

Dove's Story

Loving and Losing Ronnie

Last year, my boyfriend of nearly a decade passed from a heroin overdose.

Ronnie had been using heroin for well over 20 years and knew all about how to prevent a fatal overdose. He was so sure it would never happen to him, but it did.

I thought that Ron's experiences with overdose would have made him over careful. He dropped when using on his own in a pub toilet when he was younger, and swore he would never again use without someone knowing what he was doing and where he was.

He had dropped at a dealer's not too long ago and been brought back with naloxone. He knew the devastating grief and guilt of having a lover and friend die from an overdose in bed beside him, as he slept. His girlfriend had come home after having a termination, they had a shot, and the drugs in her body from the procedure pushed her over her limits. That death haunted him every day.

That was when Ron learned that overdose was not always the drama of dropping at the time of injection, that people often die "in their sleep" – and it was how he passed. I had drunk a lot that night and woke to find Ronnie dead. Gone. Despite all his knowledge, all his experience. Such talent. Such a beautiful soul. Such a waste. I lost my lover and best friend.

I am of course grateful for the years we

spent together. My first memories of Ronnie were of him strumming his guitar and singing his beautiful heart out. We were introduced by mutual friends and developed a friendship that grew into romance. Our first night of seduction was spent watching the Coen brothers' movie 'O Brother Where Art Thou?' with Lindt dark chocolate, a quality Australian sparkling wine and ripe strawberries. It was a wonderful, magical experience and we never looked back.

At that time, he spent his days busking on ferries – the Manly ferry was a favourite with his best friend Ben. Ben slept on Ronnie's lounge room floor and they spent many nights drinking and listening to music.

Sadly, Ben has passed too. There is more than one way for people who use drugs to die. It's a risky business. In Ben's case, he was a big drinker on top of having hep C. Ron used to joke: "You can only have one glass of wine a day", prompting Ben to go out and buy the biggest glass he could – I think it held about a litre. It was only a couple of years after I first met Ron that Ben passed from multiple organ failure – a domino effect starting from his liver.

The truth is, I don't know anyone who hasn't lost someone close from the harms associated with drugs and alcohol.

I have lost friends as well. I just never ex-



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pected to lose a partner. That’s the trouble, we never think it will happen to us.

His mother blames me completely for his death. Despite nearly 10 years together, I was completely excluded from funeral arrangements and the comfort of grieving with others who loved him. Even though Ronnie had been using for many years before we met, the family blames me as much as if I had put a gun to his head. The idea that I would ever do anything to harm Ronnie is ridiculous, but of course I blame myself too. It’s true I didn’t put the needle in his arm, but I felt like

I wasn’t watching out for him either. I was drinking too much. I was too drunk that night.

I go through what I could have done differently so that I might have woken up that night in time to help Ronnie. I feel like I can never be happy again. Knowing that most people feel guilt around the deaths of those closest to them doesn’t help one little bit. I was there. I could have saved him had I realised. I just trusted that his knowledge and experience would keep him safe. We had naloxone in the house, but I didn’t even realise he was overdosing.

The message? Never think you or your partner or friends are too old or too knowledgeable to overdose. We should all play by the same safe rules, no matter how experienced we are. It can always happen to you. It can always happen to someone you love.

Be careful.

Watch out for each other.

Next verse, same as the first (as Ron would say): **BE CAREFUL. WATCH OUT FOR EACH OTHER.**

I love you, Ronnie.

Rest in peace

The image shows a section of an ancient Egyptian stone relief. At the top, two female figures are seated side-by-side, facing forward. They are wearing long, pleated dresses and have their hair styled in traditional Egyptian fashion. The figure on the left has her right hand raised towards her face, while the figure on the right has her hands resting on her lap. Below the figures is a horizontal register containing several hieroglyphic symbols, including a lotus flower, a seated figure, and a bird. At the bottom of the relief, there are two lines of hieroglyphs. The word "GRIEVING" is superimposed in large, white, bold, sans-serif capital letters across the middle of the image, partially overlapping the figures and the hieroglyphs.

GRIEVING



GRIEF AND DRUG USE

People who use drugs, particularly people who use opioids, sometimes experience a great deal of trauma and loss. This trauma and loss is often not taken seriously. We often lack the support we need because the loved ones we lose are criminalised and “brought it on themselves”.

The lack of support can be compounded by our own feelings of guilt and blame. We often believe we could have done more to prevent the death: “If only I had been home, if only I had answered the phone, if only I had kept an eye on them, or done that naloxone course...”

We blame ourselves and often family blame partners and friends who use for the death. Long-term partners have found themselves denied access to the support and comfort that in-laws would usually provide. Instead, they can be made to feel responsible for the death and estranged family members have used the partner’s drug use to take control of the funeral arrangements, despite being less close to the person who has died.

The trauma that psychologists tell us we may experience after an unexpected death of a loved one can also be made worse by giving evidence to the police or coroner. Death of a young person or parent can affect us most deeply.

Grief is normal and there are many ways people grieve, but it can sometimes become out of whack and we can feel we lose ourselves in mourning. Sometimes we try to cope by using more, drinking more or both – even if we have been abstinent or under control before the death.

GRIEF AND MISUNDERSTANDING

As drug users, with other agencies in our lives, we sometimes find ourselves in conflict with family when our partner dies, a situation that can be harder when there are cultural differences.

Melinda told User's News of her experience when her partner died:

In my husband's culture and religion, it is right to have an open casket. But the FACS worker told me it was inappropriate for our children to see that. I was given this choice: close the coffin or don't have the children at their father's funeral. I had to respect his parents, so the children didn't get to say good-bye to their father. The FACS worker had already told me I should be glad he was dead, as he was out of my life and I was likely to get the kids restored now. To them he was a drug dealer and yes, we had a complicated relationship. But he was my husband and the father of my children. I was in mourning. It was completely inappropriate.

Instead of being offered support or counselling or help supporting her children, Melinda's choices were disrespected and her trauma was dismissed.

Studies show that women are more likely to experience depression and anxiety with complicated and prolonged grief. Women often invest heavily in their relationships as traditional care-givers. For women who use, stigma and discrimination play into the "you and me against the world" closeness that many of us experience with our partners. People who use drugs can experience extreme highs and lows that create strong bonds when we face them together. It all makes losing a partner particularly painful.

The impacts of grief and loss can be compounded in the Aboriginal community where half of Aboriginal men and over a third of Aboriginal women die before they reach the age of 45. It is essential that Aboriginal people be able to attend Sorry Business (culturally specific mourning), however they are often restricted by jail time, having to report and the requirements of Centrelink.

These difficulties can lead to depression, anxiety and difficulty with the experience of mourning. Billy said:

If you don't get to say good-bye, you feel depressed, especially if it is close family. You can even feel suicidal because you want to be with them and if you can't get to the funeral you want to be with them in death. If you don't get to a funeral you are stuck in that moment, you can't move forward with your own life.

IT'S NOT JUST ABOUT YOU

If you feel that the family is trying to cut you out of the mourning process, try to remember that everyone is doing the best they can at the time. They may be caught in shock and denial, or in their own pain and guilt which they are trying to pass onto someone else. They may be striking out in response to their own feelings of anger and powerlessness.

For Aboriginal people, balancing the need to attend the funeral against the wishes of the family can be tough. Joe advised:

If the family are blaming you or thought you didn't treat the person well, they may not want you at the funeral. The trick is to not put yourself on show. Don't go alone, go with other relatives or friends and be very respectful and quiet – maybe sit at the back. It's not about you, it's about paying your respects.

TAKE CARE OF YOURSELF

Grief can be hard on your health and everyone grieves in different ways. Keep your normal routine up if you can – it can be very grounding to keep up your usual patterns. Try to eat healthily. If you are having trouble sleeping, try increasing your exercise so you are physically tired at the end of the day. Or you could try some basic meditation like counting your breath or tightening and releasing your muscles.

Notice if the way you are using or drinking changes. You may have given yourself permission to behave differently to compensate and help cope with the grief, but decide what the limits are and when you need to pull back again. Know your limits and when you are safe, and be ready to take steps to change things if you are going too far.

MOURN YOUR OWN WAY

It can really help to mourn in your own special way, especially if you have been locked out of the funeral and family rituals.

Plan your own memorial service with friends or make up your own special tribute. Recently at NUAA, we had a memorial event and everyone who came took home a plant as a remembrance of those we were mourning. Mourning rituals can help people to mentally process the death and their loss.

