

User's News

UN

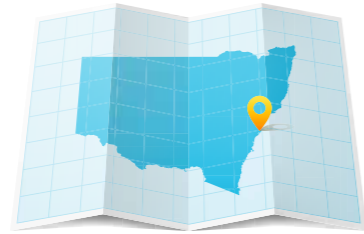
ISSUE #95

**NOT OUR
FIRST RODEO!**



THE COVID HARM REDUCTION ISSUE





SAFER USING JUST GOT A WHOLE LOT EASIER...

NUAA's outreach and delivery service is up and running, now in more locations than ever before!

Our outreach team will supply sterile injecting equipment, and can give you info and advice around harm reduction, safer using, and hep C prevention.

Citric acid and harm reduction information/resources available!

NUAA Outreach - now operating in the following locations:

- Newcastle
- Wagga Wagga
- Bathurst
- Orange
- Queanbeyan
- Maitland
- Cessnock
- Port Macquarie
- Kempsey

Don't see your area/suburb? Don't worry – postal ordering is available NSW wide. Contact NUAA for more info or to place an order.
outreach@nuaa.org.au | 0472 705 325

CONTENTS



Published December 2020. UN is distributed to various AOD services throughout NSW, as well as via post to members of NUAA. Membership is open to anyone who supports NUAA's aims and objectives, regardless of drug use history. Contact us to get a form. UN is no longer distributed in NSW jails. However, people in jail who are NUAA members or write to us asking to join NUAA will be sent their own copy of UN in the mail. Disclaimer: The contents of this magazine do not necessarily represent the views of the NSW Users & AIDS Association, Inc. (NUAA). NUAA does not judge people who choose to use drugs illicitly, and User's News welcomes contributions which express opinions and raise issues of concern to drug users – past, present, and potential. In light of current laws on self-administration of drugs, however, it should be clear that by publishing the contents of this magazine NUAA does not encourage anyone to do anything illegal. While not intending to censor or change their meaning, User's News reserves the right to edit articles for length, grammar, and clarity. User's News allows credited reprinting by community-based groups and other user groups with prior approval, available by contacting NUAA. Information in this magazine cannot be guaranteed for accuracy by the editor, writers, or NUAA. User's News takes no responsibility for any misfortunes which may result from any actions taken based on materials within its pages and does not indemnify readers against any harms incurred. The distribution of this publication is targeted. User's News is not intended for general distribution. ISSN #1440-4753.

Editor
Leah McLeod

Journalist + Design
Erica Franklin

Design Consultants
The Content Professionals

Communications Peer Assistant
Anna Amanatidis

ISSUE #95

Editorial	4
QR codes	6
Letter to the editor	7
News Dose	8
NUAA and COVID	10
COVID and OTP	14
OTP Consumer Guide	15
COVID and cannabis	16
COVID-420	19
Tips for coping with COVID	20
Yoga	22
Far away from home: Garth and Neera's story	26
Dealing with changing drug markets	32
It's the season for change: Bridie and Pandora	38
COVID Inside: William's story	42
Looking for treatment	45

NOT OUR FIRST RODEO!

NUAA would like to show respect to 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.

We are amazing. We are survivors.

It feels a bit perverse to benefit from a crisis situation, but our community's history is rich in silver linings. Over the last 30+ years we have taken the biggest leaps as a community in response to the times we have confronted the most serious challenges to our health and experienced the most hurtful stigma and discrimination. We have learnt to pull together, identify as a community and use our voice.

In the 1980s, our response to the HIV/AIDS epidemic changed everything for people who use drugs. Some UN readers may not be aware how hard it was to get fits 'back in the day' — a chemist once pulled a gun on me just for asking — or know that we would reuse them over and over, simply rinsing them with water and sharpening them on match boxes. We didn't think about the blood caught up in those 'works' and we never dreamed that blood could make us very sick or even kill us.

Once we found out, we knew things had to change, or we would die.

Some very special members of our community like Alan Winchester and John Berry worked with Dr Alex Wodak who supplied them with new syringes to hand out as they walked the streets of Sydney. They met as a group to figure out how we could beat this thing, working with other groups at risk, gay men and sex workers — and petitioning the government for support. After several applications, NSW Health agreed to fund our life-saving work and we became NUAA.

Thanks to some politicians who 'got it' like Neal Blewett and Peter Baume, the government responded quickly and because of the public health and safety measures put in place, Australians who inject drugs were not as badly affected as our peers in other countries. The then Prime Minister, six Premiers and Chief Minister approved harm minimisation as Australia's national, official drug policy in April 1985, thereby paving the way for Needle and Syringe Programs (NSPs).

With a supply of new equipment now available to us and new information (including *User's News*) to help us learn how to reduce the risks, people who injected drugs completely changed the way that we did things. Grabbing onto this thing called harm reduction and embracing methadone treatment, we found we were less likely to get very sick or die from injecting.

Then along came another blood-borne virus, hepatitis C, or as it was known then: 'non-A, non-B'. We learnt that the hep C virus lived in blood outside the body a lot longer than HIV. We found out there was more than one kind (genotype) and we could get it more than once. We discovered that we could have it without even knowing it. And that also meant we could pass it on without knowing it. For some of us, hep C did not cause very many problems at first, but we learnt that it affected us more as we got older and could result in liver cancer.

We had to look at our injecting practices all over again and make changes to rid this virus from our

This is NUAA's Acknowledgement to Community, which we say before meetings — just after the Acknowledgement to Country. It reminds us of our beginnings, that we stand on the shoulders of giants, and points us to the future as we help grow peers as leaders. It also tells us what our focus should be right now, reminding us that our community needs to drive everything that we do:

NUAA is a peer-based, community-controlled drug user organisation. We represent the voices and needs of drug using communities in NSW. NUAA and the community of people who inject drugs were instrumental in averting the HIV epidemic and we remain central to improving the health and human rights of all people who use drugs in NSW. We would like to take this opportunity to acknowledge the legacy of the peers who went before us and reaffirm our commitment to fighting the effects of stigma and criminalisation in all their manifestations.



community. We learned to practice prevention, test regularly for hep C and get treated whenever we come up positive. We braved years of experimental and painful procedures until this most recent wonderful testing regime and cure.

Now it's COVID time, a virus that is spread through by cough or sneeze droplets to our mucous membrane (eyes, nose, mouth), or from membrane to membrane directly (e.g. kissing) or through objects (cutlery, cups, cigarettes, bongs).

This pandemic has its own challenges and again we have had to pick up our game and make sure that the way we use does not make us vulnerable to this new virus. We are learning to use sanitiser, wear masks, clean down our deals, not share bongs or pipes and practice social distancing.

As we stand here, knocking 3 for 3 out of the park, I am starting to feel that no matter what they throw at us, we are capable of getting through it together.

We have learned to respond

quickly to threats, practising great care in managing the viruses that can cause harm to us. We have learnt to value our health.

We build self-esteem as a community as we fight stigma and discrimination. We have found an identity beyond the stereotypes believed by far too many people in our society. We no longer buy the lies that people who use drugs are a blight on society — a problem to be solved.

Through all the tough things we have faced and beaten, and the strides forward we have made, we have grown. We have discovered our worth and demanded a seat at the table of life.

So as you do your bit to contribute to the world fight against COVID and take on new ways to look after your own health, take a minute to think about all we have achieved and remind yourself: We are amazing. We are survivors. ■

Love Leah

“

“Sometimes I think we forget what an achievement it is that NUAA exists at all. As an openly peer-based drug user organisation, with employees that identify as people who do or have used drugs, we defy the overwhelming narrative that peers and people who use drugs are at best weak and at worst evil. For an organisation like ours to have been continuously funded by the NSW Government for over 30 years is a credit both to the many peers down the years who have worked to serve their communities and to the Ministry of Health for continuing to keep the faith.”



