisingly intoxiphobic, perpetrating stigma and shame with the criminalisation of drugs. When it comes to sophisticated ideas about drug policy, only drug users have them. So many decisions made by government are based on perceptions of community values rather than hard facts and evidence.

If we don't fight the war on drugs, how can we expect others to fight it for us?

It's up to us!

Access to naloxone is another long running campaign for decades in Australia. Drug user groups such as CAHMA and WASUA are international policy trend setters for their naloxone training and distribution. In 2015 drug users wrote submissions to government asking for naloxone to be available over the counter – and we won! I've been racking them up at my house.

Right now there's a campaign to save our beloved national drug user advocacy organisation and peak body, the Australian Injecting and Illicit Drug Users League (AIVL). Health Minister Susan Ley has reclassified the funding that AIVL has always

received. There are no doubt other organisations that would love to spend drug user money on intoxiphobic programs – if drug users see any services out of it at all. We must fight this to the bitter end.

I'm a total hack about what government is up to; policy, reports, legislation, Senate inquiries. It's my guilty hobby that I love to find out about government committees with plenty of time to do my research and make a considered know-it-all submission. As a compulsive busy-body, I'm obsessed with knowing how to make my opinion known and what I can personally do to influence government.

We all vote, our opinions are important, and the war on drugs isn't ending by itself. Campaigning for drug user rights is really fucking important! Common sense, logic, science and history is on our side. This is our debate about drug users' rights to live healthy, meaningful lives without facing prejudice or criminalisation.

This is my advice on how to make a difference. First things first: identify your local politicians. Bombard their office. Let them know what you want from them. If you ask them to report on progress, they must write back to you. You never know, you might be able to get a meeting with the local polly's office!

Petitions are a good way to let off steam about drug user issues. There are always petitions circulating and it can

MOUTHY & MARVELLOUS

be a worthwhile way to get an issue on the government's agenda. Search around, there are lots you can sign! Online petition websites are free to set up and you can have the petition presented to parliament by any parliamentarian that may support the issue, including an independent.

Another way to make your voice heard is to make a formal petition on an important issue. Call for a specific response - provide a solution, even if it is only to begin an investigation. Address the petition to a specific State or Commonwealth Senator or Member of Parliament. Choose someone with power to act on the petition's subject matter, usually the responsible Minister. These petitions need a "principal petitioner" to sponsor the petition and use their real name and address. Then start collecting signatures. At least 500 signatories of people's real names and addresses are needed for the petition to be read in Parliament and make it into Hansard (the official record of parliamentary proceedings). Then boomshanka! Your petition is forever chiselled into the history of parliamentary archives!

Parliamentary committees are another place to lurk and annoy government. Committees are kicked off by a 'motion' in parliament with specific wording about what the committee inquiring about. Recent committees have been on a response to hepatitis C at the federal level and medical cannabis at the state (NSW) level. Submissions can be very short but make sure you address the questions the committee has been asked to consider, aka the "terms of reference". Consider if you want your submission to be public – you can use an assumed name - and if you want it published on their website.

Hanging out with other drug users to politic is an awesome thing to do. Writing submissions or letters with other drug users is more fun than seeing the politician squirm when they receive it. The best part is that users are the experts and everyone – always - has something to say. I love listening to mouthy drug users, I always learn something new. I could do it all day!

I hope you are inspired to get seriously annoying. The hep C treatment lobbying campaigns have been super successful. Now we have to #SaveAIVL. The possibilities for toppling government and changing the world are endless. We can end the war on drugs, one action at a time!

LOCAL HEROES

IN MEMORY OF MICHAEL

Sadly, Canberra resident and harm reduction hero Michael Rimmer died mid-February, as we were putting this edition of *User's News* together. NUAA had been talking to Michael about being involved in this issue, but we had not yet interviewed him when his liver failed. Even though Michael never finalised his story for *User's News* NUAA thought it was important to ensure Michael's story was told, so we talked to a few people who was very inspired by Michael.

Michael was only in his 50s when he died. He was on the new treatments for his hep C at the time, and advocating for their wide availability and affordability. Unable to access the new meds in the ACT, Michael got himself on a trial in NSW. It is a mark of his determination and hope that he regularly travelled to Sydney for specialist appointments despite mobility and respiratory issues (necessitating an oxygen mask). Michael had been seeking treatment for his hep C for a long time, but was caught in the policy of stigma and discrimination that excluded people currently using drugs. By the time that ban was lifted, his liver was too damaged to handle interferon. Although he got on the new meds as soon as he could, for Michael it was too late.

Michael had a reputation as an activist in Canberra, where he was a hard-working member of local drug user organisation CAHMA (Canberra Alliance for Harm Minimisation & Advocacy) and its precursor organisations CIN (the Canberra Injectors Network) and ACTIV (the Australian Capital Territory IntraVenous Drug Users League) for well over twenty years.

Sione Crawford, CAHMA's Executive Officer said: "Michael was instrumental in working to change and improve drug policy in Canberra. He was a consumer rep before there were official consumer reps! He worked independently to take on the management of services used by people who use drugs to improve their practices. He was vocal about the difficulties faced by drug users in accessing fair treatment. He worked to improve conditions in his community with persistence and courage. We miss his purpose and energy."

No piece about Michael would have been complete without talking to Michael Moore, a man he inspired and influenced enormously. In fact, had it not been for Michael Rimmer, Michael Moore might not have become the harm reduction hero in his own right that he is today.

Michael Moore is a former politician and Health Minister of the ACT government, the first Independent ever given a Ministerial portfolio. He is the current Chief Executive Officer of the Public Health Association of Australia and is about to become the President of the World Federation of Public Health Associations. *User's News* interviewed Michael Moore about the peer that changed his views about people who used drugs and made him rethink drug policy.

THE PEER & THE POLITICIAN

UN TALKS TO MICHAEL MOORE, FORMER POLITICIAN AND CURRENT CEO OF THE PULIC HEALTH ASSOCIATION OF AUSTRALIA, ABOUT HOW CANBERRA PEER AND HARM REDUCTION HERO MICHAEL RIMMER CHANGED HIS VIEWS OF DRUG USERS AND THE LAWS AND POLICIES THAT AFFECT US

UN: How did you meet Michael Rimmer?