NUAA also participates in Overdose Remembrance Day (21 July) and Overdose Day (31 August) to acknowledge the loved ones we have lost to the war on drugs. We hold a gathering or event that includes wearing a silver ribbon (upside-down) and rituals like writing names and messages on hearts or stones and displaying them. We include practical things like naloxone training and passing out drug testing kits. Our last Overdose Day we included videos of people talking about their personal experiences of overdose.

Here are some other ideas:

- Hold a gathering and remember your loved one by playing their favourite music or watching their favourite movie.
- Post their favourite songs on Facebook – one a day for a month
- Hold a memorial Facebook event – invite friends to each add a post. They could link to a favourite song, movie, book, cartoon or conspiracy theory. They could post a photo or story or poem. Make it as open or closed as you want.
- Print post cards to pass around. If they were creative, use one of their artworks or poems or a photo of them. You can print their name, birth and death dates and a message on the back. You can get 50 for about \$15.
- Wear their favourite colour for a month.
- Display all the presents they ever gave you in your lounge and invite people over for a “viewing”.
- Get a memorial tattoo.
- If there are children involved, think of some age-appropriate tributes you can do with them, like dancing to a selection of Mum’s favourite songs, making a booklet with Dad’s best “Dad jokes”, sewing a cushion cover out of Mum or Dad’s favourite t-shirt/s for kids to sleep with or making a necklace out of some left-behind earrings to wear.
- Props to the Mum who got her son’s friends to cover his shroud with painted hand prints and graffiti his car and coffin for the funeral – a wonderful way to celebrate a life and help everyone find peace.

GIVE YOURSELF TIME

Try not to make any major changes right away, even around getting rid of their possessions.

Let yourself grieve, don't expect you will be fixed up quickly. You will never "get over" the loss, but you can learn to live with it. The timeline of intense grief can be very individual.

You can try to avoid feeling grief by using, rearranging the furniture or going to Timbuktu. But there will be times that you just have to sit with the pain. You won't be able to do anything to change it, you will just have to feel it. It is ok to be sad, lonely, angry and depressed, just remember it will lessen eventually.

EMBRACE LIFE

Your friend, partner or family member may be gone, but you are still here. You have lost someone close to you, but it is important to be with other loved ones in your life and show them you appreciate them.

Look after yourself. Do some things you enjoy, even if you don't really feel like doing them. Have a bubble bath. Get a massage. Move your body. Treat yourself to a little gift, even if it's spending \$5 at the op shop. Some people find it helpful to imagine that this is like a gift from the loved one who died. Go out with friends. Learn something new. Take an emotional risk. Make a friend. Make space for hope.

Liza's Story

Wandering Woman's Web

Night time and the LSD effects were intensifying.

Cold and suddenly starving, I decided to make the mysterious journey back to my tent to sort the base urges. In an instantaneous and asinine move, I headed off alone to a destination I wasn't even sure existed.

I wandered from the dancefloor, past the food stalls and beyond the portaloos, feeling the glow of the party's heartbeat fade into the distance behind me. Ahead of me, absolute darkness and endless possibilities.

In classic night #3 style, I found myself asking the inevitable "Where the fuck's my tent?" My brain was blasting a dozen frequencies at once. I contended determinedly with rocks, sudden drops and guy ropes until I stopped abruptly before a beautiful sight. There on the ground, smiling serenely with all the colours of the rainbow, lay a huge luminescent spiral that somebody had meticulously crafted out of end-to-end glowsticks. I was mesmerised.

I felt him before I saw him. A sickening shudder came over me as I felt the slinky and shadowy creature emerge from the nothingness. His eyes were hidden behind sunglasses and his pale, lanky body appeared alarmingly alien-like.

His voice was breathy...deep...demonic. "Do you like it?"

I froze, a thousand fragments of panic

whirled through my senses. I had to get the fuck out of there. But where to? Where am I?

He moved in closer.

"You made this?" I asked, hesitantly.

"Yeah" he replied. "Let me show you something else."

He slinked in closer, almost touching me. Alarm bells were crashing off the walls and convulsing on the floor.

"No thanks" I replied, trying to appear calm. "I've gotta go".

I managed a tentative step before he had me by the arm. "You don't wanna stay?" he offered, words sounding metallic.

Freeze cranked effortlessly to flight, I snatched my arm back and got the hell out of there.

To my relief he didn't follow, but in the distance behind me, with the final efforts of a dying battery I heard him say, "We have something special, you and I". Gross.

The adrenaline had sobered me up pretty instantly, giving me all the acuity that I needed to find my campsite. I got in my tent, relieved as hell and triumphantly zipped myself in.

What finally felt safe soon shifted back to fear: "What if he followed me? What if he's waiting outside the tent? What if he tries to get in?"

I snapped myself out of it with forced-fem-

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inist defiance. “No,” I said, straightening my spine. “I’m not going to let him make me feel scared.” But the acid had me reeling again with complexity and paranoia, and I couldn’t pretend to feel safe for long.

I comforted myself with some warm layers and, feeling a scintilla of safety in my favourite hoodie, decided to get some food in to me. Boiled egg, bad choice. After an immeasurable moment I clawed my way out of the yolky depths of morality and thought it best to abolish the food idea. Now to get back to the festival.

Arming myself with the cliché hippy mantra “Trust the universe”, I got myself out of that tent and aimed hard and fast for the open arms of the dancefloor.

Charging ahead, no planned path to speak of, I found myself back at the spot where I had encountered the creep. Shit.

To my astonishment, the glowing, spiral woman-catching web had disappeared. I hoped like hell that this was a sign of defeat and this creep had not triumphed in trapping any unsuspecting bush faeries.

For me, this was a reminder that just because it’s a doof and the ‘love and universal oneness’ vibe is peaking, doesn’t mean that everybody has pure intentions. There are still opportunistic dickheads out there.

Next time I will definitely be taking a friend



Kylie's Story

We Need To Change People's Perspectives

It was autumn 20 years ago. I remember there was a fog around and the night was cold. I was alone.

I had a shot at around 10pm in one of those visitor information centres in the NSW country town I lived in. I remember mixing up the shot. My next memory was waking up in hospital next morning.

I had been found unconscious by the staff who operated the visitor centre when they opened for the day. They called the ambos who gave me Narcan (naloxone) and rushed me to hospital.

I was lucky to survive.

However, that overdose was to affect the rest of my life. I had fallen unconscious with my legs in an awkward position, cutting off the circulation. As a result, I completely lost my mobility. I really think things would have been much different if I hadn't gone into

hospital as an overdose. And I have to wonder what else contributed to the poor service I received. Being Aboriginal? Being a woman?

I do know I suffered a lot of stigma and discrimination as "just another junkie." I remember the pain team standing around my hospital bed and talking about me as though I wasn't in the room. Like I was a number, not a person. As though I didn't have feelings.

I was told by medical staff that I needed to have my leg amputated, but once they started the surgery they found they could save it. Still, I spent several weeks in hospital, first in ICU and later in the Renal ward.

It is all down to my Mum that things went as well as they did. She really worked with the health professionals, pushing for me to get better care. Every day I thank her for going in to bat for me, not just once but several times.

As far as my friends went, stigma and

“FOR 20 YEARS MY LIFE HAS REVOLVED AROUND THAT OVERDOSE”



discrimination meant that I sadly lost contact with many of them. Overdose isn't common among my friends. In fact, it's almost a taboo subject. And because I overdosed "badly", I lost contact with many of my friends who thought I had gone one step too far.

For 20 years, my life has revolved around that overdose. It has been exhausting. All that time I had at least three specialist appointments a week, trying to get some movement in my legs. I've just had a hip replacement. It looks it's like the solution I have been hoping for.

As hard as it has been, my overdose was cathartic. It definitely made me the resilient person I am today. I am more able to deal with life's ups and downs because my "the night I nearly died" moment gives me a strong belief in myself and my abilities.

The experience I have had with the health system has been awful. It has made me passionate about wanting to change the way health professionals view people who use drugs. It seems ridiculous to have to say that we deserve the same health care as everyone else, yet my experience has been that medical staff really don't believe we do. I want to get the stigma in the health system dealt with.

My experience has led to me change things in my life I wasn't happy with. I decided I would help other people who used drugs, particularly around stigma and discrimination.

I have completed tertiary qualifications so I can work in the drug and alcohol sector and with survivors of domestic violence. I use my story in my work.

I've made a new life for myself, and I know that I'm making a difference.



Nerida's Story

Owning It: When His Way Is The Wrong Way

My ex-boyfriend Dale introduced me to opiates. Along with using heroin, he doctor-shopped, first getting oxycontin, and then when the formula changed, getting MS Contin. Dale was a long-time user, and I saw him as someone who knew everything and generously imparted his knowledge to me, his girlfriend and follower.