From the introduction to the 2019–20 Annual Report written by our CEO Mary Harrod (for more from Mary go to page 10).

QR Codes

In response to COVID Australian pubs, cafes and restaurants now require you to use a QR Code to enter them. Read below to find out what they are and how to use them. We've added QR Codes to *User's News* so that you can access more information quickly and easily without having to type in the whole web address.

What are QR Codes? They are barcodes that contain information like a telephone number or website address.



How to use them?

1. Simply open your camera on your phone.
2. Point your phone camera at the QR code displayed on the magazine
3. Your phone will then prompt you with a link to a website, phone number or message.
4. Click the notification to go straight to that website or message, easy!

If pointing your camera doesn't show any message, you may need to download a QR Code reader from the app store. There are free QR Code reader apps available on both Android and iPhones.

TRY OUT THIS CODE!

It will take you to the *User's News* website



We have put QR codes throughout this edition of *User's News*. How many can you find? Answer in UN96

Letter to the Editor

Making a complaint

*Felicity asks:
Whatever
happened to that
complaint about
the changed
methadone?*

Dear UN,

Whatever happened to our complaints about the change in methadone last year? They said they were only changing the colour but I had a strong reaction to the new formula. It makes me queasy and I really dread having my dose. I recently reviewed my dose with my doctor and she reminded me I had gone up on my dose (higher than I want to be on) because I had said the new recipe didn't hold me. I want to go back down but don't want the same problem. Will anything change?

– Felicity

Dear Felicity,

We took the complaints we received about the changes to methadone (made by the pharmaceutical company Aspen) to the Therapeutic Goods Administration (TGA)

We told them people had said they were experiencing nausea, vomiting and bowel issues; that it was no longer holding them for 24 hours so people had to increase their dose; and complained that we weren't consulted about the change.

The TGA complaints process is set up to take complaints from health consumers rather than health or community organisation such as NUAA. We did make a group submission, and encouraged everyone who rang us to complain directly. The TGA said they received only a few complaints from individuals.

The TGA told us they investigated the issue with Aspen. They said they had “not detected a ‘signal’ for drug ineffectiveness and/or withdrawal syndrome... nor had they found sufficient evidence for a product quality issue”. They assured us they would act if it did not meet Australian regulatory requirements.

They said they would re-open the investigation if more people complained and suggested people provide details of where they are dosed, so they could see if there was a problem with particular batches.

They said that recipe changes in colour and flavour usually happen because an ingredient becomes unavailable. Either a replacement is found or the medicine stops being available. Aspen didn't have to consult with stakeholders before changing the colour and flavour. However, it is usual to formally ask

the TGA for approval, which Aspen did and were given the green light.

If this is still a problem for people, please make a complaint. Unless people make formal complaints, we won't get the ear we deserve. If everyone who experienced a problem in the health system made a complaint, we would have a much better system.

You can make an online complaint to the TGA here (<https://aems.tga.gov.au/>) or by phone through the Adverse Medicines Event Line (1300 134 237). If you need advice or support in how to make a complaint you can call our PeerLine service on 1800 644 413. ■

**Best wishes,
Leah xxxx**



NEWS DOSE

Users News

Fentanyl in cocaine and ketamine

Following recent cases of serious harm in NSW, NSW Health has put out two warnings that the strong opioids fentanyl and acetylfentanyl have been found in powder form in cocaine and ketamine.

People taking these cut drugs unknowingly ended up in hospital. Acetylfentanyl can have life-threatening effects, especially when taken by mistake. Symptoms are drowsiness, loss of consciousness and slowed breathing.

User's News has been informed by peers that fentanyl has also been used to cut heroin during COVID.

For the last few years in North America, there has been a massive overdose crisis driven by fentanyl in the illicit drug supply. Experts in Australia have been worried for some time that it will happen here and COVID seems to be a catalyst.

NUAA has test strips available so you can see if there is unwanted fentanyl in your drugs and has developed a brochure showing how to use the strips. Call us on 02 8354 7300 to get a testing kit sent to you.

Scientists who discovered the hepatitis C virus win 2020 Nobel Prize

This year's Nobel Prize was awarded to 3 scientists who have made a huge contribution to the fight against blood-borne hepatitis, a major global health problem that causes cirrhosis and liver cancer in people around the world and particularly affects people who inject drugs.

Harvey J. Alter, Michael Houghton and Charles M. Rice made 'original' discoveries that led to the identification of a new virus, the hepatitis C virus. Before their work, the discovery of the hepatitis A and B viruses had been important steps forward, but most blood-borne hepatitis cases remained unexplained. The discovery of the hepatitis C virus showed the cause of the remaining cases of chronic hepatitis and made possible blood tests and new medicines that have saved millions of lives.

Drug reform in the United States of America

While USA citizens were voting on their future president, in some states they were also asked to vote on drug issues.

Oregon decriminalized the possession of all drugs by passing Measure 110. Possession of small amounts of any drug — meth, heroin, cocaine, anything — will result in no jail time and a maximum fine of \$100. It will still be illegal to sell and manufacture many drugs, as well as possess them in large amounts. At the same time, a treatment program was started, funded by a tax on cannabis.

Oregon also passed Measure 109, which approved developing a plan for psilocybin-based psychedelic therapy. Psilocybin is a naturally occurring psychedelic, found in 200 species of 'magic' mushrooms. In the same election, in Washington DC citizens voted to decriminalise psilocybin. DC joins Oakland, Denver, Ann Arbor, and Santa Cruz where psilocybin is decriminalized.

Some US citizens also voted to legalise cannabis. Mississippi voted to legalise medical cannabis, while Arizona, Montana, New Jersey, and South Dakota voted to legalise recreational cannabis. Cannabis is now legal in 15 states.

Victoria may change driving laws around medicinal cannabis

Around 25,000 Australians currently use medicinal cannabis products. These are prescribed to relieve symptoms and pain associated with certain chronic medical conditions, for chemotherapy-induced nausea or during palliative care.

In Australia, it's an offence to drive if you're using medicinal cannabis products containing tetrahydrocannabinol (THC). Whether you are prescribed cannabis or not, if you are tested positive by police at the roadside, you will receive the same penalties as if your use was illegal. You will also get criminal charges for injuring someone in a traffic accident.

Victorian politicians are currently considering a parliamentary bill that proposes that people prescribed medicinal cannabis are treated like people who use other prescription drugs (including people on the Opioid Treatment Program) rather than illegal drug users. One argument for the change is that medicinal cannabis products contain less THC than street cannabis.

The system would reflect laws in place in many states of the USA and in Canada where cannabis is treated like alcohol. We may be looking at a system where there is a maximum allowable level of THC (with alcohol it is .05 Blood Alcohol Level). ■



More news and articles available online



Looking for Silver Linings

How NUAA took on the COVID Challenge

In this piece, Dr Mary Harrod talks about how NUAA faced the COVID situation, in the best tradition of Drug User Organisations (DUO), we rally our community to turn a challenge into a win for us. Dr Mary has been at NUAA's helm as our CEO for over 5 years.

Pre-lockdown: Planning for the worst

NUAA's planning for the COVID-19 pandemic began on the 27 February 2020 when we attended a meeting called by our primary funders, the NSW Ministry of Health, to do business continuity planning. The session asked us all to think about a scenario where community transmission was widespread and hospitals were potentially overwhelmed with COVID-19 patients. The discussion brought home the seriousness of what was coming and gave us an initial insight

in what we would need to do to prepare.

First, NUAA thought about preventing staff illness and preparing for what would happen if staff did fall ill. Our priority was keeping essential services going — phone support, online resources and our Needle and Syringe Program (NSP). We immediately put measures in place to ensure that our Crown Street NSP remained operating.