MM: Michael came into my office only a few weeks after I was first elected to the very first ACT Assembly in 1989. He was a constituent of mine. He wanted my assistance to get him back onto a methadone program from which he had been rejected because of "dirty urine". I agreed to do my best provided he would do something for me - provide a few pages on what it was like to be a part of the world of illicit drug users. He agreed. When he left I said to my assistant "We'll do what we can to get him back on the program but that's the last we'll ever see of him." At the time I thought in terms of "junkies" and "addicts" and the stereotype I held meant that Michael would be unreliable, unpredictable and all talk. I honestly never expected to see him again.

UN: But he surprised you?

MM: A few weeks later, Michael returned to my office with a huge stack of paper. A substantial computer-typed dissertation on the drug laws, drug policy and methadone program. It included a case study focusing on stigma and discrimination; real life stories by people whom he emphasised were my constituents. It was a mix of well-argued evidence and anecdotes around methadone programs across Australia and drug policy generally. It was compelling reading. I was very impressed. Not only did the quality and presentation exceed my expectations in terms of what I had asked him to do, I really didn't think he would come back at all! It completely shattered my pre-conceived ideas about drug users. The material that Michael presented to me told a story I could not ignore. That he had taken the time to put all this together challenged my ideas about people who used drugs. It was a powerful combination that made me begin the process of re-assessing these ideas.

UN: How did your ideas change?

MM: One of the first things I realised is that using terms like "junky" and "addict" are stigmatising. They imply everyone uses drugs in the same way and has the same behaviour when they do that. I realised it was important to change the language and put people back in the picture. So I started referring to "people who use drugs". Michael's arguments started serious doubts about prohibition as a useful way of dealing with the drug issue. I considered that the whole policy needed reconsideration. I learned about harm reduction and supported a range of measures such as needle and syringe programs, methadone, injecting rooms and heroin on prescription - which was personally squashed by John Howard. I was a founding member of the Australian Parliamentary Group on Drug Law Reform which included members from all parliaments of Australia, the Australian Drug Law Reform Foundation and was a sponsor of early meetings of Families and Friends for Drug Law Reform.

UN: How did your colleagues in Parliament react?

MM: In my discussions with most of the other Members of the Assembly and political commentators in the months after Michael dropped off his document to me, I found that they were all of the opinion that what I was doing was tantamount to political suicide. I remember commenting at the time that it had to be done and that if the major political parties had that view then it was really up to someone like myself, who was not attached to one of the main parties. My willingness to proceed may also be accounted for by the fact that I had been elected on the basis of my involvement with ACT planning issues and I had real doubts that I had much chance for re-election any way. I became much more involved in the issue not long after I was elected and took very seriously the health and dignity of people who use drugs.

UN: Well you ended up serving four terms over 13 years, so it seems like you pulled it off! There is one story that I wanted to ask you about. I heard that Michael had shot up in the office of a parliamentarian to make the point that this is what he would need to do if he couldn't get back on methadone. Do you know this story?

MM: I also heard that story. I understand it was in the office of a colleague who was then Minister for Health in the ACT, Wayne Berry. I have not been able to verify the story recently, but my recollection was that Michael Rimmer used it as a threat rather than actually carrying it out.

UN: All in all, Michael Rimmer was quite a guy. You have an incredible track record as a powerful advocate for the rights, health and dignity of people who use drugs and we owe that to Michael speaking up not only for his own health needs but for those of his community. It is very sad that he has died way too young and of complications related to hepatitis C, an illness that we now know how to prevent and cure. We understand that he died while being treated with the new hepatitis C drugs. While it ended up being too late for him, he was hopeful of a cure during those last months.

MM: I am disappointed that I was not able to attend his funeral to pay my respects. He was a man I very much admired and he was certainly responsible for changing my thinking around drug use and people who use drugs.

UN: May he rest in peace. He will not be forgotten by his community.

LOCAL HEROES

JILL WRITES

A few years ago, I had to have keyhole surgery on my knee. I was very scared. Operations are scary things and I hadn't had one for a long time. It was day surgery, but no less worrying for me.

This story starts in a major teaching hospital in Sydney. I was lying on a trolley in one of those very attractive hospital gowns - the kind that tie up the back - in a corridor outside an operating theatre.

I was waiting for the anaesthesiologist to come. He was to assess me so I received the correct anaesthetic dose for the operation and appropriate pain relief for afterwards, and wire me up to the machines that would monitor me during my operation.

Everyone was very kind and reassuring and I was started to feel a bit more comfortable. I was focusing on the positives. It would be great to have a knee that worked after being in pain for such a long time.

Then the anaesthesiologist came.

He looked through my file and, noting I had hep C listed as one of my medical conditions, said "So you're one of those dirty junkies with hep C". I was shocked like I'd been punched out of the blue.

I wasn't sure what to say. First I tried to explain that I had had treatment and had no viral load, that I had been cured. He said "What a load of crap. You can't rid of hep C". Then I tried to protect myself from his discrimination. I told him that there were many ways to get hep C, that he was jumping to conclusions thinking I had got it from injecting. He just sneered.

Then he said "I bet you're hoping for maximum pain relief today." I couldn't believe this. It made me feel cheap and dirty. There seemed to be some bizarre implication that I was only having the surgery for the drugs! Yes, I have used drugs at different points in my life. Before this story and since this story. But at the time this happened, I was actually in a stage of my life when I wasn't using any drugs at all. To be honest, I hadn't thought about pain relief except in terms of hoping that there would not be too much pain afterwards and assuming I would be prescribed something to help me cope. I didn't know how to handle this new line of attack. I just wanted my own doctor to come and deal with this guy, doctor to doctor. I really didn't know how to defend myself. Then he told me that I would be getting no pain relief at all.

None. I said "You can't do that!" I wasn't on methadone or anything regular prescribed medications, so I was scared about the pain that was to come after the operation. He told me "I can do anything I want." He was right.

I was very upset. After he left, I started crying. I was considering jumping up in my backless hospital gown and just leaving. While I was processing it all, my surgeon came in. He was very nice to me and was very disturbed that I was so upset, given I was about to have surgery. I told him what had happened. He was quite surprised about the whole thing. He told me not to worry about it, he would keep the guy away from me during the surgery. I was comforted enough to go ahead with the surgery, however he confirmed that the anaesthesiologist had the power to stop my pain relief.

I had the surgery. I got no pain relief.