When we were first together, I never doubted a word he said. I didn't feel that I had any right to. After all, I was relatively new to injecting, and completely new to pills, whereas he was a veteran. What's more, Dale had the power in our relationship in many ways. He got the pills, he knew everyone, he went to the NSPs, he held onto the drugs, he even injected me.

I felt that however he did things must be the right way – and if I doubted it, I wasn't in a position to be vocal. It seems like a lot of women find themselves in this powerless position – in the shadows and at the mercy of their partners.

Dale mixed up pills with hot water, heating the water with a lighter until everything was dissolved, and used cotton or cigarette filters to filter. With the MS Contin, I felt more nervous about doing it this way – the mix was thick, gunky and cloudy, and even though I knew nothing of harm reduction at the time, I still worried about putting it into my

veins. Further on in our relationship, I started seeking out my own information from NSPs, the internet and User's News. I read that you shouldn't use hot water to mix up pills, and you should use a wheel filter to get out the gunk. Before reading that, I didn't even know wheel filters existed. On the internet, I found information about the different filters and how effective they are, and I learned of the risks I'd been taking.

Contrary to what he told me, cold water doesn't waste or weaken the shot. In fact, hot water can be dangerous because it creates a false reality. You think the gunk has dissolved but in fact it all goes into your body to lodge in your veins and organs.

I eventually asked Dale what he thought about using cold water, but he was adamant that it would be a waste. Even when I presented him with all the evidence, he wouldn't allow me to do it because I'd be wasting "his" pills. I continued doing things his way.

Our relationship came to an end for many reasons shortly after this – although the control issue certainly contributed. Looking back, I feel like I should not have trusted him blindly, and I should have changed my habits after learning of the proper way to do things, even if I could not get him to change his. I spent my money on drugs for both of us just as often as he spent his money or got pills.

I HAVE COME TO BELIEVE THAT I HAVE THE RIGHT AND RESPONSIBILITY TO KEEP MYSELF SAFE AND HEALTHY

More importantly, I have come to believe that I have the right and responsibility to keep myself safe and healthy, and make my own decisions. I am owning my own body and veins.

For the most part I stopped injecting pills after we broke up, but the handful of times that I did, I used cold water and a wheel filter. From what I can tell, there is no difference in potency. The only difference for me is that I personally enjoy a shot more if I know that I'm not putting binders and other gunk into my veins.

Learning to use a wheel filter was not the trauma I thought it would be. It just isn't that difficult. The trick is to put a few drops of water on the filter first to prime it. That helps you not lose any bang from your shot. Another tip is to go slowly and gently so the membrane won't tear and all the crap can be captured. It's an amazing tool and doesn't take a special skill to learn. Once you have done it a couple of times, you won't ever forget how. It's worth taking a little bit of time to learn how to say goodbye to dirty hits and keep your veins glassy smooth! I've learned and practiced many harm reduction measures since then.

I'm very proud that I can make my own decisions and put my health first.



Bree's Story

Finding ME

My journey has been a long and hard one, interrupted by terms of imprisonment and unemployment. I have felt desperation, frustration and overwhelming helplessness about breaking what seemed like a never-ending cycle of drug dependency, crime, court, programs, probation, parole, rehabs, detoxes and incarceration ... all while trying to be the single mother of two beautiful children.

However, all of that seemingly came to an end when my past finally caught up to me. I had spent months on the run, wondering when they would catch up with me. I knew it was just a matter of time.

It was a desperate existence. I wanted to obliterate the regret, pain and remorse I felt at the fact I had got myself into this pathetic position at 42, an age most "normal" people were ... "being normal!" Instead I was living earn-to-earn, shot-to-shot, all while constantly looking over my shoulder and trying to stay one step ahead of the law.

On 20 January 2013, the inevitable day finally arrived. The police boxed my car in and for the first time in my life I didn't have the inclination to run. By the time they cuffed me, in front of my son, I was completely and utterly broken on every single level – physically, emotionally, psychologically and spiritually.

As I was led into the cells, I knew without a shadow of a doubt that I would be refused bail . Forfeiting my appearance in court, I just asked the officers to get the prison truck here as soon as possible so I could get to Mulawa and get the long reception process started.

Totally, utterly and completely broken, I had hit what I thought was my rock bottom. Little did I know, rock bottom had a basement.

I was placed in the hospital wing where for three weeks, I painfully withdrew off heroin. Worse still, I was coming off Xanax. I fitted and went without

sleep for pretty much the whole three weeks.

As my mind became clearer, I started on a month-long ride on an emotional roller-coaster. I was wracked with guilt at the position I had got myself into yet again. The deep remorse I felt for what I had done to my children nearly took me to the brink of suicide again. I swapped pinches of tobacco for psych medication in an effort to ease the pain, but nothing worked. Reality hit me like it had never hit me before.

For the first time in my "jail career", I made a conscious decision to do my time differently. After a classification to a minimum/medium facility, I stopped trying to wipe out the pain and filled my days with work and programs. I ended up with a

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job in the dairy, which kept my days full. On my off days, I enrolled in every course possible, finally leaving jail with 14 certificates.

In the last 9 months of my sentence, I was selected to be the Koori delegate in the jail as well as the inmate delegate for the whole jail. This meant regularly meeting with the big wigs in Corrective Services to voice the concerns of the women in the jail. I distinctly remember after one meeting, the head of security followed me outside and told me she had never heard anybody speak so passionately and articulately. She was impressed that I treated the women's grievances and concerns with the credibility they deserved.

It was a lightbulb moment for me, even though I didn't know it at the time. It was the first time in years I could remember feeling a sense of self-worth.

During my incarceration, I became a grandmother and, combined with the new feeling of worthiness, I was released for the first time without the intention of spending my release cheque on pills and heroin.

It's been nearly 3 years since my release. It hasn't all been easy; it has been a journey of several lapses. However, it has been a wonderful journey of self-discovery. I have managed to sustain a period of abstinence and that has led me to the place I am today. I am employed, in a great relationship, in a stable home and I am now returning to study. The most important thing is that I have made a very final break in that endless cycle of grief, loss, regret and remorse. For the first time in longer than I can remember, I am ME and most nights I lay my head on the pillow with a feeling of accomplishment. For the most part, I am happy to be where I am in my life –right here and right now.



The Two of Us Mother and Daughter

Fiona has lived experience as a sex worker, a person who uses drugs and a loving mother to five girls. Her now adult daughter Victoria has grown up knowing what her mother does. In this version of “The Two of Us”, they talk about what makes their relationship special.

Victoria, Age 27

My mum had me when she was 18. You don't realise these things until you can put them together when you're a bit older, but I liked that my mother was always the youngest of my friends' mums.

My earliest memories of mum are thinking that she was literally the coolest person in the world. I was living with my Nan and Grandad, and she used to come home to visit me and bring me clothes and presents. I moved up to Sydney to live with her and her partner when I was six. I remember that clearly, because it was just the hugest thing, to move from this quiet little town in Tasmania to Alexandria, in the middle of Sydney. On my first night there I was so stressed, I vomited up all the spaghetti I had eaten for dinner.

I remember my childhood years as being difficult. The first time my mum got pregnant, I cried. I think I wanted to have her to myself for a bit longer. I have four sisters now, and I always felt like I was separate from the rest of the family. And school was just shit. I actually hate trying to remember it. None of us knew it at the time, but I had a chronic illness and I was always in quite a lot of pain.

Mum and I started going out together when I was 17. She had just gotten a divorce and her life was changing a lot. I guess it was just a natural progression that we started to take drugs together a few years later. Honestly, I will say the first time we did was, hands down, one of the greatest nights of my life. The photos of that night are my favourite of us together.

I know my mum used to be worried about things like setting an example, and what people thought of her as a parent, but I find a lot of people think it's really interesting, and aren't as negative as you might think. And anyway, it's so easy to judge from the outside when you don't know someone, isn't it? Their "how weird is that?" is my version of "look how great this is!"

I think parents overestimate how much their children remember. I mean, you remember a few major things that happen, but not that much else. And your life is the only life you know, so it is what it is. You never think your life is strange, because it's your life.

I know now that the main part of my childhood was spent with a mother who was trying to be someone else, and I actually think that was much worse than when she started telling me about herself. I have loved learning that my mum is a person too. It's hard to get out of the habit of thinking she is just a mum.

I'm proud of my mum for managing to run her family when I know how difficult it would have been. Our relationship is better for the things we have shared together...no question. And it will only get better. I wouldn't take anything back, even if I had the chance to do it all again.



