UN#90

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US TOGETHER

The Peers and Volunteers Edition

NUAA

NSW USERS AND AIDS ASSOCIATION

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ACCESS TO UN: UN is distributed throughout NSW Drug and Alcohol Services. You can receive UN in plain packaging by becoming a member of NUAA. Membership is open to anyone who supports NUAA's aims and objectives regardless of their drug use history. Contact us to get a form. Because NUAA produces a magazine for jails called Insider's News, UN is no longer distributed in jails. However, people in jail who are or wish to become NUAA members will be sent UN in the mail.

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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 where this magazine is distributed.

USER'S NEWS 90

US TOGETHER
The Volunteer and Peers Edition

Language **matters**

Language is powerful—especially when talking about alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. "Person-centred" language focuses on the person, not their substance use.

When working with people who use alcohol and other drugs...

try this	instead of this
substance use, non-prescribed use	abuse · misuse · problem use · non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict · junkie · druggie · alcoholic
person experiencing drug dependence	suffering from addiction · has a drug habit
person who has stopped using drugs	clean · sober · drug-free
person with lived experience of drug dependence	ex-addict · former addict · used to be a...
person disagrees	lacks insight · in denial · resistant · unmotivated
treatment has not been effective/chooses not to	not engaged · non-compliant
person's needs are not being met	drug seeking · manipulative · splitting
currently using drugs	using again · fallen off the wagon · had a setback
no longer using drugs	stayed clean · maintained recovery
positive/negative urine drug screen	dirty/clean urine
used/unused syringe	dirty/clean needle · dirties
pharmacotherapy is treatment	replacing one drug for another

Adapted from *Language Matters* from the National Council for Behavioural Health, United States (2015) and Matua Raki, New Zealand (2016).

NADA network of alcohol and other drugs agencies

NUAA NSW USERS AND AIDS ASSOCIATION

Fit In, Stand Out

The collection of stories in this magazine makes me feel super proud.

This is my community at its strongest – learning, growing and supporting each other.

There was a time for me when being a person who used drugs meant isolation and disempowerment. However, my association with NUAA over the past 14 years has swung that around: now when I think drug user, I think community, I think courage and I think positive change.

I particularly love that my community is so much bigger than I ever thought it was.

It's funny that I have always rejected being put in a box and labelled, yet I did it to myself. For a long time, I thought a card-carrying drug user had to be a daily user, had to use a street drug, had to have a high tolerance, had to use a needle. Thank god I woke up.

Guess what I realised? I am part of an amazing community of people who share an experience of drug use and what we have in common far exceeds what divides us. Who knew it could be so easy and so inclusive.