My doctor said he couldn't give me a prescription as that would be going against the advice of the anaesthesiologist. I didn't really understand that, and still don't. Still, my doctor did what he could and I appreciated it. He gave me a huge shot of local anaesthetic so I could get home - as big a dose as he could give me, he said. The next week was agony and I spent it coping with the pain in bed, with extra-strong over the counter drugs. I couldn't walk and I wasn't using, so I had to rely on what others could buy for me at the pharmacy.

I started feeling a little better.

Then I got angry.

I wanted to confirm what my rights were, so I rang up Hepatitis NSW and asked them whether they thought I had a complaint that was worth following up and what I should do. They were very shocked and advised me to write to the Health Care Complaints Commission (HCCC) and to the hospital outlining what had happened and how it made me feel. They also told me to refer to the legislation that shows that the anaesthesiologist was out of line.

In about a month, I received a letter from the hospital. They offered me $2,000 to "finalise my complaint" - basically to shut up and go away. I didn't want the money and I refused it. What I wanted was for the anaesthesiologist to be educated about hepatitis C and treatments, as well as what constitutes stigma and discrimination against people living with hepatitis C and people who use illicit drugs.

SORRY SEEMS TO BE THE HARDEST WORD

Mostly I wanted an apology. I think I deserved one and I really wanted it.

Meanwhile, back at the HCCC, my complaint was being investigated. My doctor supported me through the process and told the HCCC that I had been very upset, consistent with the facts as I had told them. The HCCC believed me and upheld my complaint.

The anaesthesiologist was instructed to get educated about hep C and discrimination. He was ordered to go to C-een and Heard training run by Hepatitis NSW for medical staff. The training includes actual information and personal experiences and includes presentations by doctors and peers talking about hepatitis C from different angles.

And he apologised to me personally. You should have seen his face. He was angry and embarrassed - I think the word is "humiliated". I thought he was going to have a heart attack. He didn't want to do it, but he had to.

I really hope he learned something from the experience. At least that you can treat hep C. That you can get hep C in a range of ways. That discrimination doesn't pay. That I am a human being with rights and feelings.

I have since had my hep C status removed from my medical file. I found out you don't have to have it there if you have had treatment and been cleared. It's a big deal because they argue that it could be important down the track, that there can be complications. But you can argue that your GP has the information and you can give them permission to disclose it if it is vital to your health at any point. It does come up on some of my files and I am still fighting to get it removed from everywhere, because it's nobody's business but mine. But I shouldn't have to. It shouldn't be a big deal, it shouldn't be a reason for discrimination and it surely shouldn't be a reason to treat someone like me as a lesser person.

People with hep C are considered to have a disability under the NSW Anti-Discrimination Act (1977).
The Act says that it is against the law to harass or treat someone unfairly because:

- A person has hep C or someone thinks they have it.
- A person had hep C in the past, or someone thinks they had it in the past.
- Someone thinks a person might get hep C in the future.
- A person has a relative, friend or work colleague who has or is thought to have hep C

Don't let them get away with it!
The Health Care Complaints Commission acts to protect public health and safety by resolving, investigating and prosecuting complaints about health care.
Contact them on 02 9219 7444 or free-call on 1800 043 159 or check out their website which includes complaint forms and information on how to make a complaint at http://www.hccc.nsw.gov.au/
Staff can help you put your complaint into writing. An interpreter service is available if you are more comfortable in a language other than English.

Make sure they treat someone else better!
All hospitals have complaints processes, with forms you can fill out. Ask for one from the area you are attending or at the front desk.They will also have a form on line at their website, just Google the name of the hospital followed by: "Complaint form". You can be anonymous, but they do take it more seriously if you add your name and contact details. But wait, there's more... they also have Complaints Officers who can help you understand the hospital policies and procedures and assist you in lodging a complaint. They will make sure your complaint is taken seriously and treated confidentially. They will also keep you in the loop. And don't forget to give compliments when people get it right!

ROADMAP TO HEPATITIS C TREATMENT READINESS

KNOW YOUR STATUS

If you've ever injected drugs, you may have been exposed to hep C!

New treatments available for everybody with hep C from March 1 2016
GET TREATED, GET HEALTHY!

1 GET TESTED

An antibody test tells you if you have ever come into contact with the hep C virus. A positive test does not mean you have hep C — about 25% of people who have been exposed to hep C clear the virus without treatment.

You may have also cleared the virus through treatment. If you are antibody positive make sure you get further tests.

NEGATIVE
Congratulations
KEEP BEING SAFE

POSITIVE
You have been exposed to hep C
GET ASSESSED

2 GET ASSESSED

A PCR test will tell you if you have chronic hep C. PCR tests can detect whether the hep C virus is present in your blood from about a week after infection. It can also tell you your viral load (how much virus is in your blood) and the genotype (strain) that you have.

A Fibroscan is a non-invasive test that gives you a picture of your liver health. No needles and no waiting for results!

PCR NEGATIVE
You are not living with the virus
KEEP BEING SAFE

PCR POSITIVE
You are living with hep C
GET TREATED

3 GET TREATED

Treatment is now available to everyone in Australia with hep C. See your GP, visit your AMS or drug and alcohol service.

HOW TO ACCESS HEPATITIS C TREATMENT

- Talk to your GP or AMS
- Make an appointment with the hep C clinic at your pharmacotherapy service or Needle and Syringe Program
- If you have access to a peer support worker, ask them to help you
- Call NUAA on 1800 644 413
- Call the Hepatitis Infoline on 1800 803 990

TRY A SUPPORT GROUP

- Call NUAA for info 1800 644 413
- Hepatitis NSW Ph 02 9332 1853

... and remember

STAY HEALTHY

- Eat healthy, cut back on fats
- Stop or cut back on alcohol and tobacco
- Exercise

ADDITIONAL INFORMATION ABOUT TESTING

VIRAL LOAD TEST

- A viral load test tells you the amount of hep C virus in your blood
- If the test is negative, you may have cleared the virus but ask your doctor if you need a repeat test to be sure
- If you have two negative tests, you are considered clear of the virus and you no longer have hep C

POSITIVE
You are living with hep C — you need more tests to
GET READY FOR TREATMENT!