Fiona, Age 45

I was 18 years old, and had already been a heavy drug user and sex worker for a couple of years, when I gave birth to Victoria. At that time, I'm pretty sure I genuinely believed that motherhood would somehow turn me into the person I was supposed to be. I can still remember the moment when I realised that it hadn't, and that I was going to have to do it as me, someone completely ill-equipped for the task.

Victoria's early years were chaotic. I shuffled her around from state to state, and into more than a few less-than-ideal situations. My parents flew us home from a women's shelter in Adelaide, before the decision was made that she would live with them until I was "better". It's hard to describe the combination of relief and guilt that comes from knowing that your daughter is being cared for, but not by you.

Victoria moved to Sydney to live with me and my future husband when she was 6. She struggled during her school years, despite being a high achiever; junior school captain, the lead in the musical, a finalist in all her sporting events. One of her teachers once told me that she reminded him of a swan, calm and serene on the surface, but with her legs peddling madly beneath, trying to keep up. I think we both have well-honed skills in hiding our turmoil from the world.

After my divorce, I went back to sex work and my drug consumption stepped up in a big way. It had never really been absent...it had just taken more acceptable forms. They are both tough things

to explain to children. One of my daughters, at 13, asked how many men I had slept with. "Over 10?" "Yes." "Over 20?" "Yes." "Over 30?" ...at which point her stunned face told me I had given her enough to think about!

The world teaches your children about the things you leave out. It had taught my daughter that more than 20 sexual partners is pretty shocking, and it was no doubt well on its way to teaching them something along the lines of "drugs = failure". In truth, I think guilt and shame and lies have at least as much potential to damage a relationship as the things that cause them. I know for a fact that my relationship with Victoria has improved in direct proportion to how much I have allowed her to see me for who I am.

One of my greatest joys has been watching Victoria grow into a remarkable woman. Her creativity knows no bounds, and she manages her life with humour and grace, in the face of a medical condition that compromises her sense of wellbeing on a daily basis.

Victoria is 27. We message each other several times a day, usually to share something we find uniquely hilarious, and we have lunch and dinner several times a week. She colours my hair, and drags me to laser ("it will change your life!"), and I help her move house and look after her cat. We like each other's company. We have each other's backs. And I think we both agree that's way better than "better".

Chantell's Story

Old School, New School, It's Still Sisterhood To Me

I was a sex worker in Darlinghurst for many years, first on William St, then Premier Lane (nicknamed "Tranny Lane") and later on working back on William St off Forbes St. The police, treating us all as criminals, pushed us further and further away from the new posh residential developments, but no matter where we worked we kept our identity as a community, supporting each other.

We really had each other's backs then. There were no camera phones or internet, but if a sister said "I'm just off on a job", I knew to memorise the car make, colour and number plate. We sometimes had boyfriends come down to watch over us, but that was mostly discouraged as it drove customers away. Instead, we learned to look after each other.

If a girl was being harassed or hurt – by boyfriend, client or standover – we would take him on. It didn't matter if she was cis- or transgendered, we looked after the girls working the general neighbourhood. And every now and then there would be a situation affecting all of us, like a group of men trying to impose a pimping situation. Imagine a dozen 6-foot trans-women, speeding off our faces and looking glamorous, 6-inch stilettos in hand, coming at you. We would beat the shit out of them, rip the car doors off and otherwise let our displeasure be known.

One particular girlfriend and I regularly worked together. Whoever got a job first would share the first drugs of the day with the other. We were into stimulants then. We worked out of a safe house on William St, where there were 5 working rooms.

You couldn't inject in the rooms – too many needle stick accidents – but there was a room where you could do your makeup and freshen up and we injected in there. It was one of Sydney's early underground injecting centres. There was an antique bureau for our supplies; all the equipment was organised by drawer – needles, spoons, cotton, waters and so on. We also had a

needle disposal bin that was so enormous I could imagine one of us jumping out of it - à la girl-in-a-cake!

I remember a day we both got a client around the same time. I finished first, so I went and got the drugs – a double amount so we could each have a decent shot to start the day instead of the usual half share. My friend was doing an extended job. I had been out and was back, mixing up on the bureau, when she came racing in, yelling for me to come quickly, the guy had overdosed!

I finished the mix quickly, swept everything into my handbag and ran to the room. When I got there, the guy still had a fit in his arm, he was blue, and another worker was simultaneously slapping his face and rolling him. "Couldn't you at least have got the fit out?" I asked. My friend had disappeared - so scared she'd get into trouble, the other worker took off and I was left holding the baby. I yelled at him to "WAKE UP OR DIE!!!", got him to his feet and started walking him about. More shouting as I asked the guy on the desk if the ambo had been called and was astounded to get a "no". "THEN DO IT!!!" I screamed.

It was pure luck that the guy woke up as I walked (dragged) him up and down the room. As peers, we had no access to the overdose reversal drug naloxone in those days and no education around overdose except what passed for street "wisdom" that advised us to yell at them, smack them, walk them and shove them in the shower. We know how flawed that advice is now, but it was all we knew to do.

We were reluctant to ring the ambulance, partly because the police sometimes came as well, but also because they administered naloxone with prejudice rather than kindness. On this occasion, the ambos gave the guy a dose of Narcan that would wake an elephant. He came to, swinging punches. I calmed him down – he got it instantly that I was a peer and there to support him not



punish him, as the ambos seemed to be doing. In fact, he was so grateful for everything that he turned up later in the day with a shot for me to say thank you.

Today I am thankful that we peers can support each other by being properly trained in overdose prevention and treatment. That “injecting room” would have a drawer for naloxone these days. For sure there would be no panicking, face slapping or forced walking. Peer support has come a long way, baby!

Of course, the thing that has stayed solid and will always remain the same is the support that we sisters give each other – in good times and bad. We can still rely on each other to come through in an emergency and to have each other’s back. It makes me proud.

Want to learn how to lessen the panic and fear around overdose?

Learn to identify overdose and how to use naloxone!

- Talk to your local Alcohol and Drug service or needle exchange about naloxone training
- Ask your doctor to write you a prescription and get it filled at a chemist (on the PBS)
- Buy it over the counter at a chemist without a script. Not all chemists stock it, but many will get it in if you ask for it.
- Call NUAA on (02) 8354 7300 (or 1800 644 413 toll-free from country areas) we have a list of chemists that stock naloxone!

WHEN SEX WORK AND DRUGS OVERLAP

FROM A LEGAL POINT OF VIEW...

IT IS ILLEGAL TO...

- *Use with a client*
- *Score for a client*
- *Help them take an illegal drug (e.g. Prepare drugs or inject them)*
- *Allow them to help you take an illegal drug*

IF A CLIENT OVERDOSES AND DIES IN YOUR PRESENCE...

- *You could be facing a murder or manslaughter charge*
- *You only have to give police your name, address and proof of identity*
- *You need to get legal representation immediately and not answer any other questions until your lawyer is with you*
- *It will help your case if you didn't score for the client / you didn't inject them **AND** You tried to get help straight away / you called 000 or otherwise got medical attention / you gave naloxone if you had it*

FROM A SAFETY POINT OF VIEW...

- Sometimes a client will want to use drugs during a booking. Make sure you work out beforehand how you are going to respond to different situations. Will you have hard limits about not using? How will you react if a client turns up to a booking with drugs to share after you have been clear you do not use with clients? Whether you decide to use or not use with clients, having rules will keep you safe. You might consider only using with clients you know well, or snorting drugs rather than injecting them at work. Figure out your drug policy, think about how you will handle different scenarios and be up front with clients about your boundaries.
- If a client gives you drugs, be aware that you cannot be sure what you are being given. If you choose to use the drugs, try a little bit first. Fred told UN “I have been given a powder I was told was speed, but it turned out to be ketamine. The client wanted me close to unconscious, so he could have more time and control. Luckily, I had a tolerance to that drug. Also I chose to snort it instead of injecting it, so it didn’t quite play out the way the client wanted. But it could have turned out for the worst”.
- Some clients may try to give you large amounts. Split the drugs into smaller amounts and keep track of how much you have had. Gina said “I have had clients try to make me very out of it so they could do things I had already said I wouldn’t do or to try and make the booking longer. I always use a fairly small amount. I like to use drugs, but it’s not safe to be too out of it with a client. Anything can happen.”
- Never use a pre-prepared fit as you don’t know what it contains or how much drug is in the mix. You also can’t be sure the fit is sterile; it may contain a blood borne virus or bacteria or damage your veins.
- Some clients may try to get you to cross boundaries you normally wouldn’t because you are “under the influence”. Be up front about what you will and won’t do, and stick to your guns no matter how much they push – because they will. If you are feeling unsafe, leave. If you work for a parlour, let the receptionist know what is happening.
- Clients can also spike drinks. It’s an old story, but a true one. Julie said “I have totally been Mickey Finned and woken up clueless, lubed up and done over by a group of people. I learned that if you don’t know someone well, be very careful and watch them like a hawk.”
- You need to have a plan for dealing with “ugly mugs” no matter where you work. Using drugs can make you vulnerable as far as involving the police to keep you safe. Some clients may even try to blackmail you.”
- Remember– nothing comes for free!
- Even using your own drugs can be risky. Be careful you haven’t used too much and nod off during a job. Apart from being unprofessional, it can be dangerous.
- If there’s a chance you might inject at work, make sure you carry a stash of new sterile injecting equipment.