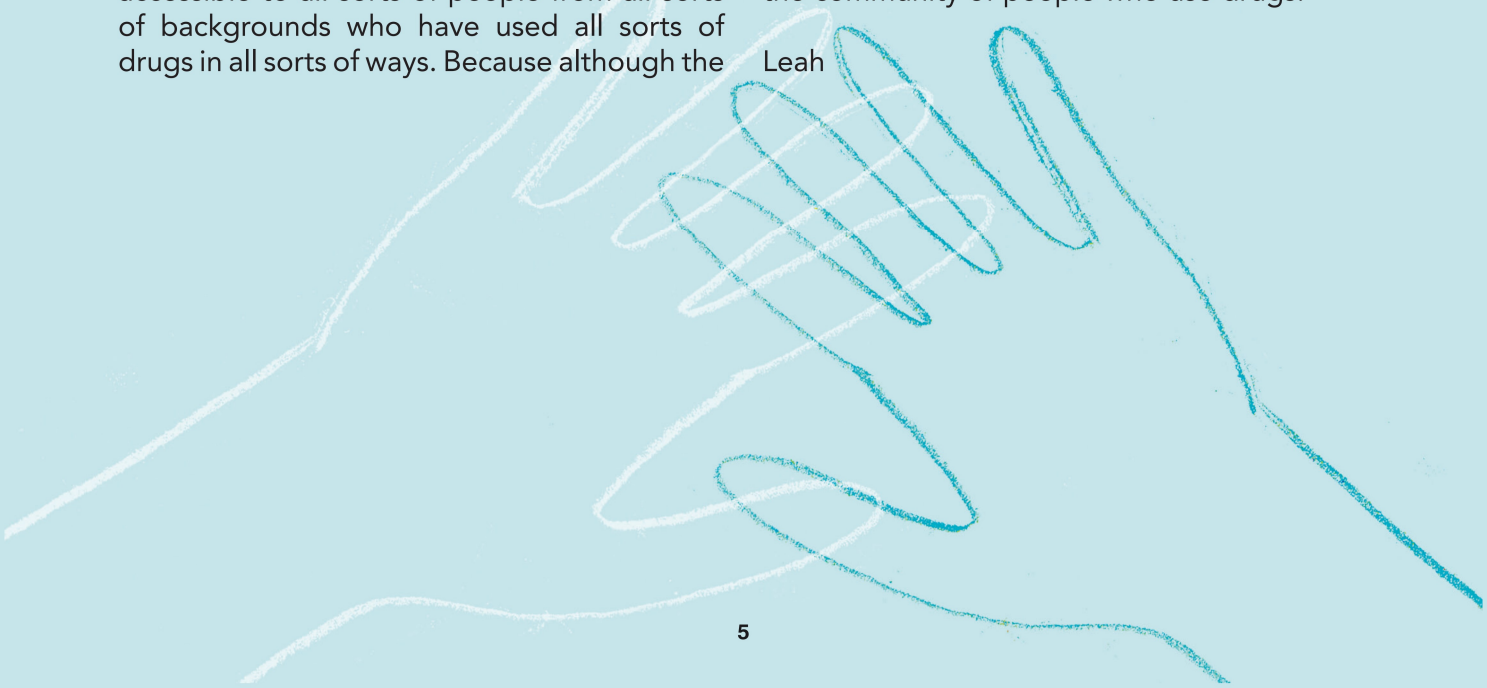
I have really enjoyed making User's News accessible to all sorts of people from all sorts of backgrounds who have used all sorts of drugs in all sorts of ways. Because although the experience we each have is unique, we have so much in common. We know what shaming and discrimination feels like. We know the pleasures and we know the desperation. Many of us have experiences around stopping or modifying our drug use. We understand each other in a very personal way.

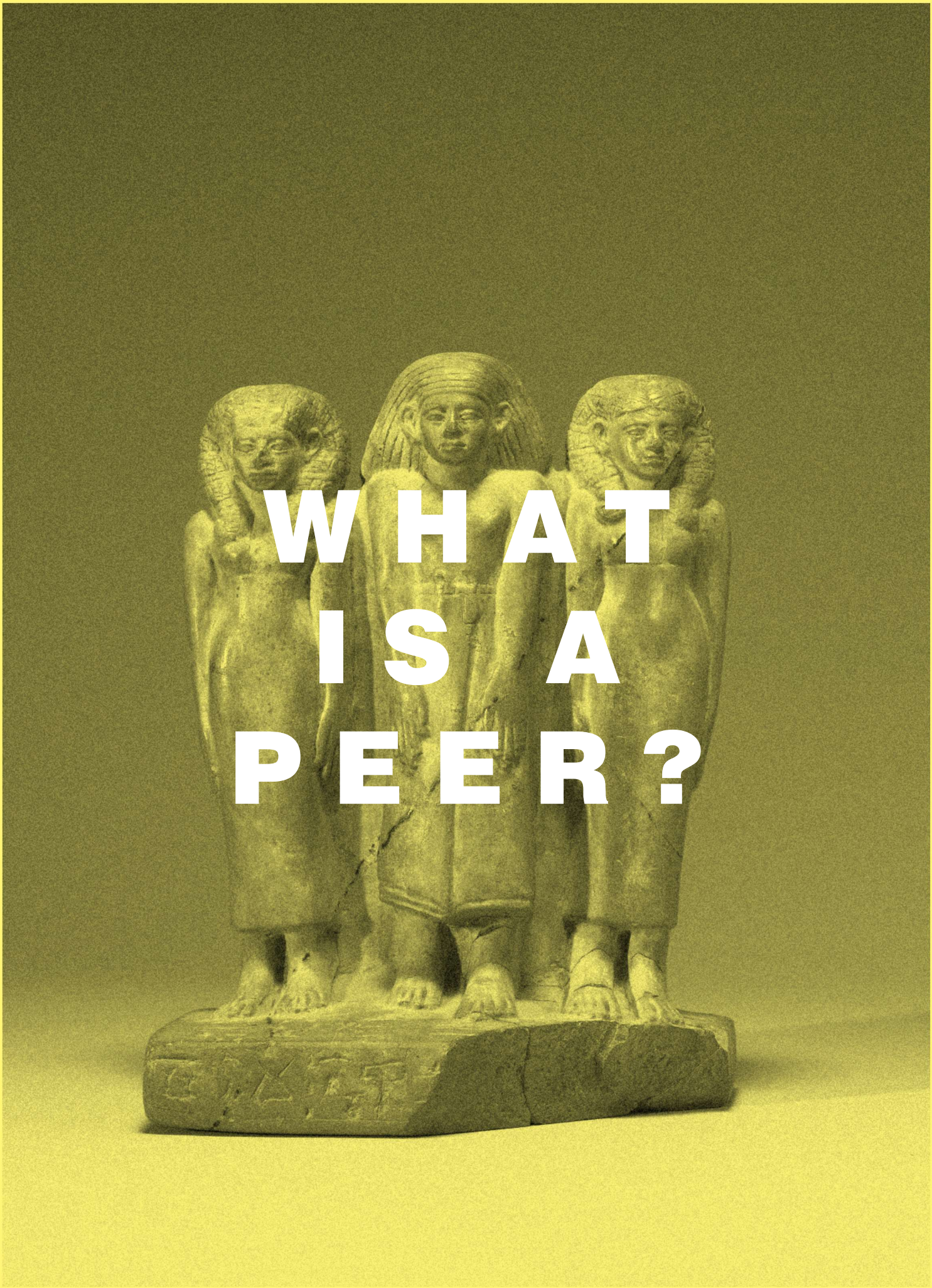
This comprehensive yet special community of drug users is the community I want to belong to, represent and advocate for. We are peers!