We needed to make sure we had enough trained staff to cover for any absences due to COVID infections in the staff team and all NUAA staff received NSP training. We held on to a small supply of masks leftover from the recent bushfires. We increased the hourly salary of frontline staff who were being asked to come into work in an uncertain and anxiety-filled shutdown period. We organised for the rest of the team to work at home. We modified our leave policy and reassured our staff — casuals and non-casual —

that they would be covered if they fell ill.

NSW overall and NUAA prepared so well for the worst that it never came. NSW has managed to contain infections and thankfully no NUAA staff have contracted COVID-19. Our response evolved with the pandemic but we are proud that our NSP has remained open with no reduction in hours throughout. We've expanded outreach and mail order services. We've worked to make evidence-based COVID harm reduction resources available to our community including

“Our response evolved with the pandemic but we are proud that our NSP has remained open with no reduction in hours throughout.”

developing a bumper COVID edition of *Insiders' News* that goes into to NSW jails. We also put accessible harm reduction training modules online.

Lockdown: Standing up for people who use drugs

Our service delivery work is visible (if you know where to look) but NUAA also fills a crucial role in policy development that is perhaps less visible. The other services attending that meeting in February were Alcohol and Other Drug (AOD) services run by Local Health Districts across NSW. At this point, and during the shut down, services were re-orienting to ensure that health care staff could be moved around to deal with the expected large numbers of people needing hospitalisation and to limit the spread of COVID-19. In mid-March, NUAA started attending AOD 'Community of Practice' meetings along with people within the Ministry of Health, Local Health Districts and others. These meetings were set up to allow the people who provide services, particularly the

Opioid Treatment Program (OTP), to workshop ideas and trouble shoot issues that arose in providing OTP during COVID.

The changes that happened were immediate and far-reaching. Takeaway restrictions were (and still are) lifted. Many people attending hospital clinics daily were moved to dosing at local chemists to reduce clinic loads and travel time. A number of clinics subsidised these dosing fees. Mechanisms were set up to ensure that anyone that was in isolation could dose at home. There was a push to distribute Take Home Naloxone to as many people as possible. The changes came thick and fast. There were some teething problems — as always many of them were related to communication —

but for the most part the feedback we received was that people on the program felt they were better off.

The OTP provides an essential, life-saving, highly effective treatment for opioid dependence. The approach to dispensing this medication has been punishing in a way that no other form of health care would or could ever be. Restriction on dispensing medications such as methadone are necessary — it's a risky drug and the risk of overdose must be managed — but we all know that many aspects of the program are based in deeply rooted stigma. COVID-19, like the HIV pandemic, has resulted in radical and rapid change. In both instances, stigma gave way to the demands of public health. ↩

Our role has been not only to support how changes were rolled out during the COVID-19 lockdown but to keep the changes that were for the better.

The OTP experience

The challenge for NUAA as the sole representatives and voice of people on the OTP in meetings such as the AOD Community of Practice has been to advocate for our community. Our role has been not only to support how changes were rolled out during the COVID-19 lockdown but to keep the changes that were for the better. To do that, we needed to better understand how the community of people on OTP felt about the changes and produce evidence that they were working and not creating additional risks such as overdose.

We carried out a community survey in June–July asking people about their experiences during lockdown. People told us what changes they had experienced and how they felt about those changes.

A total of 71 people completed the survey; 59 of those were on the OTP. The people who completed the survey were from across NSW (40% from regional areas) and their ages ranged from early 20s to over 65. Roughly equal numbers of men and women completed the survey and 13% of the people who completed the survey identified as Aboriginal and/or Torres Strait Islander. There were 84% on methadone or biodone, 11% on oral buprenorphine (suboxone or subutex) and 5% on depot buprenorphine.

Some of the things we found out were:

- **COVID:** 1 person had been diagnosed with COVID
- **POLICING:** 44% of participants had been stopped by police during lockdown with about half saying they were stopped more often. One person left a program because of policing.
- **DOSING CHANGES:** Many participants were dosing at a public clinic pre-COVID (44%) with 84% on methadone or biodone. There were no substantial changes in dosing point or medication. One thing that did change substantially was takeaway doses, which increased considerably during lockdown.
- People taking part in the survey reported other changes for the better — reduced wait times, fewer hoops, reduced travel times and reduced stigma although a number of participants reported no change or that things were worse. Overall, 41% of participants reported things were better with 14% reporting things were worse.
- **SUPPORT:** We asked people about the support they got from their providers. Only 37% of people taking part reported having the changes explained by a prescriber or other staff member. A fair few people (30%) got no support or little support (11%) and 40% of people completing the survey reported no other support (e.g. information, dosing costs covered, naloxone supplied). Most other clinic support services such as groups, liver clinics and housing support decreased with a significant number of people (62%) saying they sought support through talking to their friends or peers.

Overall, even with less support on offer, people on the program generally felt better off.

NUAA has reported this information in relevant meetings post-lockdown and are happy to report that the overwhelming feeling among clinic staff is that many people on the program were better off.

The next steps: Making good change last

There are two more post-lockdown initiatives happening. Firstly, NUAA will be participating in a new expert Advisory Group by the Ministry of Health which will be set up to discuss ongoing improvements to the OTP. Secondly, there is also a possible research study evaluating changes to the OTP during COVID and NUAA will be part of the core investigative team alongside researchers and clinicians. We will continue to do our best for the community in these forums.

It's really important to remember that while we seem to be in a new

COVID-19 normal, changes to the program have remained. We have heard from a few people that their takeaways were reduced after lockdown finished, in some cases with no warning. Decisions like that are up to clinicians but if you were affected, NUAA can advocate alongside you and we have a support service specifically designed to do this, called PeerLine (details on page 25).

We are also seeking input from the community on further changes to the OTP program. If you are interested in contributing to NUAA advocacy, please leave your name with Stuart on 02 8354 7300 at NUAA HQ and we will be in touch. ■

# of Takeaways	Pre-COVID 19	During Lockdown
None	32%	17%
One per week	2%	4%
2-4 per week	49%	39%
More than 4	17%	39%

“Our role has been not only to support how changes were rolled out during the COVID-19 lockdown but to keep the changes that were for the better.”

COVID + OTP

Two sides to the story

For some of us on an Opioid Treatment Program, COVID has made life easier. For others it is a bit trickier. Two people tell two tales from different sides of the COVID coin...

On the up side

Cindy said: I'm on a methadone program. Even though I use every now and then, methadone helps me keep the balls in the air. And these days, with good gear being harder and harder to find, I need it more days than not. I would be in real strife at the moment now if I wasn't on the program.

The Coronavirus situation has worked well for me in the sense that my prescriber has increased my takeaways from 3 to 6. At first I

only had 5, and I split my doses so I only had to go to my chemist once a week. It made life so much easier. Someone suggested I should tell my doctor I was only going in once and he might give me 6, so I did that and he was fine with it.

It's a completely different life only having to front up once a week instead of 4 times a week. I'm hoping everyone sees that it works, and we all get to keep this

many takeaways.

The other great thing is that some of my appointments with my prescriber are on the phone. I get my script renewed once a month and I only have to go in every 2 months at the moment, just so he can eyeball me and see I'm going ok. That is more freedom than I've ever had on the 'done. That's another thing I hope lasts well after we have a vaccination for Coronavirus.

On the down side

Eric said: COVID has been difficult for people like me, who are at a public clinic. Every time I go to get dosed now, I have to go to the main building first, where I have to use the QR code to answer questions about travel, my health and any contact with people with COVID or suspected COVID. My temperature is taken with a gun that is set up to automatically work it out. Then I get the sticker of the day. That happens every day I get dosed there — so 6 days a week.

After that I can go to get dosed, which is all done with the right amount of social distancing and means less people can be waiting inside, so the queue starts outside so I feel on show and it takes longer. The whole process can add up to an hour onto my dosing.