Hannah's Story

Anger's Not Ladylike

I'm in rehab. It's taken me a long time to get here. But I've made up my mind: I don't want to be 50 and stuck in the system.

I never meant my life to go this way. Lately I've realised how many mistakes I've made. But I can't dwell on it, just try to change things.

I'm most gutted about losing my kids. They are teenagers now and I've missed so much. At least I can honestly tell them that I've jumped through hoops trying to get them back.

However, nothing seems good enough for FACS and they keep changing the game on me. Every time I sought treatment for my drug use or mental health issues, it was seen as a mark against me.

It hasn't helped that I've had 22 FACS workers in 10 years, 3 this year alone. But I can be my own worst enemy. Every time they pushed me down, I pushed back in anger.

I've been using since I was 15. I did some "juvie", but my adult jail career started in my late 20s. I was only in for a few months each time, but I realised that if I didn't pull my head in, my sentences would get longer.

My big problem has always been anger. Mix that with drugs, and I found myself regularly in trouble. I had a childhood of family violence. At 15, I began experiencing violent anger. I was diagnosed as bipolar in my late teens. Whenever something happened that reminded me of what I went through as a kid, I repeated the cycle. I faced domestic violence in my relationships.

My mother used my history of anger against me. FACS gave her custody of my children and any time I confronted her with the

way she parented them, she applied for an Apprehended Violence Order (AVO). This meant I was unable to see my kids.

I felt let down by the system. With my boundaries softened by drug use, I'd break the AVO. Then I'd end up in jail — which really brought out my anger.

I felt supported by the women in jail. For the first time, I had real friends. There was a closeness among the women, a genuine compassion. I realised I was not the only one; I had a community. At the end of the day, we were all in the same boat.

I've found being a woman who uses drugs a very tricky space. It has been especially difficult to find treatment or support services. I felt the odds were really stacked against me in jail as someone with a drug dependency and mental health issues. I couldn't find the help I needed in jail — one didn't even have a drug and alcohol worker — so I would get stressed out. The stress would build until it boiled over when I got out.

I would start celebrating as soon as I got out, to relieve the stress. It always ended in trouble. It was a vicious cycle.

I always got out to homelessness, to nothing. Without support or follow up, it was hard. I felt angry at the world so I would do the same old shit. Going back to jail was always my back up plan. I loved the routine. Jail was much less stressful than being outside and the girls inside kept me strong. The more institutionalised I got, the harder it was to break the cycle.

Learning to deal with my anger has been challenging. Anger is seen as more of a men's issue. As a woman it feels like you are

I REALISED I WAS NOT THE ONLY ONE; I HAD A COMMUNITY.

supposed to feel angry at all. It's not feminine. The men get help to change their behaviour. We are told we need psychiatric help and medication.

Eventually I did an anger management course. I got a lot of insight and, combined with some trial and error, I've finally learned my warning signs. It's hard to think before you act, but I tell my old self "don't act on impulse". It helps to list the good things in my life.

The last time I got out I ended up at Lou's Place, a service for homeless women. From there I found a good lawyer, who told me about the Women's Justice Network (WJN). I wanted to tell my story because if even one woman gets to hear about the WJN and connects with those amazing women, I will have achieved something.

WPN provide mentors, women who have been in jail, who help you do things differently, get the right treatment and keep you going when you have the inevitable setback.

I want to tell women reading this: don't be afraid to ask for help to change what you know need changing. It's not always easy, but reaching out can save your life.

I still carry a lot of anger and hurt, but I'm hopeful that if I can stay out of jail, my kids and I will be a strong family unit one day. I am working towards it.

Women's Justice Network can be reached on (02) 8011 0699. User's News congratulates WJN founder, Kat Armstrong, on her recent acceptance by the NSW Supreme Court to practice law. An amazing woman with lived experience of drug use and jail who has devoted many years to supporting her peers, she shows what's possible when we look after each other and aim to be our best.

Lou's Place is a safe place for women in the Kings Cross area. It's a daytime refuge, drop in weekdays to 182 Victoria Street, Potts Point for practical help like meals, showers and laundry as well as advocacy and referrals. Phone (02) 9358 4553.

Grace's Story

Saving My Family

When I first started using heroin, my daughter was 6 years old. As any parent who uses knows, the thought of losing your child is terrible and very real.

The first time that I thought it might happen to me was when I accessed a doctor for my antidepressants. When the doctor asked me to pull up my sleeve to have my blood pressure taken, he saw my injection marks and immediately launched into a lecture. He told me that my drug use put me at risk of losing my child. He also refused to give me the benzodiazepine prescription that had always come with my antidepressants. To tell the truth, I hadn't previously connected that the pills I had been on were

benzodiazepines. I hadn't asked for them and didn't really miss them – heroin was my thing – but I understood that being denied them was all about stigma and discrimination.

Less than a month later, a letter arrived in the mail from the Western Australian Department of Family Services, saying that they were aware I was having parenting issues and wanting to set up a meeting. As my daughter was thriving and at the top of her class, I knew the only issue was my drug use.

My husband and I had been homeless kids together. We were very young when we had our daughter and had no support at all. In fact, my mother would have happily spoken out against us and urged the government to remove our child from us. This, together with my husband's criminal record and warrants, would have resulted in us losing our beautiful daughter.

We didn't wait around for that to happen. Within a couple of days we had our car packed up and we were ready to leave WA.

The drive over the Nullabor was kinda fun. We were excited at crossing the border like in a movie. We cheered when we drove into SA and our names and the date should still be on the toilet wall at the halfway point

**THE MORE
TREATMENT I
SOUGHT, THE MORE
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LOSING MY CHILD.**

LOL!

When we arrived in Sydney it took a while to settle in. Despite my fear of doctors, I decided to try a medicated detox that allowed me to bring my daughter with me.

I was excited, thinking that this would work and I could control my drug use. Unfortunately, when I was asked about what medications I had ever taken, I mentioned the benzodiazepine prescription even though I had stopped taking any meds when I got back on the gear. The



intake worker made a big deal out of it, saying "doctors are getting people addicted". She must have noted it because my so-called "medicated detox" was a 1mg Valium at 8:00 pm. When I was crying - not asking for anything, just in pain, the prescribing doctor told me off and asked me if I'm always like that! I seriously started to wonder how many heroin withdrawals she had overseen.

Not surprisingly, I didn't last 48 hours. I went back to using straight away of course but was still struggling and wanting a "normal" life.

To this day I am still grateful to a couple that I met on the train coming home from Cabramatta. They talked to me about being on methadone. I remember they talked about being able to get up in the morning and not feeling unwell- even being able to eat some breakfast before getting dosed. To me at that point, it sounded like heaven.

The biggest barrier was that I was really scared to be "on the books" as a drug user. The more treatment I sought, the more my name was associated with drugs, the more I worried about losing my child.

So I got my husband to check out the methadone program first. After about 4 days it was obvious that it was working really well for him. I had been reassured by the way the nurses and doctors had treated us. For the first time in years we were treated like human beings by the medical profession. They also reassured me that being on methadone wouldn't result in my child being stolen from me. I decided that methadone was for me.

It is 18 years later and I'm still on methadone. I feel like it saved my life and my family. My husband and I are still together and stronger than ever. Our daughter is 24 years old and completed her education at university. She has a well-paid job, a stable home and is travelling Europe with her partner. None of this would have been possible if she had been removed from her Mum and Dad's custody and love. Methadone certainly played a role in that.

And without methadone I doubt I would be stable enough to be writing this.

Jenna's Story

Unbelievable

Unreal

The woman I became was built on the foundation that I didn't matter. I was sexually abused by my grandfather who told me I wouldn't be believed if I told anyone. I came to understand that I wasn't believable or trustworthy.