NEGATIVE
Repeat test in 6 months to be sure. If your second test is negative, congratulations, you have cleared hep C
KEEP BEING SAFE

GENOTYPE TEST

- A genotype test tells you what strain of hep C virus you have
- The hep C virus has a number of different genotypes
- It is possible to have more than one genotype (to be infected with more than one type of the hep C virus)
- Knowing your genotype is important in deciding what treatment is best for you

GET A FIBROSCAN

There are five scores to grade the degree of liver fibrosis (stiffness)

- **F0/F1** (2.5-7.4): No/mild fibrosis
- **F2** (7.5-9.4): Moderate fibrosis
- **F3** (9.5-12.4) Severe fibrosis
  — You are a priority for treatment
- **F4** (12.5 or higher): Cirrhosis
  — Think about getting treated immediately

Ring NUAA if you need support

For more info check out NUAA website www.nuaa.org.au or ph 1800 644 413

GOT A QUESTION?
Write to Dear Doctor, User's News
PO Box 350 Strawberry Hills 2012
or email leahm@nuaa.org.au
Published letters pay $30

DEAR DOCTOR

YOUR MEDICAL QUESTIONS ANSWERED BY OUR EXPERT DOCTOR & PHARMACIST COMMITTEE

FROM BILL GOING BUSH

DEAR DOCTOR: I have been on methadone for over ten years. I have recently moved to a country town and there are no methadone prescribers near where I live. I have stayed with my old prescriber for the time being, but I need to find an alternative soon. I know that GPs can take on some people on methadone. I would like to approach a local GP but I am not sure of the right way to approach them, especially someone who doesn't know me and probably doesn't have much experience in this area. Can you give me some tips on how to talk to doctors about this?

Dear Bill,

You can stay with your current prescriber as long as you are both in NSW, your doctor will allow it and you attend to get your script renewed. To find prescribers and dosing points closer to you, you can call the Opiate Treatment Line (OTL) on 1800 642 428 (weekdays 09:30AM to 5:00PM).

You are correct that GPs are able to take on up to five patients on methadone or buprenorphine without doing specific training. They are not able to initiate treatment, but they can continue "stable" patients. They must familiarise themselves with the clinical guidelines put out by the NSW Ministry of Health and they must have a supportive review from a specialist nominated by their Area Health Service. A specialist for this purpose is a Fellow of the Chapter of Addiction Medicine (within the Royal Australasian College of Physicians) or a doctor accepted by the NSW Ministry of Health as having significant experience in working with patients using illicit drugs including prescribing pharmacotherapy.

As far as approaching a local GP, we would suggest you begin to see them for other health issues and build a relationship with them before asking them to prescribe your methadone. To start with, you need to be sure that they are a good fit for you and will treat you with respect. Some GPs have had little experience with people who use drugs and may not feel confident. When you disclose you are on methadone therapy, you will get some idea of how the GP thinks around illicit drug use.

You should build a relationship with your new GP based on your other health needs and even take your family along if you have a partner and kids, so they can see you as a whole person with a range of interests and health needs. Many doctors, particularly rural doctors, are unwilling to prescribe specialised drugs for someone that they do not know well over a period of time. Once you get to know each other better, you can suggest that in the interests of holistic care, it might be more efficient and safer to have all your medications prescribed by the one doctor.

Before you approach the GP about prescribing for you, ask your current prescriber if they would be willing to support your GP in the transfer as this will often make all the difference. This might include calling the GP to discuss the evidence around pharmacotherapy, your particular case and the regulations in NSW. They should offer to support the GP in managing your care and it can help if they offer to take you back as a patient if necessary. They must also assist with the NSW Health transfer paperwork (they need to exit you formally before a new prescriber can take you on).

Your current prescriber might also be willing to assist you by contacting the public drug and alcohol unit in your new Local Health District (LHD) to find an appropriate local specialist. You can also contact the LHD yourself; for your local intake number go to ***http://www.health.nsw.gov.au/lhd*** or call NUAA on 8354 7300.

If you are dosed at a pharmacy, it might help to get them involved. You can ask your current pharmacist to act as a referee to a local dosing pharmacist and to your new GP. Pharmacists often know how their local doctors manage requests for various aspects of patient care and may offer some great advice to help you approach the GP.

When you do finally decide the time is right to talk to your GP, take along the NSW Health regulations for prescribing, or give them the web address *(http://www0.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_019.pdf)*. You can also provide him/ her with a list of support services and their contact numbers and email addresses. This should include your current prescriber, the local drug and alcohol service, the NSW Health's Pharmaceutical Services Unit which approves methadone scripts and will help with the paperwork (phone 9391 9000 or go to http://www.health.nsw.gov.au/pharmaceutical/) and the Drug and Alcohol Specialist Advisory Service (DASAS) (1800 023 687) a 24 hour mobile service specifically for health professionals answered by very experienced drug and alcohol specialists.

Good luck with your transfer. We hope it is successful and smooth!

FROM GEMINI C-KING TREATMENT

DEAR DOCTOR: So the new medications for treating hepatitis C are available on 1 March. What does that actually mean? How do we get them?

Dear Gemini,

Hepatitis C medications are now available to everyone with chronic hep C with no restrictions. Most people will only need to take the medications for a month and treatment has a 95% success rate. The medications have mild side effects – mostly tiredness and headaches but are far easier to take than the old treatments.

The new meds are listed on the PBS (subsidised by federal government) meaning they are affordable, particularly if you are on benefits and available to everyone with chronic hep C.

The new medications to be prescribed by a GP or other health service in consultation with a specialist so there are now a number of ways to get treated. Treatment pathways are being put in place to increase access to treatment for people who need it.

Talk to your GP: If you have a good relationship with your GP, talk to him or her. You need a few tests (see our new hep C treatment "roadmap"). If you have a reasonably healthy liver you won't need to see a specialist.

Talk to your prescriber: Your pharmacotherapy clinic may already have a liver clinic or may be able to advise you on how to access treatment. This is a priority for all public pharmacotherapy clinics in NSW.

Ask at your local NSP: All services working with people who use drugs in NSW have a focus on increasing access to treatment. Your local primary or secondary NSP will have information on accessing treatment.

See a specialist: Your GP can refer you to a specialist. You may need to see a specialist depending on your treatment history and your liver health or depending on how how familiar your GP is with viral hepatitis. GPs who have a lot of patients living with hepatitis will be more knowledgeable and confident in supervising care, as well as having stronger supportive relationships with consultants. GPs less familiar with viral hepatitis may elect to work more closely with a specialist or even ask them to supervise the treatment. Many specialist clinics will have a waiting list but will prioritise people who are in more urgent need of treatment.

There may be a waiting list to see a liver specialist, as they are likely to be in high demand at this time. To get in the queue, make a long appointment with your GP or your clinic's hep C nurse as soon as possible.