At first we were given a takeaway each week, which was fantastic. Now the clinic still has a day off (on a weekday), but we have to get dosed at a pharmacy. At least there is no COVID hoop to jump through at the pharmacy,

but we still have to front up — and we have to pay for it — just so the clinic can have a day off.

It's not that I don't understand why we have to do all the COVID stuff, but it seems harder than it has to be. I think they could have kept giving us a takeaway. It really feels like we have to jump through extra hoops on top of what was already a pretty strict way of doing things. I went on methadone to open up my world, not close it down, but I feel that is what is happening now. ■

NUAA's Opioid Treatment Program (OTP) Consumer Guide



NUAA has created an easy-to-read guide that has everything you want to know about being on methadone and buprenorphine - written by people who use drugs, for people who use drugs.

These guides tell you the rules, the facts, your choices, what you can expect from OTP, what is expected of you and some useful tips and advice from peers. Our consumer guides come in one main resource covering all the rules and regulations – the Consumer's Guide to the Opioid Treatment Program -- and set of seven stand-alone guides about specific topics. No matter where you are in your treatment journey, the information in these booklets will help you make the best decision for you.

The resources include 1 primary resource which is the NSW Clinical Guidelines in plain English and a series of 8 standalones with specific info including peer advice and quotes. The standalones include:

- 1 An introduction to the OTP
- 2 Maintenance on the OTP
- 3 Your Rights and Responsibilities on the OTP
- 4 Pregnancy and Parenting on the OTP
- 5 OTP in Regional and Rural Areas
- 6 Pain Management and OTP
- 7 Exiting the OTP
- 8 Depot Buprenorphine Starter's Guide



Where can I get a copy?

You can download a pdf or order hard copies from our website using the 'Resource Order Form' at: nuaa.org.au/nuaa-blog/consumers-guide-to-the-opioid-treatment-program
You can also contact NUAA via our PeerLine on 1800 644 413 (free call).



COVID and CANNABIS

Do they really go together?

We asked: How has COVID affected you? Are you smoking more cannabis? Less?

Rami, Jake, Marceline, and Finn are people in their 20s and 30s who use cannabis. We asked them all 2 questions: How has COVID-19 impacted your cannabis use? And are you using any strategies to manage or reduce your use? This is what they told us!

Rami

I started working from home when we first went into lockdown. And I'm still working from home.

My relationship with weed prior to COVID was very different from how it was after lockdown. I wasn't smoking it during the day at all, because I was at work. I might've had to dose up before going on my journey to work, but I didn't smoke weed once I was at work. I would carry three cigarettes in my backpack — not a packet because

I don't smoke much tobacco. I would have my three ciggies during the day and then come home and have a smoke of weed.

I mean, there are only a couple of hours left in the night once you get home from work, so how much can you smoke? I would have a smoke, have dinner, go to bed. Next day I would wake up, have a smoke, go to work and I wouldn't have any more until I got home in the evening. It's different on the weekends — you know smoking cannabis is my life and I was living it. But through the week,

my work routine defined my use.

But come COVID, I had access to weed whenever I wanted it because I was at home. So it was really easy to smoke when I needed to. Before work, during work.

I was going through a lot more. Heaps more! Double. Maybe triple? But okay, no-one else has been in a pandemic in the last hundred years. And if I need to be on a fucking Zoom call at 6am and I've got 'Mary' sitting there and I need her, then I'm gonna go get her! So that's been my experience during the pandemic.

“

“I was going through a lot more. Heaps more! Double. maybe triple? But okay, no one-else has been in a pandemic in the last hundred years.”

Jake

I increased the amount of weed I smoked during COVID. Definitely. Beforehand, I would generally only use it around friends, and only occasionally would I use on my own. But my use has probably doubled.

I'm using more because it feels like there's nothing else to do since COVID shut everything down. Smoking weed is something I enjoy doing. It's a very normal part of my life. So with less other things to do, I'm filling the time up by smoking more cannabis.

Marceline

A month before COVID hit, I moved in with a girlfriend. Her boyfriend moved in as well — and he is a religious weed smoker. He will smoke all day, every day. That's just him. His body is okay with that and his mental state is fine.

So at the beginning of COVID, I started to do the same. But then I began to feel the adverse effects — I mean it was affecting my mental wellbeing. I noticed I was spiraling down into a depressive state and that's just not me.

I was like “No, I need to stop!”

because I felt like it was my smoking that had to change. I knew the smoke was affecting me more than it should and that my mood was worse on it than it would be if I wasn't on it. It wasn't as fun as it used to be because the adverse effects were outweighing the benefits.

Finn

I used to smoke weed 24/7, but about 5 years ago I managed to massively cut down. Now I usually only smoke at bush doofs and parties and on lazy Sundays.

But when COVID happened, my use increased massively. I went back to my old routine of wake and bake. I think I mainly needed it to cope with

the stress, the fear and uncertainty. COVID made me really anxious and I needed to tune it all out.

Working from home also didn't help.

I never had weed with me at the office. But now that boundary is gone and I always have access. What with everything going on, it became really hard to self-regulate.

“

“When COVID happened, my use increased massively. I went back to my old routine of wake and bake.”

We asked: How have you managed or reduced your use of cannabis during COVID?

Rami

The financial aspect of it just isn't sustainable. I don't have billions of dollars to smoke to my heart's content. So there's a saying in Arabic that I'll translate that is كئيلجر دم كفافل دق ىلع (ala 'add lihaafak midd regleik.) What that means is that you stretch your legs out to match the length of your rug or your mat, if your mat isn't long

enough, you keep your legs tucked in. It rings true to me — about staying within your means. Smoke it if you've got it, but if you can't afford it then you need to stop.

One way I reduce the amount I am smoking is to stretch it out with spin. I don't always use tobacco as spin. I know people who use the herb damiana and others who use peppermint tea. So you can manage

your use by increasing or decreasing the amount of spin.

I also seem to manage my money better if I bulk buy. Another strategy is to not always smoke it — you can cook it and it goes further. I also ration what I have. I'll know the amount I have and how long it has to last me for. Then I will split it out so I have enough to last til I can get some more. ↩

Jake

I invested in a vape to reduce the harm of smoking. Plus, I like to save the bud I have vaped and use them as edibles.

I also manage my use by making a budget and setting myself a limit.

I know if I buy in bulk it will save money. But the problem with buying in bulk is that you can smoke more. The truth is: if you have it, you'll smoke it. It's there. A lot of people who smoke cannabis will tell you "If you've got the sesh, you'll smoke the sesh."



“

"If you've got the sesh, you'll smoke the sesh."

Finn

I realised I was smoking too much. I was waking and baking everyday - I mean I was smoking 24/7, full time.

So I changed the way my room was set up. I put the bed in a whole

new location in my room. I so associated waking with baking, that I found waking up in a different spot in my room helped me change the way I started my day.

I also switched to joints because I was dependent on that hit from the

bong. Joints don't have that same punch or hit to them.

I haven't quit but putting that stuff in place massively helped me cut down.

“

"I found waking up in a different spot in my room helped me change the way I started my day."



Marceline

I had to use pretty open communication with my flatmates. I just said to them "Look, I have no issues with you guys smoking but if I say that I don't want any, please don't keep offering me some,

because it will lead to self-sabotage ... and I'll end up getting upset that I caved."

It wasn't as hard as I thought it would be to cut down. Because if I felt like I didn't want to smoke weed and they were out in the lounge room, I'd

just remove myself and watch movies in my room or I'd go out and go for a walk. But more often than not, I'd join them but not smoke. I could laugh at them tripping out and wig them out a bit. I made my own fun while they were having fun too. ■



COVID-420



Cannabis harm reduction to help keep everyone safe!

Puff, puff... don't pass!