I had little self-confidence because my parents only seemed to value me as a carer to the younger kids and gave me no encouragement. After the abuse started, I became frightened to speak up at all. Eventually I didn't believe myself, even doubting the abuse had happened. I shrunk; I felt insignificant.

I learned to be what I thought others wanted. I became a first-class people pleaser. I went to ridiculous lengths to get my parents' approval – maybe because I needed them to believe me.

**IF YOU REALLY
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As a young adult, I experienced things I later found out are not unusual with incest survivors. I felt like I had some sort of stamp on me. I was sexually harassed at several work-places. I left jobs when my complaints were ignored because, as my grandfather predicted, I was rarely

believed. I became promiscuous, disassociated. I had no boundaries. I found myself in abusive relationships and put myself in dangerous situations. I was raped, but not believed.

I had been drinking since I was 16, but at 18 a male friend took me to a dealer's house. Initially I was a bit scared, but it wasn't long until I felt like the world was my oyster. I felt free from my parents, anonymous after the claustrophobia of country town living. I started a double life. If you really want to know what being disbelieved is like, become a drug user.

Fraudulent

When I dropped a lot of weight, Mum and Dad thought I was anorexic. Their doctor told them it was heroin. They told me I was going to rehab. I had never spoken up against my parents and I didn't start then. I stayed 2 years.

After rehab, I moved interstate and managed to get into a non-using headspace. After a year or so without drugs, I returned home to get a job a new local Drug and Alcohol service in the area. Despite my lived experience, with no professional qualifications I felt like a fraud, still unbelievable.

I felt labelled as an "ex-user", like everyone was watching me and that my commitment not to use could not be trusted. I drank socially and was told by professional workers I needed to go to AA. I was also told I needed Jungian analysis; Freudian analysis; and more. I did all this stuff, still looking for somewhere to fit in.

The best thing I ever did for my mental health was attend a Women's Incest Survivor Group. It was worth the 2 hours travel each way. It was amazing to me that there were other people like me who felt they were walking around with "incest" written on their forehead. There was so much strength there; I realised we had skills we didn't even know we had.

After a few years, I moved across into Corrections (Probation and Parole). I loved helping people meet their goals. I think as a person with lived experience of drug use, I was able to bring something special to people.

My obsession with a healthy lifestyle helped keep me away from using. I became a long distance runner and trained as an aerobics instructor. I was abstinent for 25 years.

Misunderstood

But everything changed. I had a serious car accident. After not even having an aspirin for 25 years, I woke up under the influence of Panadeine Forte; I already had a habit. There was no choice in the matter; I wasn't asked.

This was the start of a series of four operations and years of chronic pain. Prescribed OxyContin, I genuinely needed them for the pain, but also enjoyed the feeling. It helped me work through my grief and resolve some family issues. I did learn 1 thing – don't let doctors know you enjoy it or use it for depression! You are instantly branded untrustworthy.

I injected the drugs because it seemed the way to get the best from them. I used all the harm reduction tips I learned from User's News.

Around this time, my parents became ill and I became their carer. Looking after them, I found it hard to look after myself. I was still putting their happiness and comfort before my own.

When a close cousin died, I took a tiring, painful and emotional journey to attend the funeral, travelling miles across NSW by train. On the return journey, waiting at Sydney's Central Station to change trains, I fell asleep and woke up very confused, surrounded by four police. As a conservative-looking older woman dressed in smart "funeral" clothes, I wondered what I had done to attract attention.

The police told me they got a report that I was "nodding off". Based on this, they searched me and my baggage, accusing me of coming to town to sell drugs. Maybe it looked bad. I had run out of OxyContin and had to fill a script while I was away. As it was not my home pharmacy, I had to get the whole prescription filled, repeats and all, so I had quite a few packets. I also had a suitcase full of clothes my cousin had said she wanted me to have, several with the labels still on.

I explained about the clothes and directed them to my pain specialist. They made some calls to check my story.

I don't know what they told my doctor, but next time I saw her she refused to prescribe me OxyContin. Instead I was prescribed physeptone – a tablet form of methadone. I was actually happy with these and got a lot of relief from injecting them.

My mother, then my father died. With my role as a carer ending, I questioned "who am I?" again. Then my doctor moved and I was faced with the stress of finding someone who would prescribe pain relief for me. I had a break down.

Bias and Prejudice

Because of my previous drug use and the media brou-ha-ha at the time around opioid abuse, I couldn't find a doctor willing to give me the pain relief I needed. My new doctor prescribed me Targin. I asked if there was anything I needed to know about it. I was told, no, it's the same as the physeptone. But when I injected them, I became very ill.

I found out the hard way that the naloxone in Targin causes instant detox when injected. To be catapulted into withdrawal without warning after years of opioid use was painful and frightening.

It became clear I could no longer get what I needed for my physical and mental pain from a biased medical profession. Again, I was not believed, this time because drug users are treated as liars.

I ended up buying my medication on the black market. As well as opioids I could inject, I began dabbling in ice to get some relief from the exhausting pain. Everything changed. A woman in my 50s, I became harassed by the police because I was seen with known users. I have been body-searched, my car has been repeatedly searched, I have been questioned and roadside drug tested.

Eventually I found myself listed on the public Court Report – a big deal in a country town. I was caught for a minor traffic demeanour which gave them an excuse to drug test me. It came back positive.

With that court case still pending, I had another car accident. It didn't matter that I was the fifth person to have an accident in the same spot within a short period. Now a known drug user, they wanted to charge me for negligence. I get intimidated easily by police. When questioned, I admitted to using ice a few days earlier. To country police, ice users are considered children of Satan.

I'm waiting to get the results of the test. My life is up in the air and I am back where I was years ago, only now I'm battling physical pain as well.

At least this time I have the benefit of experience. I know that when "they" call me a liar, they are trying to shut me up.

I have also found the NUAA community. I have a sense of belonging, of not being judged, no matter where I am (or am not!) in my drug-taking. I tell people about NUAA because I want them to know that there's hope. There is help out there, places you can go to get information and support, where you can share feelings without judgement. Belonging to NUAA has increased my self-esteem, and that means I will fight for my right to have my pain medicated.

**BELONGING TO NUAA
HAS INCREASED MY
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JUST FOR WOMEN

A NSW DRUG & ALCOHOL SERVICE DIRECTORY

This is a list of services set up to support women who use drugs and alcohol. Call the services to get more info or ring ADIS on 9361 8000 or freecall 1800 422 599 from country areas. Things to ask might include cost, the length of waiting lists, intake procedures and program requirements.

The first section lists women's-only detox and rehab programs in NSW, including those where children are accepted.

This is followed by a list of health services specifically for women, with an emphasis on improving the health and lifestyle women who use drugs.

The third listing includes specialist support services for women who use drugs and are pregnant, and are designed to make sure Mum and baby get all the tests, care and treatment they need before and immediately after birth.

PUBLIC DETOX & REHAB PROGRAMS FOR WOMEN

Detour House - Glebe

9660 4137

Length of Stay - Up to 90 days

Methadone / bupe - No

Mental health issues - No

Court cases/legal - No

Supported accommodation – safe, home-like

Individual case management

Referrals, living skills, peer discussion, transition preparation, 12 step meetings

Guthrie House – Enmore

9564 5977

Length of stay - 90 days

Methadone / bupe - Yes

Mental health issues - Yes, if managed

Court cases/legal - If Aboriginal or connected to bail

Regular counselling sessions, group work, living skills, relapse prevention

Access to health services, Aboriginal support worker, family worker

Court support including court reports; support letters for FACS

Jarrah House – Little Bay

9661 6555

Length of stay – 28-42 days

Methadone / bupe - Yes

Mental health issues - Yes

Court cases/legal – Yes

4 week medically supervised detox and stabilisation program

6 week skills residential relapse prevention program

Both programs include counselling, group work, individual case management, parenting groups, exercise, yoga, art therapy, mindfulness and relaxation

Take children up to 8 years but places are limited

Child care provided by early childhood workers. School aged children attend the local school.

Children are seen as "clients" of the services as much as their Mums

Discharge planning and follow-up service including peer support from former service users

Holistic health care

12 step meetings

Call for intake Wednesday,

Thursday and Friday mornings only

Kamira Alcohol and Other Drug Treatment Services – Wyong

4392 1341

Length of stay – 28-42 days

Methadone / bupe - No

Mental health issues - Yes

Court cases/legal – No

Accepts women from 16 years with & without children

Partners accepted

Priority given to pregnant women, birthing process supported

Children 0 – 8 years accepted

Children over 1 year go to a separate day care centre

Individual and group work, AA/NA encouraged.