If none of these options work for you because you live in the country, don't have a doctor or aren't on pharmacotherapy, ring NUAA: We are currently working on making information about where to go to get treated more accessible. A number of services have peer support workers and we can direct you to them.

If you're in prison, you're a priority for hep C treatment. You have a right to treatment while you are in custody. Justice Health has been working to make treatment available. Let medical staff know that you want to have your hepatitis C treated as a matter of urgency. Your prison may be involved in a research project called Stop C which uses the new treatments. Get tested if you are not sure if you are living with hep C.

Before you begin treatment, you will need a recent PCR test to confirm you are still living with the virus; your genotype (strain); and your viral load. This information, along with things like liver hardness (fibrosis) and your track record with any previous treatment, will determine the type and length of medication regime you need. A fibroscan is recommended in the new treatment guidelines and will help your doctor work out the best treatment for you. They are quick and painless and each Local Health District in NSW has been supplied with a machine. They will also be rolled out to pharmacotherapy clinics.

If you have trouble with your veins, schedule blood tests in advance so you can help by drinking water, exercising and applying heat (read 6 Ways to help your phlebotomist in User's News #83 at www.usersnews.com.au).

If your clinic has a peer support worker and/or peer support groups, we advise you take advantage of them. Even though new treatments are easier and more effective, they are not completely without side effects and you should take advantage of the support that being part of a community can provide. Call NUAA if you want more information on 1800 644 413.

While the medications are approved under the Pharmaceutical Benefits Scheme (PBS) to make them affordable (at a cost to the Commonwealth of around $1 billion), there is still a co-payment per pharmacy prescription of $6.20 if you have a Health Care Card (HCC) or $38.30 if you don't. You may have a combination of medications requiring separate prescriptions. You will get monthly prescriptions with repeats for either a three or six month regime. Your treatment might cost somewhere between $18.60 to $111.60 with a HCC or $114.90 to $689.40 without. We are waiting to see if the NSW Ministry of Health is willing to contribute to reduce or eliminate that cost. Hospital pharmacies may fill S100 scripts for free.

Because these are new drugs, chemists are unlikely to stock them so there may be a short delay getting your prescription filled. In addition, we understand not all chemists may supply the meds so you may have to shop around.

One last thing: we have been advised that if you lose your medicine for any reason (including theft), you will not get it replaced. If you do misplace any, talk to your doctor about whether it will affect the outcome of your treatment. If you are worried about losing your meds, it may be worth asking your doctor, chemist or clinic to hold the meds for you and just give you a week at a time.

We hope you take advantage of this amazing opportunity to love your liver and change your life!

GOT A QUESTION?
Write to NUAA Knows How, User's News,
PO Box 350 Strawberry Hills 2012
or email leahm@nuaa.org.au
PUBLISHED LETTERS PAY $30

NUAA KNOWS HOW

YOUR HARM REDUCTION QUESTIONS ANSWERED BY NUAA PEERS

FROM JODIE WIPING THE FLOOR WITH IT

DEAR PEERS: In *User's News* you always say to swab, and I can see the sense of making surfaces clean. But when I was picking up fits at my local Needle and Syringe Program (NSP) recently, a worker said to me that swabbing with those little squares of alcohol we get given doesn't actually do anything but move the germs around. Is this true? Why use swabs? How do you get the best out of those "little squares"?

Dear Jodie,

There are cynics who think that because we inject a prohibited product, hence it is usually made under unhygienic conditions with suspect additives, any hygiene routines we put in place are just a drop in the ocean. Not true. Applying harm reduction means that any step we can take to make ourselves safer is always better than doing nothing.

But it can be true that bad application and technique can not only neutralise an expected effect, it can turn something useful into a negative. Think bleaching hair, cleaning mirrors and having sex. So knowing why, when and how to use swabbing to good effect is the key to the world of efficient swabbing.

Why should we use swabs?

Swabbing is part of our hygiene routine that helps reduce the chances of a blood borne virus (BBV) such as hep B, hep C and HIV, as well as decrease the likelihood of a "dirty hit", abscesses and other infections that can be fatal. Swabbing kills bacteria but it doesn't actually kill viruses in blood. It does help by cleaning away blood, which reduces the likelihood of BBV transmission by spreading your blood to other people and vice versa.

Taking a bit of extra care is easy when you can get as many swabs as you want from a Needle and Syringe Program (NSP) - ask for a box - and it can protect your health now and for the future.

When should you use swabs?

To reduce infection and make sure blood isn't spread around, you need to make sure your hands are clean before your hit and afterwards as well. The absolute best practice is to wash your hands with an anti-bacterial soap, the type that comes in a pump, paying special attention to the creases of your hands and your fingers, and under your fingernails. They say that if you sing a verse of "Happy Birthday" while you are rubbing your hands together, you will be washing for about the right amount of time. It's the friction created from rubbing that clears the germs so even if you don't have soap, try and get your hands busy under running water. Then rinse well with clean water and dry with paper towel. However, swabs make a good substitute when you are out and can't access water and soap. Use lots (and lots) of swabs to make sure you get the job done right.

Remember to clean the site of your injection before you inject, as well as your hands. It won't make it sterile, but it will clean away some of the dirt, sweat and fabric fibres that are always present on our skin and might otherwise get into our blood stream through the injecting process. You can also use swabs to clean the surface where you're preparing your shot to reduce the risk of infection if any product or equipment comes in contact with it.

You should also swab all the equipment like spoons and tourniquets that you get from NSPs but don't come in sterile packaging and have been handled by people. You don't know what the person in the NSP did with their hands just before they packed up the kit you got, so take extra care. You should also swab the needle of your fit if you accidentally drop it when it is uncapped or it touches something unhygienic during the mixing up process. As well, clean any equipment of yours that you use repeatedly, things like spoons and scissors or your own tourniquet. Get in the habit of cleaning them before and after use.

You can use a piece of (dried) swab as a filter if you are in a jam. Make sure you cut the swab with scissors not your teeth or fingers in order to keep it hygienic.

How should you use swabs?