Make sure everyone uses their own equipment. If you're smoking, roll your own joints & don't share bongs!

#SoloSeshIfYoureSick

Be responsible if you get sick, and don't sesh with your mates. It might be lonely, but think on the bright side - you get to pick what album to listen to or TV series to binge.

Who said you have to smoke it?

Smoking isn't good for your lungs in general, and spinning with tobacco will leave you even more vulnerable. Switch to vaping if you can - vapor will leave your lungs less vulnerable than smoke. You could also think about making edibles.

Keep it fresh

Take the opportunity to clean your gear! >60% alcohol and/or boiling water are recommended. And don't kid yourself - the flame from a cigarette lighter won't disinfect your bong!

Tips for Coping with COVID

Feeling stressed is a natural response to a difficult situation – and we know a lot of people are feeling that way because of COVID. Being anxious or stressed can affect how we act, how we feel, the way we think, and even how our body works.

If you keep an eye on how you are feeling and how other people are doing around you, and get help if and when it's needed, then together we can get through this difficult time. Here are a few tactics to help.



Tip 1: Getting in the moment

When you are doing head miles and you are finding it hard to cope, focusing on the moment can help.

Try doing this:

Take 3 slow deep breaths in and out. Look around you and find:

- 5 things you can see
- 4 things you can touch
- 3 things you can hear
- 2 things you can smell
- 1 thing you feel

Take another deep breath in and out.

Tip 2: Breathe!

Soldiers use tactical breathing to calm themselves before they go on operations and athletes use it before they race. It is simple to do, takes a few minutes and can really help when you are feeling stressed out.

Try doing this:

- Breath in: count 4 seconds
- Hold your breath: count 4 seconds
- Breath out: count 4 seconds
- Hold your breath: count 4 seconds

If you do this 3 or 4 times, it might help you feel better in your head.

Tip 3: Get through it as a community

Sometimes the people you are around can make you feel worse with their responses to stress, and you can be doing the same back to them!

During crisis times, it's really important to give each other a break. Kindness costs

nothing. Just step back and know that it's not personal, it's just a reaction to the situation. In fact, people can really bond over these kinds of shared experiences and come out much stronger at the end of them.

Those days you are feeling

okay, ask someone else how they're going. Maybe they just want you to listen or maybe it's just enough to ask the question so they know that someone cares.

Hopefully, on a day they're feeling better, they will return the favour.

Tip 4: Talk to a trained counsellor

Think about how great it would be to have someone who is on your side and can give you tips for coping that actually work based on your experience and needs.

With a referral from your GP, you can get up to 20 visits with a psychologist on Medicare. Some community organisations and charities

also have social workers you make an appointment to see without a referral and won't cost you anything. If the first counsellor you try doesn't get you (especially the drug use thing), simply try another.

You can also talk to a peer at NUAA's PeerLine on 1800 644 413. We are not counsellors but we can listen, help you

get connected, give you some tips for a better experience and support you if you run into discrimination on the way. ■



Yoga

**Meditation, mindfulness,
and exercise – all at once.**

Take the edge off with some calming yoga poses.

A simple yoga sequence practised daily can make a big difference to how you feel mentally. Yoga can help you calm down when you're feeling a bit edgy, and can also give you a boost when you're feeling down or low on energy.

Yoga works in a different way to a vigorous physical fitness workout because it slows you down, gets you to connect with how you're feeling and settles your nerves. It helps you to recognise what's happening with your emotions. It's as much a mind thing as it is a body thing.

The following poses have a calming effect on your nervous system and also help to boost your immunity and respiratory health. Depending on what has been going on for you and where you're at,

different things can happen when you practice a yoga sequence like this. You might feel chilled out, smooth and settled or you might just notice that you're agitated, anxious, and thinking a lot. Your mind might feel like a washing machine or it might feel smooth. It's all good and just because you don't feel relaxed while you are doing it doesn't mean it isn't working.

The first step in calming down is realising when you are not feeling calm. The most important thing is to carefully observe exactly what is happening in your mind and body — how that changes as you practice the sequence but also how it changes day to day as the environment both inside and outside you changes. ↪

Calming Yoga Sequence

Stay in each pose for a few minutes. You can start with shorter times and build up to longer as your body gets used to the shapes.

Make sure you're warm and comfortable — do some of the poses lying on your bed if the floor is too cold and get creative with what you can use. You can roll up clothing and use your bedding or anything else you have around.

Focus on the physical sensations in your body for each pose and notice your breath.



Bound Angle Pose (Supta Baddha Konasana)

- Lie on your back, knees wide and press your feet together
- Put a rolled towel/pillow under your head
- Roll up a top or a towel and hook it under your feet and over your thighs to pull the feet in towards you (you can then let go and extend your arms out to the side)
- Slow down your breath. Keep feet pressed together, soften the inner thighs and let your knees move towards the floor. Stay in this position for 2–3 minutes, focusing on your breath.

Child's Pose (Virasana variation)

- Big toes close together, knees wide
- Roll up a blanket or towel and put it between your heels and buttocks
- Press shins into the floor or bed
- Extend forward from the hips so that your back doesn't curve and lie on top of a folded pillow or blankets
- Work the legs and let the torso and arms relax
- Slow down your breath and feel the sensation of the breath moving inside your chest and abdomen
- Stay in position for about 5 minutes.



Downward Dog Pose (Supported Adho Mukkha Swanasana)

- For this pose, you'll need to grab onto something sturdy such as a chair or a bedrail. You also need to be able to rest your head on something (e.g. a pillow). Put the chair against the wall or bed if it's likely to slide
- Put a rolled up blanket/towel under your heels so your legs can work better
- Press hands into the chair/rail floor and lift chest away from the hands
- Draw the shoulder blades into the back
- Press feet into floor to work the legs and press front thighs back
- Let the head totally rest
- Start by holding for 2 minutes, then build up your time.



Backbend off edge of bed/table (5 mins)

- Use the edge of your bed or a table/bench
- If it's a hard wooden or metal edge, put a blanket over it
- Slide off the edge so it's pressing into your upper back and your chest feels open
- Support your head with your hands if your neck feels uncomfortable.

Legs up the wall (Viparita Karani)

- You can do this on your bed if it's a lower bunk or if you've got room to extend your legs up straight.
- Butt and back thighs touching wall
- Pull a beanie over your eyes or use something else to cover them
- Relax your legs especially the thighs
- Slow your breath down
- Bend knees into chest and roll sideways to get in and come out of this one
- If your hamstrings are really tight and you can't put your legs straight up the wall then you can lie on the floor with bent legs and the backs of the calves on the chair.



How does Yoga work?

When you experience a stress response (fight or flight), your body releases stress hormones and a burst of energy that prepares us to deal with a threat (to fight or to run away). Often, it's a not a physical threat that triggers this response — it can be your own thoughts and worries or situations with other

people that stress you out. The relaxation response is the opposite response that returns you to a normal state. When you keep getting stressed without the relaxation response happening it can become chronic stress. This can have a bad effect on your immune system and your mood.

Yoga is something that can cause the relaxation response to happen. It can have an instant effect on your mood but when you do it regularly it really starts to pay off. It becomes a healthy habit that makes you better at dealing with stress. Give it a try — you've got nothing to lose. ■

PeerLine

1800 644 413

A peer-run support line for people who use drugs in NSW

We are community members - we speak your language and are here to talk, or just listen, about what is happening in your life.

We can provide non-judgmental and confidential information, advice, referrals and individual advocacy.

We're here to help you connect with community. We will support you to speak on your own behalf and in your own interests.

To chat with one of our friendly peers

Call **1800 644 413** or email peerline@nuaa.org.au
 9am-5pm Monday to Friday
 For more information visit
nuaa.org.au/peerline



PeerLine is run by the NSW Users and Aids Association (NUAA). NUAA is a peer-run drug user organisation, that strives to advance the rights, health and dignity of people who use drugs in NSW.