Outreach service offered in Wyong and Toukley areas for clients not wanting to do a rehab but seeking counselling and group work

No smoking - 8 weeks free nicotine replacement therapy provided

Kathleen York House – Glebe

9660 5818

Length of stay – 180 days

Methadone / bupe - No

Mental health issues - Yes

Court cases/legal – Yes

Women only, over 21 years of age

Children 0 - 12 years accepted

Only 7 women and 5 children in the house at any time, so number of children each woman can have with them depends on current residents

6 months residential program, plus 12 months after-care (outpatient and peer support)

Women may be eligible for community housing during the after-care program
Court support, living and social skills, Tresillian parenting skills and support, children's health, art therapy, one-on-one counselling and group therapy, relapse prevention
Non-smoking
Call for intake interviews Tuesday 10:00 AM – 2:00 PM only

Phoebe House – Arncliffe

9005 1570
Length of stay – 180 days
Methadone / bupe - Yes
Mental health issues - No
Court cases/legal – No
Preference given to women on pharmacotherapy who have a child and have FACS involvement, but beds available for others
Usually each Mum can have 1 child 0-4 years with FACS involvement.
However, each situation is assessed individually

Destiny Haven - Clarence Town

4996 5558
Length of stay - 180-365 days
Methadone / bupe - No
Mental health issues - Yes
Court cases/legal – No
Very strongly Christian-based (but not affiliated with any particular church)
Live- in program with commitment to stay at least 6 months
Abstinence based (but not 12 steps)
Various issues treated, not just drug dependency. Other issues include eating disorders, self-harm, suicidal tendencies, depression and anxiety, panic attacks and effects of abuse
Several compulsory core elements including counselling, sport, daily devotion group, weekly church attendance, Involvement in a cottage industry (jewellery, foods, sewn items)

We Help Ourselves: New Beginnings – Lilyfield

8572 7433
Length of stay – 90-180 days
Methadone / bupe - No
Mental health issues - Yes
Court cases/legal – MERIT ONLY
WHOS offers a range of drug and alcohol services at several locations. Includes abstinence, harm minimisation & stabilisation.
Live-in and day programs
New Beginnings is the "women's only" program at Lilyfield (Sydney) and is abstinence based
Staffed by women
Holistic approach with group work, women's counselling (relationship issues, parenting, social and communication skills, assertiveness skills and boundary setting), stress management and skills development.
Children not accepted but women can skype their families every day and have weekly visits
Expected to attend AA/NA meetings
HIV and Hep C testing/ support / treatment offered
Halfway/three quarter house

COMMUNITY SUPPORT & HEALTH SERVICES FOR WOMEN WHO USE DRUGS AND ALCOHOL

Dianella Cottage – Katoomba

4782 9265
Women's Drug & Alcohol Service
Harm Minimisation philosophy
Services include counselling; case management; supported referral
group programs include
Wise Women's Day Program (2 days a week for 7 weeks)
New Directions - skills development program
SMART Recovery for Women
Choices - for women transitioning from prison
Connecting with Community program

Hunter Women's Centre – Mayfield

4968 2511
The centre provides counselling, groups and workshops; information & referrals
Special Interest Activities address: domestic and family violence and

abuse
emotional issues including self-esteem, depression, anxiety and stress.
relationship issues including the promotion of healthy and supportive relationships.
lifestyle risk factors for women including smoking, alcohol and other drugs.
Groups and workshops include topics such as domestic violence, self-esteem, communication and assertiveness and personal boundaries

Illawarra Women's Health Centre – Warilla

4255 6800
Medical assistance
Counselling
Discussion groups (women and children's health topics e.g. drug and alcohol, menopause, sexual health)

Tai Chi, exercises classes
Leichhardt Women's Community Health Centre – Leichhardt
9560 3011
Services are provided for women on low incomes (under \$25,000/year)
Include drug and alcohol counselling, groups and referrals
Focus on relapse prevention

Sydney Women's Counselling Centre – Campsie

9718 1955
Counselling for depression, post-natal depression, grief & bereavement, domestic violence, childhood sexual abuse, substance dependency & gambling for self or someone close to them.
Group & individual support
Special focus on women from a background other than English speaking
Chinese speaking counsellors

available
Groups for survivors of domestic violence.

The Girl's Refuge - Detour House Inc – Leichhardt

9564 3638

Provides supported accommodation for young women aged 13 to 17 years who are homeless or at risk of homelessness through individual, holistic case management for up to three months.

6 short term beds and 1 crisis bed
A safe, home-like environment for up to 3 months

Case management referrals to other specialist services educational groups living skills development

Waminda Aboriginal Women's Health Centre – Nowra

4421 7400

WAMINDA means "Companion"

Run by South Coast Women's

Health & Welfare Aboriginal Corporation
Services include menopause counselling, menstrual counselling; contraceptive counselling; fit diaphragms; pap smear, breast check; pregnancy testing and/or counselling; sexual difficulties, STDs & HIV/AIDS; crisis support including sexual assault and domestic violence counselling; dental; early childhood nurse; program for young women at risk

Women's and Girls Emergency Centre – Sydney

9211 1616

For homeless women and children in the Sydney inner city including inner west.

Works with the Newtown Neighbourhood Centre to provide support for people living in boarding houses.

Specialist domestic and family violence service 4:30PM to 11:00 PM

Day drop in centre for women to come and access coffee/tea, breakfast and lunch, showers, washing machines, computers, clothing, locker storage, safe space to meet other women. Case management provided to women wanting assistance to gain housing, address health issues, legal support, drug and alcohol problems and mental health issues.

Transgender support project to provide support and case management to transgender women who are homeless or at risk of homelessness as well as community development to address concerns for access to services for transgender women.

Outreach support
Home visits to assist with independent living skills, attendance at appointments with clients, court support and assistance with transport.
Legal services

SPECIALISED DRUGS IN PREGNANCY SERVICES

Not all Local Health Districts have a specialised service. If you are pregnant and need advice you can call a nurse from one of the Drugs in Pregnancy services in another area or call the general Drug and Alcohol Services intake number of the LHD where you live and ask to speak about ante-natal care.

NSW

HOSPITALS - NEW SOUTH WALES WIDE

SERVICE NAME - Mothersafe

PHONE - 9382 6539 or 1800 647 848 (if calling from country areas)

KEY STAFF - Skilled counsellors

LOCATION - Royal Hospital For Women, Randwick

HOURS - Monday to Friday 9:00

AM – 5:00 PM

SERVICES:

Free telephone service

Counselling service over the phone with some women offered face-to-face counselling at Randwick if suitable

Advice about how drugs and health procedures (e.g. radiation) can affect your baby during pregnancy and breastfeeding.

Non-English speakers can access an interpreter at no charge by phoning 131 450.

Sydney

HOSPITALS - Royal Prince Alfred and Canterbury

SERVICE NAME - Drugs in Pregnancy Service

PHONE - RPAH: Hospital Switch 9515 6111; Antenatal 9515 7101;

CNC 9515 8298; Canterbury Hospital: Maternity 9787 0560;

Drug Health 9787 0272

KEY STAFF - Martina Besters,

Clinical Nurse Consultant

LOCATION – Royal Prince Alfred Hospital, Missenden

Road, Camperdown; Canterbury Hospital, Canterbury Rd, Campsie

HOURS - Monday to Friday 8:00

AM – 4:30 PM

SERVICES:

Info on drug & alcohol use in pregnancy

Treatment referrals and support

for you and/or your partner

for hospital inpatient detox,

residential rehabs, relapse

prevention if required

Support while working with family

and community services

South Eastern Sydney

HOSPITALS - Royal Hospital for Women

SERVICE NAME - Chemical Use in Pregnancy Service (CUPS)

PHONE - 9332 8777

KEY STAFF - Sara Clews & Janet Falconer, Clinical Nurse Consultants

LOCATION - The Langton Centre
591 South Dowling St Surry Hills
HOURS - Monday to Friday 9:00
AM – 5:00 PM

SERVICES:

Help women with D&A problems
and their families before, during
and after pregnancy
Linked to perinatal services
Postnatal follow-up clinics
available for babies needing
treatment for neonatal abstinence
syndrome

South Eastern Sydney

HOSPITALS - Includes St. George
and Sutherland

SERVICE NAME - Chemical Use in
Pregnancy Service (CUPS)

PHONE - 9113 2944 (Kogarah);
95407464 (Sutherland)

KEY STAFF - Lynette Bown, Acting
CUPS Clinical Nurse Consultant

LOCATION - St George Hospital, 2
South St, Kogarah

HOURS - Monday to Friday 9:00
AM – 5:00 PM

SERVICES:

Support for mothers and families
with substance use issues during
the antenatal, birth and post-natal
periods

South Western Sydney

HOSPITALS - Includes Liverpool;
Fairfield; Bankstown

SERVICE NAME - Perinatal and
family drug health (at Drug Health
Services – South Western Sydney)

PHONE - Drug Health Services
Intake line: 9616 8586

KEY STAFF - Service runs on
centralised intake – when you call
Drug Health Services, they will
connect you with the right people.