Many of the stories in this edition talk about how ashamed or shy or angry or uncomfortable or isolated people have felt as drug users. Since finding the NUAA community, they describe how their lives have improved and their self-esteem has increased. This has come from owning their identity as people who use drugs, recognising their rights, caring for themselves and sharing their experiences with others.

This edition is by you and for you, my peers. I hope it inspires you to reach out and connect with each other and that you find the belonging and acceptance that is on offer in the community of people who use drugs.

Leah




WHAT
IS A
PEER?

A peer is someone with similar life experiences to you. In terms of drug use and the value of peers, we know where other people who use drugs are coming from and we understand and respect each other in a way that many service providers can't.

At NUAA, a "peer" depends on the situation and our many programs have varying types of drug users working and volunteering in them. Our DanceWize NSW peers may have different experiences to our hepatitis C peers or our needle and syringe program peers but we're all part of the broader drug user community.

NUAA provides a focus for our community and makes sure we are heard on the issues that affect us - things like treatment services; drug testing; legal issues; health care; blood borne virus prevention, testing and treatment; overdose; and stigma and discrimination.

We believe it is important that people who use drugs are active and informed partners in the services where we are "consumers" e.g. needle and syringe programs, the supervised injection centre, opiate replacement clinics, detoxes, rehabs and hepatitis clinics.

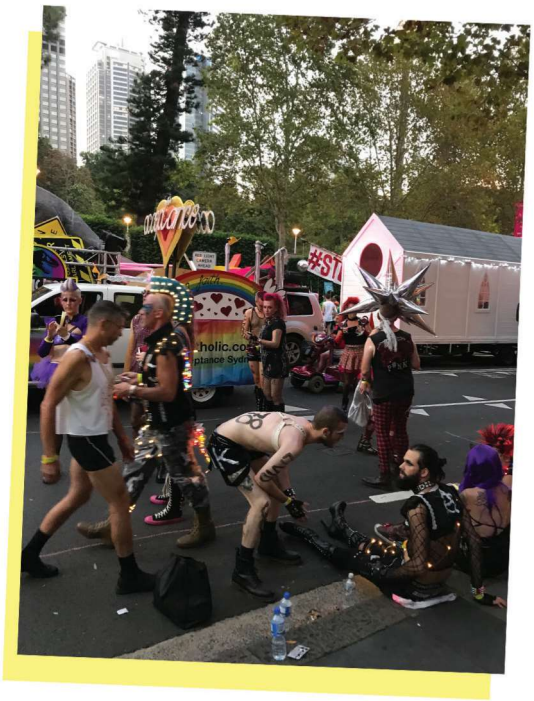
"Peer education" simply means like-minded people sharing information with each other.