Far away From Home

COVID has them stuck on this side of the QLD border and it hasn't been the holiday of a lifetime!

Garth and Neera's story

UN: I'm here talking to Garth and Neera. So guys, tell us about yourselves.

Garth: We live in Far North Queensland. I work on boats up there. I worked as a jackaroo around the Carpentaria Gulf for years, since I was a kid, then moved to the east coast and started in the fishing industry as a deckie. We live in a truly beautiful place — I do a lot of walking in the bush along the river. It's a healing place for me.

Neera: That's my country, I was born and bred there. I'm proud to be both Aboriginal and Torres Strait Islander.

UN: What brings you to Sydney?

Garth: We came for a short holiday then got stuck with the border lockdown.

UN: It's nice to have you here, but I'm guessing it hasn't been easy?

Neera: You guess right. I am on suboxone, and when my takeaways ran out, my only option to get dosed was to go to a private clinic. I cannot believe how much it is costing me — \$154 a fortnight. It's just outrageous. The doctor there won't let me go to a pharmacy, which would be

cheaper — I have to dose there. I'm stuck, I don't have a choice. It's really killing us, especially having to stay as a visitor in an expensive city without your usual home and supports.

Garth: And I just got out of hospital.

UN: Damn! What happened?

Neera: We headed to the Cross to score, because that's where we've always gone before in Sydney. We have done okay there. This time, we couldn't find any gear so we decided to score ice — what we call 'crack' up home. But that was a huge disappointment. ↩

“

“We live in a truly beautiful place – I do a lot of walking in the bush along the river. It's a healing place for me.”

Neera: I dunno what it was, but it wasn't 'crack'!

Garth: It was poison! And it burnt going in and then travelled.

Neera: Garth missed his vein and instead of it just dissolving, it lodged hard as a rock and his arm started rotting that night. It started pussing really quickly.

Garth: It was hot and really painful. I knew it was an abscess. It wasn't my first one — I once had a nurse break off a canula in my arm which was only discovered when my arm got massively infected. But it was Neera who noticed it was oozing.

Neera: After about 3 days it just blew out — exploded when I touched it, running pus all down his arm. He also had a fever. I knew we had to act fast. I got him to a GP who diagnosed him with an abscess. He gave Garth a prescription for oral antibiotics but told us to get to a hospital. I took him to emergency and they got him a bed straight way and put

him on a drip with massive IV antibiotics.

Garth: I was in hospital for 6 days — that's how long it took til my abscess cleared up. I have to say, the staff were fantastic. Someone came from the Drug and Alcohol area to make sure I was okay and was being treated with respect.

Neera: She was lovely — she asked if we needed anything.

Garth: She just came once — I wasn't hassled at all — but she said I could get her back if there were any problems or if I wasn't being treated well. I haven't always had good experiences in hospitals. In fact last time I was in hospital up north they told me I had OD-ed on purpose, just to get a bed for the night — I was sleeping rough at the time. But it had been a genuine accident. I can't imagine risking death just to be treated like crap in a hospital. Anyway I was very pleasantly surprised by my recent experience. If you use drugs where we are from, you can get treated

like total shit by the health system.

Neera: They even let me lie in bed with Garth and have a sleep. I was really impressed.

UN: I'm glad to hear that. Is there anything you would have done differently, to avoid the abscess?

Garth: I used all new equipment and Neera and I are very clean when we inject. We always use new picks and always swab down everything. We filter — even though I know some people don't with 'crack'. We use a new water ampoule each time or boil water. We wash our hands and swab our injecting site.

UN: Do you think missing had anything to do with it?

Garth: I've missed before and haven't ended up with an abscess.

UN: Absolutely. But it is more of a risk as you get older and your veins collapse. We've learned that drinking

“At a time like this, when COVID is causing all sorts of worries and gear isn't as easy to find as usual, people who use drugs should be looking after each other, not at war with each other. Helping each other.”

plenty of water and using a tourniquet definitely can help. At NUAA's NSP we have a veinoscope — a machine that shows your veins, so you can see where the problem areas are and where the healthy veins are. It might be worth having a look if you have having trouble injecting on a regular basis.

Neera: That would help but we know it was the poison — whatever that stuff was that was sold to us — that caused the abscess.

Garth: What we need to do differently is look after each other as a community of people who use drugs. It's sad that we don't support each other as people who use drugs. Another user ripped me off and sold me this shit and put me in this position.

Neera: We are killing each other.

Garth: At a time like this, when COVID is causing all sorts of worries and gear isn't as easy to find as usual, people who use drugs should be looking after each other, not at war with each other. Helping each other. Not causing each other injury. If I had one message to say about all this it's about people who use drugs being kinder to each other, not stabbing each other in the back.

UN: Kindness is easy and we will pull through this if we stick together as a community. Thanks for being part of our amazing community — and glad you're looking great now! Good luck getting home! ■

Missing

Ever been in the situation where you have a syringe full of blood but you can't seem to get a vein? Putting your mix in a new syringe with extra water will give you more time before the mix coagulates. If you do end up injecting your shot but missing a vein, you are at risk of an abscess.

Soak a cloth in hot tap water and put it on the spot to bring your white blood cells to the area to fight infection. Don't add cream or ointment — they increase the risk of infection.

PROTECT YOUR VEINS

Preparation is key!

- Always wash your hands and swab the injection site
- Use a new fit every time
- Drink water to plump your veins
- Use a new tourniquet
- Filter your mix

Reduce vein tearing and track marks

- Use the finest gauge possible
- Rotate injection sites
- Always inject towards the heart
- Always inject needle bevel up
- Lightly pull back to check if syringe is in the vein
- Inject slowly and evenly

Bevel up



WHAT IS AN ABSCESS?



An **ABSCESS** is a localised bacterial infection that may be caused by unsafe injecting practices. The abscess will be a tender mass on your skin that is red or pink. It will feel hot and sensitive to touch.

What Should I Do if I Think I Have an Abscess?

Do

- Monitor your abscess by drawing a line around the red skin. You can then look at the line later to see if the infection is spreading.
- If the abscess is small (less than 1cm), applying heat may reduce swelling. You can do this by holding a warm, clean cloth to the area for about 30 minutes four times a day.

Don't

- Do not attempt to drain the abscess by squeezing or pressing on it. This can push the infected material deeper.
- Do not stick a needle or other sharp instrument into the abscess center. Doing this could injure the blood vessels under your skin or cause the infection to spread.

How Do Abscesses Form?


When your white blood cells fight an infection, some skin and muscle can die, creating a hole. This wound then fills with pus and bacteria, forming an abscess.

People with weakened immune systems are more likely to get an abscess, as their bodies are less able to fight off infections. Immunocompromised people should seek medical help as soon as possible if they develop an abscess.

Treating an Abscess

Abscesses that don't heal naturally may need to be treated with antibiotics to clear the infection, and the pus may need to be drained. If you have an abscess that is not healing or is getting worse, you will need to go see a GP or nurse. They can treat you with antibiotics to clear the infection and can drain the pus if need be.





Dealing with changing drug markets

Karlene's drug use has been severely affected by COVID. Her response is to stay as healthy as possible in the face of increased risks.

I live on the outskirts of Sydney and I inject heroin at least once every day and ice two or three days a week. I'm not finding life particularly easy at the moment and it seems like COVID lockdown and shut borders could be to blame.

Maybe I'm over-sensitive because I lived through the 2000 drought. I was using heroin and coke at the time. You could still get coke, but heroin almost disappeared from the market. If you could get anything, it was cut by a crazy amount and the price shot up. Seriously, you'd be lucky if anything stronger than a Panadol was waived over the top of most of those deals.