Technique is everything! Here are a few tips for getting the best bang for your buck with swabs:

- Swab in one direction only. Going backwards and forwards just spreads the dirt and bacteria around.
- When swabbing your injection site, just wipe it once. This is enough to disinfect the area.
- Allow the swabbed area to dry before moving on to the next step of your injection - it only takes a few seconds. It is actually the drying process that kills bacteria. Blowing on equipment (e.g. your spoon) to speed up the drying process can add germs like staph into the mix which can cause endocarditis (an injection of the heart).
- If you are using a kitchen spoon, rinse it thoroughly with clear water before you swab if possible, to first get rid of any traces of detergent or dirt.
- Your mouth is full of germs. Opening a filter with your teeth will spread those germs onto your equipment, so it's best to keep your mouth away from your

equipment. (Back in the day, people used to think licking your needle was of benefit. Gross!)

- The alcohol in swabs prevents blood clotting. If you wipe your injection site after injecting, it will bleed more and for longer, and will heal slower - and that means track marks. Use a clean tissue or cotton wool instead. You can use the swab to wipe drying blood from around the area, just don't put the swab onto the puncture wound.
- Swabs are a single use item and shouldn't be reused. Dispose of them "thoughtfully" in a sharpsafe container or double-bagged for the bin.
- Watch the NUAA video on youtube about swabbing; it's two and a half minutes of useful stuff! https://www.youtube.com/watch?v=yDWVCA8xm8c

NUAA Peers xx

FROM HELEN, LESS FLIES WITH VINEGAR

DEAR PEERS: I come from up country and we use a lot of pills and fentanyl. We use vinegar to help them dissolve but it can burn. I just use it because that's what I was shown but is there something better we can use and what's the best way to use it?

Dear Helen,

Vinegar is what we call an acidifier, along with lemon juice, ascorbic acid and citric acid. Some drugs need to have an acid added to them to make them dissolve. Fentanyl is one drug that needs an acidifier to make it injectible. Adding an acidifier to fentanyl strips turns the active drug into fentanyl citrate, which is the injectible form. Acidifiers are also used to make brown heroin and crack cocaine injectible, and when making homebake. The purpose of acidifiers is to balance out the pH levels. With homebake this balances the highly alkaline AA which is an essential chemical for the process.

On the whole, pills do not need acidifiers. Pills are designed to be swallowed, and are actually more effective, stronger and last longer when taken by mouth, especially when put under the tongue or bunting them (putting them up your bum).

However if you are going to inject your pills, they don't need an acidifier - nor do they need heat. Heating pills is dangerous and unnecessary. Matter which is dissolved with heat will cool down and reappear in your veins as solid particles. If it does not mix cold, you pretty much don't want it in your veins. To make a cold mix, crush your pill finely and then just add the water a bit at a time for a smooth, lumpless mix. Keep adding til you have around 3ml for every pill. The longer you leave the mix to sit, the more potent it will be. We also recommend a wheel filter to further refine the mix before injecting.

For drugs that do need acidifiers, it's best to only use ascorbic acid or citric acid. For many reasons, vinegar and lemon juice should be avoided. They are very dangerous when injected. Kidney damage, vein irritation and damage; and blindness are possible outcomes. Lemon juice, especially, can have a fungus in it which when injected, can grow inside the small blood vessels of your eye and heart. Vinegar can be impure and can cause abscesses and collapsed veins especially if you miss the vein. If you must use vinegar, never use brown, only white.

Citric or ascorbic acid is not actually safe for injecting, however it is the better option when it comes to acidifiers, with ascorbic acid as the top pick. All acidifiers irritate your veins and can cause long term damage.

Ascorbic acid is vitamin C powder and you can buy 125 grams from a chemist for somewhere between $10 and $15. A chemist, not knowing what you want it for, may recommend a vitamin C powder which is flavoured or less than 100% ascorbic acid. Do not be sold this. You only want 100% ascorbic acid with no additive.

Citric acid is found in the bakery section of your supermarket for about $2.50 for 75 grams. It is commonly used for making jams, tenderising meat or brewing beer. It has a shelf life of about three years from the date of manufacture.

Most NSPs don't stock ascorbic or citric acid sachets but some do (We sometimes have it at the NUAA NSP). If you find sachets, at an NSP note that each is for single use only. The amount in the sachets is usually too much for one hit and left overs should be thrown out.

If you are going to use an acidifier, always use the smallest amount possible. The burning sensation comes from using too much. (This is experienced if overusing an acidifier when making homebake as well.) Experiment with using tiny amounts and add grain by grain of citric acid until you have just enough to break down your drugs. You will need less citric or ascorbic acid than you would vinegar or lemon juice. The ideal way to test if you have used the right amount is to use litmus paper and test it against the colour it should turn if you put it in your mix. You keep adding the acid until you get the right colour. Without this sort of aid, you will have to learn by experience. Use less rather than more. If it doesn't work, the active drug will still be available in the patch and you can simply try again.

One final word: when shooting fentanyl, pills, homebake or other opioids try and use the buddy system and have someone with you so you can look after each other. Overdose is all too common when it comes to injecting opioid pharmaceuticals. Be safe, not sorry.

NUAA Peers xx

NUTRITION & RECIPES

MAKING A DIFFERENCE STARTS WITH A HEALTHIER YOU

We all have the capacity to contribute to the world and become active on the issues that matter to us. While being human is complex, we can simplify our lives by looking after our health. Our health determines our energy levels, our mood, our brain power, our strength, and our protection from diseases. Being healthy makes life simpler – fewer doctors to see, fewer appointments to make. Who would have thought that eating well and living a healthy lifestyle could give us so much freedom!

HERE ARE SOME THINGS TO HELP US LIVE A HEALTHIER LIFE

FOOD

Eating a variety of food from the five food groups is the basic building block to a healthy life. Each food group provides us with essential vitamins and minerals needed for normal body function. Knowing how to choose a healthy meal is a valuable skill and is something that everyone can learn to do. We are surrounded by junk food everywhere we go and being able to find the right option can be a challenge. Below is a basic guide that can help you identify healthier choices when filling your plate at home or when you are on the go. Try to go for the healthier option as often as you can!

Use this table as a guide. The "Eat More!" section has all the good and nutritious food we need in our day. Have from this section as much as possible. The "Eat Less Often" section is foods that we try not to eat as often. The "Steer Clear" section is foods that we should try to limit as much as possible.