As drug users, we already do this, it's how we know where to get drugs and drug equipment, it's how we learned how to safely prepare and take our drugs. It can also be how we learn to stay safe and look after our mates.

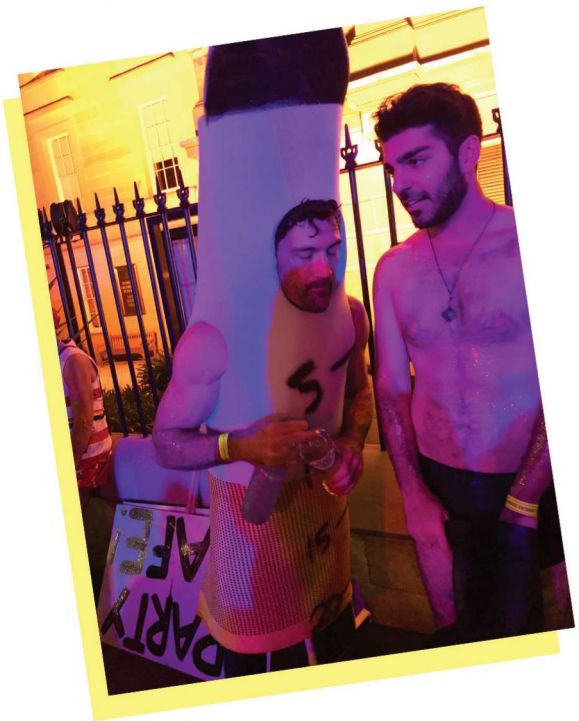
NUAA aims to take the skill set gained by lived experience and support it with formal training, information and resources. Our organisation has been built for the past 29+ years on the unwavering belief that - with others in the health care sector - people who use drugs are the best people to take care of people who use drugs.


METHADONE
SAVES
LIVES


NICE PEOPLE
TAKE DRUGS




PARTY
SAFE!



NUAA MARCHES AT MARDI GRAS

Sydney, 2018

NO-ONE SHOULD OVERDOSE. LEARN HOW TO AVOID IT AND TEACH YOUR MATES. Overdosing is simply using too much. It can happen if you use opiates on top of other drugs (e.g. alcohol or benzos); or if you underestimate how strong a drug is (e.g. fentanyl or a new source or batch of street drugs); or if you have reduced tolerance (e.g. when you get out of jail or detox); or if you don't give yourself a break between episodes of use (e.g. using ice repeatedly over several days). Be careful and follow the rules

Lyndelle

DON'T USE ALONE. There are too many variables in using drugs and you just never know. You can use a lot of times and all will go well then something will be different, and you can overdose or have a reaction from it. Use the buddy system. At the very least, let people know where you are and what you are doing so they can get help if you don't check back in with them.

Pete

PEER'S TOP TIPS

We asked some peers for their best harm reduction advice and this is what they came up with!

YOU CAN REVERSE OPIATE OVERDOSE BY AN INTRA-MUSCULAR NALOXONE INJECTION. If you are around people who use opiates, get trained in how to use naloxone and keep a supply with your injecting equipment. If you use opiates, persuade your friends and family to get some and learn how to use it. It's sold over the counter at pharmacies but your chemist might have to order it in especially. You can also get your GP to write you a prescription so you can buy it cheaper on the PBS.

Steven

TRY AND USE AS CLEANLY AS POSSIBLE. Clean your area, your surfaces, your spoon, your scissors and yourself – hands and injection sites. Use soap and water, use swabs. I have had dirty hits and they are not much fun. I have also had abscesses caused from bits of dirt getting into the injection site. You can avoid a lot of pain by being clean and sanitary.

Jake

PLAN AHEAD. That means making sure you have enough injecting equipment to get you through to the next time you can get more. It means stashing equipment just in case you might use. It means preloading on some healthy food and sleep before you have a bender or go to a festival or all weekend party. It means making sure your phone has power and that you have a friend you can call if you need help. It means deciding what your boundaries are before you go out and sticking to them regardless of how bent you get. It means carrying condoms and lube or dams so you stay safe from sexually transmitted infections.