LOCATION - Various

HOURS - Monday to Friday 9:00
AM – 4:30 PM

SERVICES:

Info on drug & alcohol use in
pregnancy
Treatment referrals and support
for you and/or your partner
for hospital inpatient detox,
residential rehabs, relapse
prevention if required

Northern Sydney

HOSPITALS - Royal North Shore
Hospital

SERVICE NAME - Drug and
alcohol consultation and liaison

PHONE - 9462 9199

KEY STAFF - Centralised intake –
ask for pregnancy support

LOCATION - Royal North Shore
Hospital, St Leonards

HOURS - Monday to Friday 9:00
AM – 5:00 PM

SERVICES:

Support for expecting mothers
with substance use issues

Illawarra Shoalhaven

HOSPITALS - Includes

Shellharbour, Shoalhaven,
Wollongong

SERVICE NAME - Substance Use in
Pregnancy and Parenting Service

PHONE - Helpline 1300 652 226;
Illawarra: iDAS SUPPS 42542700;

Shoalhaven: sDAS SUPPS
44229662

KEY STAFF - Illawarra: Sarah
Seddon; Shoalhaven: Veronica

Riordan

LOCATION - Illawarra: The
Orana Centre, 2 Rawson Street,
Wollongong

HOURS - Monday to Friday 8:30
AM – 5:00 PM

SERVICES:

Case management and case
coordination for women during
pregnancy and post-natal (up to
12 weeks post-delivery which may
be extended).

Designated antenatal clinic
(Illawarra). Family support referrals.

Referral to residential treatment
Support in maternity unit including
admission for NAS

Liaison with and referral to local
D/A services (incl. stimulant
treatment/ OTP/ counselling)

Illawarra Shoalhaven

HOSPITALS - Includes

Shellharbour, Shoalhaven,
Wollongong

SERVICE NAME - Miinya Biyanga
Boori (Shellharbour Aboriginal
Maternal, Infant and Child Health
Service)

PHONE - 4295 2417

KEY STAFF - Donna Walder, Nurse
Unit Manager

LOCATION - Shellharbour Hospital
15-17 Madigan Boulevard Mt
Warrigal

HOURS - Monday to Friday 8:30
AM – 5:00 PM

SERVICES:

Pregnancy and baby care for
Aboriginal families with children
0 - 6 years

Midwives, family health nurses,
social workers, Aboriginal health
education officers, drug and
alcohol workers, mental health
workers

Work with other Aboriginal
services

Western Sydney

HOSPITALS - Includes Auburn,
Blacktown, Cumberland, Mouth
Druitt, Westmead

SERVICE NAME - Drug Use in
Pregnancy Service (DUPS)

PHONE - 02 8890-6508
between 8:00am & 4:30pm

Monday to Friday. Please let the
Administration Officer know if you
require an interpreter.

KEY STAFF - Book in through the
Women's Health Clinic and ask to
speak to Nurse Unit Manager or
Midwife in charge

LOCATION - G Block, Westmead
Hospital (parking can be difficult)

HOURS - Monday to Friday 7:00
AM – 8:00 PM, Saturday and

Sunday 7:00 AM to 7:00 PM

SERVICES:

Specialised midwifery and
obstetric care.

Nepean Blue Mountains

HOSPITALS - Lithgow Katoomba
Springwood Penrith Cranebrook,
St. Marys

SERVICE NAME - Drugs In
Pregnancy Program (DIPS)

(Nepean Blue Mountains Local
Health District Drug And Alcohol
Service)

PHONE - 4734 2129. 0400 269215

KEY STAFF - Sue Junod, Nurse
Consultant

LOCATION - Drug and Alcohol
Services Building Nepean Hospital
Somerset St Kingswood

HOURS - Monday to Friday 7:00
AM – 8:00 PM, Saturday and

Sunday 7:00 AM to 7:00 PM

SERVICES:

Specialised midwifery and
obstetric care.

Detox, links to rehab, counselling,
Non-judgemental, supportive and
specialised

THE WOMEN OF NUAA



LISA



MARY ELLEN



SARA



JESSIE



HOPE



MELANIE



LEAH



LUCY



SALLY

WHERE TO SCORE FITS

These are only some of the NSP outlets in NSW. If you can't contact the number above, or don't know the nearest NSP in your area, ring ADIS on (02) 9361-8000 1-800-422-599

Location - Phone Number - Clinic/Nurse - Dispensing Machine - Hep C Testing/Treatment - Naloxone Training - Outreach

Albury	60581800	X	✓	✓	X	X
Armidale (Inverell/Tamworth)	0427851011	✓	X	X	X	X
Auburn Community Health	87594000	X	✓	X	X	X
Ballina	66206105	X	✓	✓	X	X
Bankstown	97802777					
Bathurst	63305850	X	✓	✓	X	X
Bega	64929620	✓	X	✓	X	X
Blacktown	98314037	✓	✓	✓	X	✓
Bowral Community Health	48618000	X	✓	X	X	X
Byron Bay	66399675					
Campbelltown, Liverpool, Camden Hospital ED	87386650	X	✓	✓	X	X
Canterbury HARM	97182636	X	X	✓	✓	X
Cooma	64553201	✓	✓	X	X	X
Dubbo	68412489	X	✓	✓	X	X
Gosford	43202753	X	✓	✓	X	✓
Goulburn S East	48273913	✓	✓	✓	X	X
Grafton	66418712					
Hornsby	94779530	X	✓	X	X	X
Ingleburn Community Health	47822133	X	X	X	X	X
Katoomba / Blue Mountains	47822133	X	✓	X	X	X
Kings Cross KRC	93602766	✓	✓	✓	✓	✓
Lismore HARM	66222222	X	✓	X	X	✓
Liverpool	87386650	X	✓	X	X	X
Manly	99772666	✓	X	✓	✓	X
Marrickville HARM	95620434	X	✓	X	X	X
Moree	67570000	X	✓	X	X	X
Moruya	44741561	✓	✓	X	X	X

Mt Druit	98811334	✓	X	X	X	✓
Murwillumbah	66709400	X	✓	X	X	✓
Narellan Community Health	46403500	X	X	X	X	X
Narooma	44762344	✓	X	✓	X	X
Newcastle Harm Min Prgm	40164519	✓	X	X	X	X
Nimbin	66891500	X	✓	✓	X	✓
Orange	63928600	✓	✓	✓	X	X
Parramatta	96875326	✓	✓	✓	✓	✓
Penrith/St Marys	47343996	✓	✓	✓	✓	✓
Port Macquarie	65882915	✓	✓	✓	X	✓
Queanbeyan	61507150	✓	✓	✓	X	X
Redfern HARM	93950400	✓	✓	✓	✓	X
Rosemeadow Community Health	46334100	X	X	X	X	X
St George	91132944	X	✓	X	X	X
St Leonards	94629040	X	✓	X	X	✓
Surry Hills ACON	94629040	✓	X	✓	X	✓
Surry Hills NUAA	83547343	✓	✓	✓	✓	X
Sutherland	95221046	X	✓	✓	✓	X
Sydney Hospital	93827440	X	✓	✓	✓	X
Tahmoor	46836000	X	X	X	X	X
Taree	65929315	✓	✓	✓	X	X
Tweed Heads	0755067540	X	✓	✓	X	X
Wagga Wagga	69386411	X	✓	✓	X	X
Windsor	5605714	X	✓	X	X	X
Wollongong/Port Kembla	42751529	X	X	✓	✓	✓
Yass	62263833	X	✓	X	X	X
Young	63828888	X	X	X	X	X

NUAA is the peer-run
drug user organisation

GET INVOLVED!

**BECOME A
MEMBER!**

Members, including people in prison, receive print editions of User's News and Invitations to community events including training and consultations

VOLUNTEER

NUAA is looking for volunteers for its Needle and Syringe Program and DanceWize - our new harm reduction program at NSW music festivals

**PARTICIPATE
IN TRAINING.**

NUAA conducts harm reduction and overdose prevention training across the state – register your interest and we'll let you know when we're in the area

Register your interest via our website www.nuaa.org.au or contact Lucy Pepolim on **02-8354-7300 (freecall 1-800-644-413)** or email lucyp@nuaa.org.au