	Healthy Options	Eat less often	Steer Clear
Meats and Alternatives	Grilled or Roasted Lean Red Meat, skinless Chicken, Grilled or Baked Fish, Boiled or Poached Eggs, Tofu, Nuts and Seeds, Legumes/Beans	Ham, Lean Bacon, Fried egg, Roast Chicken/Duck with skin, Crumbed Schnitzel	Chicken wings, Deep-fried Meat, Battered Fish, Sausages, Fatty Bacon, Steak w/Fat, Pork Chop
Milk and Milk Products	Skim-milk, Low-Fat yogurt, Low-fat Cheese, Soy milk, Almond milk	Full Fat Yogurt, Milk and Cheese, Margarine, Fruit Yoghurt	Sweetened yoghurt, Milk Shakes, Iced-Coffee, Ice-Cream, Cream, Butter
Grains and Cereals	Wholegrain and Wholemeal (Brown) Bread and Pasta, Brown Rice, Oats, Weet-bix, Untoasted Muesli, Wraps, Pita Bread	Instant Noodles, Toasted Muesli, White Bread, Tortilla Bread, Fried Rice	Creamy Pasta, Sticky Fruit Bun, Muffin, Scroll, Croissant, Doughnuts, Danish, Cookies, Cakes
Fruit and Vegetables	2 Pieces of Fresh Fruit and 5 Serves of Cooked/Raw Salad Vegetables a Day	Canned fruit, Dried Fruit	Potato Chips and Crisps, Fries, Deep-fried Vegetables, Hash Brown, Caramelized Fruit
Beverages	Water Optional: add some mint and lemon slices to your water for a fresh taste	Fruit Smoothie, Tea, Coffee, Vegetable drinks, Alcohol (Limit to Less Than 2 a Day)	Soft Drinks, Cordial, Sports Drink, Vitamin Water, Energy Drinks, Drinks with Added Sugar
Takeaway	Rice Paper Rolls, Chicken Salad, Chicken Wrap, 6-inch Whole meal Turkey Sub, Sushi with Prawn/Egg/Veg/Tofu/ Avocado, Broth Based Soups, Salad sandwich on multigrain	Thin crust pizza, Chicken Fajita, Pita Pocket	Burgers, Fries, Foot-long Sub, Fried Chicken, Chicken Nuggets, Gravy and Mash, Pies, Pizza and Garlic Bread, Nachos, Sauces, Kebabs Wrap, Creamy Soups

HOW TO STAY HEALTHY WHILE SAVING THE WORLD

EXERCISE

Being and maintaining a healthy weight protects your body from disease and improves overall body function. Exercise and being physically active will achieve this and also make your body stronger to go further for longer.

- Adults should aim to do 30 minutes of exercise 5 times a week or 150 minutes of exercise every week
- This can include swimming, running, jogging, tennis, soccer, rugby, cycling, etc.
- Pretty much anything you do that will make you huff and puff is good exercise

MOTIVATION

It's not an easy task to make changes to your lifestyle but it can be rewarding. Many people are unsuccessful as fad diets can't be maintained. For long lasting change, change the way you think of a "diet". This is not a diet…..this is a new lifestyle, this is how I should be living from now on. Make goals that are achievable – substituting wholemeal bread for white bread, giving up soft-drink - work your way to those goals. Keep reflecting on how you are doing. Do not be discouraged if you "slip up," but gather yourself and continue on your new lifestyle because perseverance is essential if you want a healthier you.

Making goals is an excellent way to work towards a healthier you. Make them specific, measurable and achievable. Here are some examples:

- Switch from soft-drink to water
- Add a banana to breakfast and add an apple to lunch
- Choose lean meat instead of fatty meat
- Trim the fat off steak before cooking and remove the skin of roast chicken before serving
- Double your vegetable intake
- Switch takeaway fries for homemade oven-baked sweet potato fries
- Switch an energy drink for a coffee or tea
- Switch a burger for a 6-inch turkey sub
- Walk around the neighbourhood 3-5 times a week (walk your dog or borrow a friend's!)

Little changes that are sustained are significant and will make a difference to your health. Focus on the successes of your efforts and use that success to promote good and bring about change in the world. Brining about change starts with the individual, and every individual has a role to play in making a difference

RECIPES

Homemade Indonesian Mi-Goreng: Serves 2

- 2 Plain instant noodles
- 2 tsp oil e.g. canola
- 1 chicken breast fillet (250g)
- 1 tbsp sweet soy sauce or Kecap manis
- 2 tsp reduced-salt soy sauce
- 2 tsp sweet chilli sauce
- ½ bunch of choy sum/bok choy/broccoli washed and roughly chopped
- ½ carrot thinly sliced
- 1 egg lightly beaten
- 1 green shallot, thinly sliced

1. Cook noodles in boiling water for 2 minutes, then strain
2. Heat oil in a large frying pan over high heat. Add chicken and stir-fry until brown. Remove from pan and set aside
3. Add green vegetables, carrot and shallots. Cook and stir constantly for 3-5 minutes on medium heat
4. Add noodles, chicken, and chili sauce. Stir well to mix
5. Add the eggs. Stir constantly to scramble and mix through the noodles.
6. Serve hot

Middle Eastern Chicken Shawarma: Serves 2

- 250g Skinless Chicken Breast, sliced
- Mild chicken seasoning
- Olive/canola oil Spray
- 2 Pita pockets
- 1 cup Iceberg Lettuce, sliced
- 1 tomato thinly sliced
- 1/2 red onion thinly sliced
- 1/2 cup frozen corn kernels, slightly fried
- 4 tbsp of low-fat yoghurt
- 2 garlic clove crushed or finely diced

1. Season the chicken in a bowl and mix. Lightly spray pan with oil and cook the chicken thoroughly and place aside
2. Lightly fry the corn kernels to give them a crisp
3. In a small bowl mix the yogurt and garlic to make the garlic sauce
4. Open the pita pocket. Spread evenly the garlic sauce inside the pita, followed by the sliced vegetables and the corn kernels and finally top off with the cooked chicken

Note: You can add more vegetables or condiments if you please to add more variety

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	
Cooma	(02) 6455 3201
Dubbo	(02) 6885 8999
Goulburn S.East	(02) 4827 3913
Grafton	0417 062 265
Gosford Hospital	(02) 4320 2753
Hornsby Hospital	(02) 9477 9530
Ingleburn	(02) 8788 4200
Katoomba/Blue Mountains	(02) 4782 2133
Kempsey	(02) 6562 6022
Kings Cross (KRC)	(02) 9360 2766
Kings Cross (Clinic 180)	(02) 9357 1299
Lismore	(02) 6622 2222
Lismore – Shades	(02) 6620 2980
Liverpool	(02) 9616 4807
Manly	(02) 9977 2666
Merrylands	(02) 9682 9801
Moree	0427 851 011
Moruya	(02) 4474 1561
Mt Druitt	(02) 9881 1334
Murwillimbah/ Tweed Valley	(02) 6670 9400
Marrickville Harm Minimisation Program	(02) 9562 0434
Canterbury Harm Minimisation Program	(02) 9562 0434

NSP Location	Daytime N °
Narellan	(02) 4640 3500
Narooma	(02) 4476 2344
Newcastle/Hunter	(02) 4016 4519
New England North	(02) 6686 8977
Regional Area (referral se rvice)	0427 851 011
Nimbin	(02) 6689 1500
Nowra	(02) 4421 3111
Orange	(02) 6392 8600
Parramatta	(02) 9687 5326
Penrith/St Ma rys	(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.