Jeannie

ALWAYS BE CAREFUL OF NEW GEAR AND NEW DEALERS. There is a powder being sold at the moment as "China White". People assume it's heroin, but it contains fentanyl and is very strong. People with large tolerances have dropped sharing a $50. Be very careful, always try a little bit first or get a testing kit. Ask NUAA about how to test for fentanyl. It doesn't take much drug – you can do it from a cotton filter.

Tim

USE A GAS JET LIGHTER FOR SMOKING ICE. They melt the crystal better and faster so you're not sucking in crystal granules, you waste less, and you don't get those black marks around the pipe so you can see what is happening more easily.

Lachie

COOL YOUR PIPE DOWN. Pipes get hot if you are using them continuously and that burns the gear which gives you a cough and sore throat. You can avoid all that by remembering to cool your pipe off. Plus, if you cool down from time to time you will stop your pipe from getting brittle and breaking

Finny

THERE ARE THINGS YOU CAN DO TO GET YOUR VEINS UP. My best tip is drinking a big glass of water before you inject. It really does make your veins plump. If you shoot up every day, you really have to be drinking enough liquid to keep your veins in good shape. You can also run warm water over your injection site – jump in a hot shower if you can – or put a hot washer on it. I find new veins by feeling around in the shower while they are at their closest to the surface. Sometimes I even inject while I am in the shower. I also do a bit of exercise to bring the veins up – you can just swing your arms round or do push ups against the wall to get your arm veins pumped.

Juliet

TRY A TOURNIQUET. I never used to use a tourniquet when I was young, but now my veins are harder to find I really have found it useful. Never share your tournie with someone else because they can get blood on them which can cause HIV or hep C. Just because you don't see blood doesn't mean it's not there.

Barry

GET TESTED AND TREATED FOR HEP C. The new tests and treatments are nothing like the bad old days which were really only a few years ago. So many people have excuses, but it's a whole different world. You don't need good veins. Most people don't get any side effects. Treatment is in tablet form and some people only have to take one tablet a day for a couple of months. It is so worth being free of hep C. Just because you don't have any symptoms today, it's the kind of thing that can make you really sick when you are older. Knock it on the head now while it's easy to access and cheap.

Freya

USE A NEW, STERILE FIT EVERY TIME YOU INJECT. The only way you can be sure to avoid hep B, hep C or HIV is by using a new, sterile fit every time you inject and by not sharing other injecting equipment. And the only way to make sure you always have a new fit is to pick up more than you think you will need from the NSP and have an emergency stash in your bedroom somewhere that you replace after you use it.

Violet

THERE IS NO NEED TO HOLD SMOKE IN YOUR LUNGS. When you smoke drugs, you get most of the effect in the first few seconds. Holding smoke in doesn't make you any more stoned, it just damages your lungs and your throat.

Sienna

IF YOU DRINK ALCOHOL TAKE VITAMIN B. I've been on a high dose of methadone for a fair few years. I don't use any more, but I do like a drink and I drink every day pretty much. My doctor told me that can affect my memory and concentration and to stop permanent damage I should get regular vitamin B injections. You can get them from the chemist over the counter and they are pretty cheap, about $10 for 3, so I give myself 3 a week, every second day more or less, just in my bicep. It's worth it to keep my brain happy.

Bill

TREATMENT HAS CHANGED – FIND OUT WHAT IS OUT THERE. Back in the day, there were just a few detoxes and rehabs and they were all about shaming you into stopping using. Other than that there was Narcotics Anonymous. These days there are all sorts of options. There are some really good psychologists and doctors. There are detoxes where you can stay on your prescribed drugs but detox off street drugs and services that will support you to detox at home. There are short term day courses and long term live-in programs. There is support for all sorts of drugs, from opiates to benzos to ice to cannabis and so on. While there aren't as many options as we would like and too many have waiting lists, don't assume you know what is available. More services than ever are listening to what people's own goals are rather than trying to make everyone fit the abstinence model. Talk to a drug and alcohol service and find out if there is anything that might help you get to where you want to be.

Toyah

WHAT IS A PEER WORKER?