Then the phones went dead, one after another. You ran around town, following any lead you heard of, usually for no reward. Some dealers were trying their hardest to stay in business and were selling the best they could get — but failing miserably to satisfy. A lot of times you scored off people you didn't know and some deliberately sold gyprock or aspirin. You could pay through the nose and get nothing — or close enough to it.

A lot of people went on methadone or started using pills to deal with the situation. Many people moved over

to the new drug, crystal meth, to get a rush, any rush, because it was absent from the gear. At first we called it shaboo, but now we call it ice, or as me and my friends call it, 'the I'. The rise of the I was so closely linked with the fall of heroin that one of the theories of the day was that the high-up dealers had taken heroin off the market in order to get people on I.

The cost of heroin increased and never came down. The quality decreased and that did improve but took a long time. It was a few years before people stopped saying about good dope "wow, it's just like pre-drought gear!"

Luckily, COVID is not as bad as that drought — but it is lasting longer!

The heroin is cut, more expensive and harder to get. There is a lot of brown or beige sludge around — we call it 'the mud'. There's a lot of homebake, and much of it has fentanyl or pills in it — you can see the chalk and it's a different feel.

Some of the garbage around will stop you feeling sick, but you don't feel it and you don't get stoned. It's the sort of stuff you only buy once.

Other stuff you feel, but an hour later you are totally straight. Dealers who were confident they had enough

“Maybe I'm over-sensitive because I lived through the 2000 drought. I was using heroin and coke at the time.”

stock to last out COVID have gradually reduced the quality of what they sell and are now saying they can't find anything. If you find someone who has something decent or get a call from one of your old dealers who has found something to buy, get in fast. Because it's not long before they sell out.

As it is with heroin, so it is with the I. In fact, the I drought started first. Some days I've been able to get some ok stuff, but again you have to strike while the iron is hot, because it may not be there tomorrow.

Some days you can't get anything. All the dealers you know are off. I spend a fair bit of time with some friends who live in an area that's pretty much all apartment buildings and heaps of people who use drugs live there. Even though it's the sort of place where there are 8 dealers in

1 building, there are days there when no-one has anything to sell. Thank god there are more pills and methadone around at the moment or the world would be a very cruel place.

As far as dealing with the gear that is around, the two big worries are the effect on your veins of the mud, and overdose.

You might think it weird that I have said overdose, but when you are using weaker gear, your tolerance is lowered and you often start using more to compensate for the quality. Then bring in unknown dealers selling stuff that is possibly cut with pharmies like super-strong fentanyl, or when there is something stronger around, and you can end up knocked off your feet.

I can joke that I live in hope, but I do try and use around other people

“... there are days there when no-one has anything to sell. Thank god there are more pills and methadone around at the moment or the world would be a very cruel place.

when I can and have naloxone at hand, just in case. And I always ask about the quality so I can work out how much to use. Trying a bit first works too — that old saying 'Better two holes in the arm than one in the ground' is too true.

The vein problem is huge because a lot of this new stuff can be tricky. The ice burns and it's worse if you

miss. As far as the gear, it doesn't mix down so well. You might be told to add heat, and that can work, but sometimes it can just mean it turns back to sludge in your body after you have injected it. You don't want all that crap wrecking your body — and maybe particles going into your lungs, heart or brain. Some of the additives may make the gear alkaline, usually fixed with a few grains of citric acid, but because we really have no idea what is in deals we buy from unknown sources, I don't go down that path even if the gear is really hard to mix down.

I have started a double filter process, by putting an extra small piece of cotton wool on the tip of my needle then resting that against another piece in the spoon. It can be tricky to pull up, but be patient and go slow, and you'll get there. If you

can get your head around it (it just takes a bit of practice) think about bacteria wheel filters, which are the best option for your veins.

[Ed: You can get wheel filters plus sterifilts (another filtering option that may be easier to manage) at the NUAA NSP or sent out for free from the NSP shop on the NUAA website or delivered by a NUAA outreach worker. If you are seeing a real person, ask them to show you how to use them or call NUAA PeerLine on 1800 644 4313 for an explanation and to get a resource sent out.]

The other issue is that because there are heaps of cops around — probably bored because there is less happening — it's become more common around my area to pass drugs on with the 'kiss' — from their mouth to yours. Common sense should tell you not to do this; after

all COVID can be passed on in saliva. So my advice is to insist on getting in your hand or tobacco pouch or whatever — and wipe the package down if it's been in someone's mouth.

While we wait for the borders to open and the markets to improve, we need to be looking after each other, not ripping each other off. And we have to adapt to the new ways of doing things so we don't come out of this less healthy. So it's about being as clean as possible. Use new equipment every time. Sanitise. Filter, filter, filter.

Although I wish this wasn't happening, I watch the COVID numbers go up in other countries. I can't help thinking it would be so much worse if our governments had done nothing to stop COVID running rampant throughout Australia. ■

THIS AIN'T OUR FIRST RODEO...



Nearly 40 years ago,
our community stepped
up to fight HIV/AIDS.

Then we did it again with hep C.

Now it's Corona time.

Another decade, another deadly virus. Let's lead the way
again and keep ourselves and our community safe.

Practice good hygiene: Regularly wash hands or use hand
sanitiser | Keep 1.5 metres apart |
Cough/sneeze into your elbow.

Get tested if you have symptoms:
New tests are painless – just one
swab for your nose and throat |
Results back within 24-72 hours |
Testing now free for NSW residents.



3 STEPS TO STAY CORONASAFE

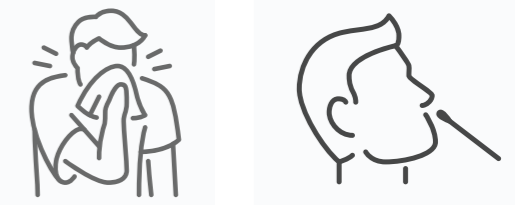
1 Avoid
physical
contact



2 Wash hands/
use sanitiser
regularly



3 Get tested
if you have
symptoms



Sharing isn't always caring: Don't share mix, joints, ciggies, or
injecting equipment. Use new and sterile fits everytime.

Stop the spread: Practice infection control. Wash/sanitise
hands regularly, before and after touching your face. Keep your
distance from people (especially if you're sick), and only ever
cough/sneeze into a tissue or your arm/elbow.

Don't assume it's all sweet: Don't assume you're just hanging out,
or that it's just a regular cold/flu. Don't assume it will go away or
pass by itself. Don't assume you won't pass it onto someone else
who might have other serious health issues.

If you're sick, get tested. Getting tested is the first step to getting
the healthcare you need. Testing means COVID-19 can be traced
– if you're positive, the people you've been around can get tested
and get the healthcare they need as well.

It's the season for change

Growing, adapting, changing – with grace

Stephen Hawking once said: *“The measure of intelligence is the ability to change”*. People who use drugs must be super bright, because we are amazing adaptors. We completely changed the way we inject when HIV threatened our lives, hep C damaged our health and COVID has challenged us all. But one of the biggest changes comes from the way we each grow as we age, learning to deal with responsibilities, failing health, damaged veins and a lifetime of stigma and discrimination.

Bridie and Pandora are two older women who share some of their changes – the things they have learnt – from the practical to the philosophical.

Bridie:

How to inject til you're 100

As an older injector of many years, I have had to overcome a lot of obstacles to keep using a needle. My veins have regularly objected and I have had to work out how to stay a jump ahead. That has meant changing equipment types and places of injection several times and learning to pay attention to my body.

I have found that every time I change fit brands and fit types, it's a while before the new equipment becomes as well understood and you can do the dance without thinking too much. But I do think it is worth experimenting. Making sure I am using the right equipment has been a key factor in being able to keep injecting into my 60s.

One of the best changes I made in recent years was learning to use a barrel with a butterfly (winged infusion set). I don't use regular 1ml fits at all anymore.