WHO YA GONNA CALL

WANT PEER INFO?

CALL NUAA
ON 02 8354 7300
OR TOLL FREE 1800 644 413
WWW.NUAA.ORG.AU
WWW.USERSNEWS.COM.AU

CHECK OUT THE AIVL WEBSITE
WWW.AIVL.ORG.AU

WANT EQUIPMENT?

NSW HEALTH WEBSITE OF NSP OUTLETS, INCLUDES MACHINES
HTTP://WWW.HEALTH.NSW.GOV.AU/HEPATITIS/PAGES/NSP-OUTLETS.ASPX

AT AIVL'S ONLINE NSP DIRECTORY AND LEGAL GUIDE
WWW.AIVL.ORG.AU/NSP

FOR CHEMISTS GO TO
WWW.FINDAPHARMACY.COM.AU

CALL ADIS
ON 02 9361 8000
OR 1800 422 599

WANT SERVICES?

CALL ADIS
ON 02 9361 8000
OR 1800 422 599
WWW.YOURROOM.COM.AU

OPIATE TREATMENT LINE
1800 642 428

STIMULANT TREATMENT LINE
02 9361 8088 OR 1800 101 188

Coming to you wherever you are In the NSW prison system

JAILBREAK

A national weekly prisoner's radio program with stories, music, poetry, hep C support and connection to loved ones!

PRISON RADIO CARES

THE JAILBREAK MIX INCLUDES HARM REDUCTION TIPS AND INFO ABOUT HIV & VIRAL HEPATITIS SO YOU CAN KEEP YOUR FAMILY, YOUR MATES AND YOURSELF SAFE.

DID YOU KNOW...

In NSW jails the bleach is yellow and called Fincol. It's important to clean your injecting equipment before you use, every time you use. If you're not sure how to clean your fit in jail, check out the picture posters in your centre or the reception diary that shows you what to do or ask a nurse at the clinic — it's a confidential service. Remember to flush all the Fincol out of the fit using cold water, as hot water clots blood.

changing lives reducing crime

2ser 107.3

NSW GOVERNMENT Health

KOORI RADIO 93.7 FM

LISTEN IN

Sydney's 2SER 107.3
Tuesdays 6:30pm
Thursdays 5:00am

Sydney's Koori Radio 93.7 FM KROO
Mondays & Sundays 10:00pm

Sydney's Skid Row 88.9 FM
Thursdays 2:00 pm

Melbourne's 3CR 885 AM
Tuesdays 9:30 am

Broken Hills 2Dry FM
Mondays 8:00 pm

Canberra's 2XX 98.3 FM
Tuesdays 10:30 am

Corrective Services NSW
In Cell DVD Channel

HOW YOU CAN GET INVOLVED

HELP TO MAKE JAILBREAK SHOWS BY SHARING YOUR IDEAS, GETTING INTO PRODUCTION, LENDING YOUR VOICE AND TELLING US WHAT IS IMPORTANT TO YOU!

TALK TO US

Write to Jailbreak at **Radio 2SER PO Box 123 Broadway 2007**

If you're on the outside and connected to the net, email **jailbreak@2ser.com**

Check out Jailbreak on Facebook **facebook.com/jailbreak.radio**

Jailbreak forms the Jailbreak Health Project based at Sydney's Community Restorative Centre (NSW) and is funded by NSW Health to target risks and harm associated with blood born viruses and sexually transmissible infections in prison. The program is broadcast through the Community Radio Network (CRN).

WE RELY ON A STRONG AND ACTIVE MEMBERSHIP.

IF YOU WANT TO JOIN NUAA, CALL US TO FIND OUT HOW. IT'S FREE & CONFIDENTIAL!

The New South Wales Users & AIDS Association (NUAA) is an independent, user-driven, community-based organisation.

NUAA aims to promote the development of legislation and policies to improve drug users' social and economic well-being.

NUAA AIMS TO ADVANCE THE HEALTH, RIGHTS AND DIGNITY OF PEOPLE WHO USE DRUGS ILLICITLY.

CALL US!

PH: 02 8354 7300

NSP-02 8354 7343

1800 644 413
NSW toll free

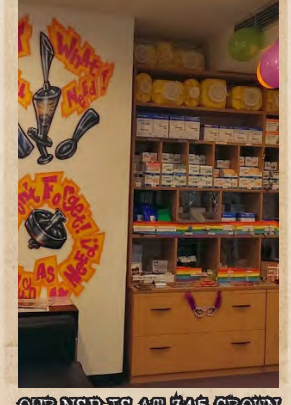
OUTREACH:
SOUTH WESTERN SYDNEY
0487 387 442

great projects, great staff

NUAA aims to improve the quality and standards of services available to drug users.

PO BOX 350
STRAWBERRY HILLS
NSW 2012

SEND US A STORY, YOUR OPINION OR A QUESTION FOR USER'S NEWS...



OUR NSP IS AT 345 CROWN ST SURRY HILLS

NUAA aims to provide information, education, and support for people who use drugs.

We receive funding from NSW Ministry of Health

NUAA
NSW USERS AND AIDS ASSOCIATION

www.nuaa.org.au

Visit our web site for great info, vids, news, events, etc.

Email us at nuaa@nuaa.org.au

NUAA KNOWS HOW

WOULD YOU LIKE TO RECEIVE USER'S NEWS? Call us to register as a reader, organisation or distributor. Get the latest issues posted to you. NUAA members get four editions a year. Or log onto the UN website WWW.USERSNEWS.COM.AU and enjoy UN all year round, download BACK ISSUES & ARTICLES.