Peer work roles are paid positions. Peer workers are employed by a drug and alcohol service to help people accessing the service to get the most out of it. They can be used at Opiate Treatment Centres (OTCs), in detoxes and at Needle and Syringe Programs (NSPs). In NSW, some peer workers are managed through NUAA.

In general, peer workers act as a liaison between the consumers of the service and those who work in it. This includes things like welcoming new consumers, negotiating rules and regulations, dealing with complaints and disputes and letting people know what is going on in the service.

Some services hire peer workers who are their own consumers e.g. for OTCs, people who are dosed at the service they work at, while others prefer to employ peers from outside the service e.g. people who are dosed at a different clinic or at a pharmacy. Either way, the peer worker must have experience of the issues that the consumers of the service are facing every day and have excellent communication, negotiation and problem-solving skills.

If you are interested in a peer work role, watch out for advertisements at your clinic, at the NSW Health job website **www.health.nsw.gov.au/careers** or on employment websites like **www.EthicalJobs.com.au**


"Your lived experience makes you an expert."

Top 22 Tips And Tricks For Peer Workers

NUAA staff share their top tips for being a great Peer Worker

Peer and consumer workers can play an important role in improving our health services.

Efforts to improve the quality of health services have been going on for decades. Every planning document for every health service requires consumer involvement – we need to work to make our input effective! Consumer and peer involvement in services will improve our experiences in the health system and improve the quality of care.

Change is hard and quality improvement in health services happens with small consistent change that happens over a long period of time. The method used in changing service delivery is called "Plan-Do-Study-Act" - cycles where you look at service gaps and formulate an action plan, examine the results and change some more. You can apply the same methodology as a consumer worker.

General Tips

Learn to listen and ask people what they want, don't assume or deduce

Encourage consumers to be part of the solution, sharing their information and experience

Help people to claim their own space

Be there for everyone, not just the "easy likeable" people (i.e. people like you)

Make clear boundaries and stick to them e.g. don't try to be a Peer Worker 24/7 – stick to certain hours or you'll burn out

Be prepared to say unpopular things in meetings with service staff – more than once – in order to represent consumers

Remember the staff are not the enemy – they are often subject to the same rules as you

Build trust with the staff by being professional and consistent in all dealings

Debrief with NUAA or your supervisor or a counsellor but never with the consumers

Organise

Work out how to organise the consumers – Hold meetings? Talk one on one? Have events like a coffee morning? Or all of the above!

Get people on the same page, so they agree on what's important – one way to do this that works is starting a newsletter

Learn

Do an assets audit - find out what strengths the consumers have

Get to know how the system works so you can work within it – what are the rules? What does the clinic offer? Who makes the decisions?

Learn what is easy to change and what will take more time - what are service rules and what is government regulation or law?

Get fluent in health improvement – know your stuff around hepatitis (A B & C), HIV, sexual transmitted diseases etc and know where to go to get specialised info

Stay up-to-date around negotiating government departments, the health system etc, tenants' rights, legal rights, human rights

Take Action!

Get some early "runs on the board" - small changes can mean a lot. For example, put up drawings by the consumer's kids to add ownership, colour and conversation or make waiting more comfortable with cushions on seats.

Don't make promises you can't keep. For example, if you want to set up a suggestions box, make sure that there is an effective way to give feedback to management and that they are prepared to listen and act.

Don't overextend or promise more than you can deliver or have the power to achieve

Do it again. If something works, repeat it!

Work out how you will feed back to consumers e.g. through a newsletter or a notice-board or at meeting.

Hope's Story

Hope was NUAA's first Peer Worker and has been with NUAA for 10 years.

I had just finished a Diploma of Community Services and was applying for a few jobs. Out of the blue, a friend who was working at NUAA told me there was a new role going, called a "Peer Worker". This was a first for Australia and there was a year's funding to see if it would work.

The idea was that, as a member of the community of people who used drugs, I would know and understand my community and its needs, and be able to respectfully help people. The only catch was that I would have to "out" myself as a drug user.

The Peer Worker role was based at two Opiate Treatment Program (OTP) clinics and would be the bridge between the workers – doctors and nurses – and people on a methadone or buprenorphine program.

There were a number of Peer Worker models, but the first one we trialled meant I could not be dosed at the clinics I worked at. We have since got other models up and running, but for me, I was working out of an Opiate Replacement Treatment (ORT) clinic, but personally using a private GP/chemist combo.

I was warned it would be a tough gig. Apparently, the nurses were not keen on the idea of Peer Workers. It was thought that after the year was up, there would be so much resistance that the job would be canned.

I thought: "One year my arse! This is a fantastic idea and needs to happen all around the world!" I saw it as a challenge and I knew I was up to it.

There was no doubt the first 6 months were rough. We had to work out what a Peer Worker was – from a user point of view – and what a Peer Worker should be doing. It was important to us that the Peer Worker was about meaningful representation, not just ticking a box. We wanted to have a genuine say in how services were run.

The first 6 months were rough. We had to work out what a Peer Worker was – from a user point of view – and what a Peer Worker should be doing. It was important to us that the Peer Worker was about meaningful representation, not just ticking a box.

A big part of my job was to support the hep C treatment trials that were going to where people who used drugs were – at ORT clinics – and help people get tested and treated. Even though it was the old interferon treatment, we still managed to get take-up tripled.

The culture of the clinics also changed with a more respectful and inclusive approach. The waiting rooms were calmer – there was not as much drama and people were relaxed. The Workplace and Safety incidents – from violence to accidents – were much lower than at clinics where there was no Peer Worker. Dosing procedures became less punitive and bullying reduced. People were grateful to have a Peer Worker to turn to as a source of info and to make complaints to, all without judgement. Peer Workers empowered people.

From my point of view, the biggest challenge was improving my relationship with the dosing staff. The nurses knew I was on methadone and would freak out if I even came to the door of the dosing room. It took a few years to build trust. It was more difficult because the nurses would come and go constantly. I was always dealing with new people.

After the year was up, the Ministry of Health saw that the evidence showed that Peer Workers work, and the project was funded again.

After all that work, I thought Peer Workers would be everywhere by now. It's a model proven to work and I believe every clinic and service should have one. If you're reading this and you have a Peer Worker at your service, please use them! They can't change the service unless you tell them what needs changing. If you would like to try Peer Worker as a career, I would recommend going to TAFE to study Community Services, or perhaps joining NUAA as a volunteer to get some experience.

I have been working at NUAA for nearly 10 years now. I love my job. I hear all sorts of things and sometimes all I can offer is a judgement-free ear. Other times, I can do something to change things for people. I am very proud of all the people I have encouraged to get tested and treated for hep C. It's turned out to be the perfect path for me.

Tony's Story
When Change Is Good

Tony shares his experience as a Peer Worker at an Opiate Substitution Clinic.

When my clinic decided to hire a Peer Worker, the mood was suspicious. Change had always been a bad thing there, something to worry about. I'd started on the program at my clinic way back in the early 1980s. In those days they gave you naloxone (Narcan) and if you hung out badly enough, they would start you on methadone. The clinic was staffed by experts who had your life in their hands. Think Nurse Ratchet in "One Flew Over the Cuckoo's Nest".

Speed through to just a few years ago. Though some things had improved, the service still felt punitive and a lot of people felt they were treated like children. Dosing hours were cut shorter as caseworkers and doctors disappeared without notice. Any request was met with eye-rolling and a reminder that you should feel privileged to be dosed there. Ask for a takeaway and get ready to jump through hoops.

We actually were grateful for the service – but we also noticed that nobody expected people on other medical treatments to make a big display of being grateful.

It wasn't that staff were doing a terrible job or were deliberately nasty, because generally people working with marginalised communities have good hearts. it was just that there'd never been any communication between service users and the service, and we had never had a say in things that were central to our lives.

From our point of view, it had just never occurred to anybody to 'take a stand '. Often, we felt like we were pushing it just to be heard.

Things changed when our clinic got together with NUAA to hire a Peer Worker. After the usual process of applications and interviews, I was hired to do the job.

The first thing I had to work out was how to represent the majority. My clinic prioritises people who are at risk in terms of drug use, living arrangements, mental health, transition from jail and so on. Most of our consumers were already dealing with a lot and getting people along to meetings wasn't going to work. Instead, I literally sat in the waiting room and talked to people one at a time or sometimes in small groups to ask about their concerns.

As it happened, we all agreed on the big stuff.