There are a number of advantages. I have had to get creative around which veins I use, and currently favour those small veins around my hands. The great thing about butterflies is that the needle has no lip, so you can get the needle absolutely flat against your skin and get in at a better angle for those

smaller veins. You don't have to jack back because you can see if you have a vein straightaway — a small amount of blood enters the tubing a few millimetres in. And once the needle is in, it doesn't move, so you are not going to lose your vein. Another advantage is that you can attach a bigger barrel and that means you can use more liquid than a 1ml fit. Because your drugs are more diluted, even if you lose a little you are ok. Compare that to a 1ml fit where every drop can be worth \$10!

The disadvantage is that you can't get butterflies for free at a Needle and Syringe Program (NSP) in NSW. You can get tips in differing levels of fineness at an NSP, as well as 1ml, 3ml or 5ml barrels. If you want larger barrels (10ml or 20ml) and butterflies, you need to buy them at a pharmacy that stocks injection equipment or order online. You can buy a box of 50 butterflies on a medical supplies website for a very reasonable amount. Buying in bulk is worth it because you can only use butterflies (and barrels) once, just like any other piece of injecting equipment — then you have to throw them out. There is a high risk of serious infection if you rinse and reuse. Butterflies are also high risk because they carry a large amount of blood.

I have found that the more I know, respect and protect my body, the better the injecting experience is for me. I do all the usual harm reduction stuff no matter what injection equipment I'm using. I make sure I use new equipment and I swab, sanitise and always filter. It's worth it to not have dirty hits, abscesses, endocarditis, blood borne viruses or COVID in your life. I've had my share of infections, including a spinal

abscess which really hurt a lot, and I've learnt my lesson well.

Learning my body and working with it has helped a lot. I discovered my vein routes, and spent time feeling the pathways, learning the bounce of healthy veins, the hardness of scar and what it feels like when the needle is 'in'. Noticing all the little things that add up to a satisfactory injection. I found out that eating well and drinking water got my blood pressure up and my body hydrated. Which got my veins standing to attention, ready for a shot.

These days I also help my veins along by using a tourniquet. I never needed one when I was younger because my veins were always very obvious. But now they play hide and seek, I find using a tourniquet is very helpful. I have a good cloth one with a quick release clip. They are cheap as chips online and really worth the effort to learn how to use one properly.

Oh and one last thing — when you're hunting for a vein, a bit of creative visualisation never hurts. A friend of mine says he always has a quick word to his body telling it to be nice and accept the offering!



“I have found that the more I know, respect and protect my body, the better the injecting experience is for me. I do all the usual harm reduction stuff no matter what injection equipment I'm using.”

Pandora:

Older and wiser

I have found that as I grow older, my relationship to drugs has changed.

Why? Well, I got responsibilities. Once I became a Mum and had to support a family financially and emotionally, my priorities changed. Don't get me wrong, I still enjoy a taste, and sometimes I even feel like I need one. But these days I see drugs as a 'treat' rather than a way of life.

When I was younger, I was homeless because all my money went on coke and gear. Getting money always triggered using as a first response.

Money = drugs = money.

But once I had kids I had to learn how to manage my money or they suffered, and that just wasn't acceptable. I didn't give up my drugs, but I did learn how to forgo my treat if there are bills to be paid. I don't even automatically spend any extra money that comes my way on drugs.

I actually make a decision before I use — it's not the knee jerk reaction it used to be.

That control, along with motherhood, has made me a lot more patient. I've held onto my shot for a whole day until I could get home, which is something I would never have done in my younger years.

When I do use, I am also thinking of the kids. To start with, they don't need to know about my using. Second, I simply cannot afford to overdose or even be drug sick, and I need to keep to my routine so the boys have a stable home and a healthy mother. They are not little any more but they still need me.

That means I'm a lot more cautious with the types of drugs I use, stay mostly with gear (heroin) and stick with my known source. If I have to see someone else, I try a smaller amount

first, to be sure I am not going to drop.

I don't want you to think I have a 'Mother of the Year' trophy or even a 'World's Best Mum' mug. Kids aren't the only reason my relationship with drugs has changed. To start with, I am on a methadone program and while it can be a pain in the arse, I do owe it a lot. It allowed me to transition from scoring as a necessity and being constantly broke, to scoring for pleasure when I could afford to. That helped me to get into a routine that fit with most of the rest of NSW — getting up in the morning, sleeping at night! — leading to an organised lifestyle and the means to support myself. Which all meant I have ended up a pretty good Mum (if I do say so myself), if not a perfect one!

I have also had to use differently because age has given me difficult veins, and it takes much longer to inject than it used to. I have to wait to use till I can take my time. For me, that is at home, in the safety of my locked bathroom. I can't handle the stress of worrying about being caught if I'm taking too long in a public restroom.

Usually I wait for my shot till my boys have gone to bed or gone out. But if I'm having one of 'those days' and can't wait any longer, I pretend to be taking a bath! So some things never change. Because of how we are seen by the world, we still gotta tell little white lies sometimes. No matter how capable we feel we are, or how safely we try to use, we are seen as out-of-control and out-of-place addicts with no value to society.

Now this is the best thing that has come from getting older: It's not just my relationship to drugs that has changed, it's my relationship to myself. I used to believe that stuff



about myself, but I don't anymore. I know the truth. I know that people who use drugs are people like anyone else and unlike anyone else. We are smart, interesting, creative and uniquely ourselves. We love our families and our friends. We work hard at our jobs. We clean the house and walk the dog. We try to be healthy. We make mistakes. We grow. We even come together as a community, and as a community, we are learning to look after each other.

I like being part of that. ■

“... once I had kids I had to learn how to manage my money or they suffered, and that just wasn't acceptable.”

COVID inside

William's story

William was put on Remand just before the lockdown was announced. He managed to get some matters thrown out and has just got out. He talks about surviving the COVID lockdown inside.

I was arrested in March and they refused me bail. COVID had just started and I'd only been inside for a week when the lockdown began.

I just missed the 2 weeks quarantine that was put in place for new people coming in. But I was there when contact visits stopped.

It was hard, losing visits. It affected everyone. Visits are what keep you going in jail. It really lifts your spirits to see people you love, get a hug, and have a bit of 'normal'. Because we didn't know much about COVID — no-one did, even on the outside — and we weren't seeing our families and friends, we were of course worried about them.

Video visits started, but it was a poor substitute. It did help people with family far away, especially the overseas inmates, and it broke up the monotony of jail. The video visits I had were run pretty well in the area where they hold court and it got to a good routine, but there were more people wanting visits than spots available. Where I was, video visits only ran on Saturday and Sunday from 8am to 1pm. At 30 minutes each, that meant a total of only 20 visits each week for the whole of my wing (180 guys).

I was a delegate so I was fairly well informed but I couldn't tell people that we would be getting back to

contact visits any time soon. Because no-one knows how long this will all last.

I was in Long Bay during the riots over the June long weekend. We had been in lockdown for 3 months by then. The tension was building each week. I mean, you are doing repetitive mundane work for little money and what little privileges you have are taken away, along with a lack of

It's happening out here at the moment. But in jail, the cost is now off the charts. Several hundred for one bupe strip.

contraband. The stress and anxiety just escalated and then exploded.

The fight started over something stupid — I think it was a hat — then it proceeded from there. The screws sent a message over the PA to stop or a squad would come in. It didn't stop — it accelerated, and the squad came. At some point, there was just a wave of agreement among the inmates: "We're fighting back!". Tempers were frayed and it just took off. I got the feeling that everyone was part of that tension and ready to go — not just the

inmates but the screws and the squad. I mean COVID affects everyone. It was one big bubble ready to pop.

After that we were locked in for a week. It did relieve the tension, things seemed to calm down a bit after that, like everyone had got some stress out of their system.

As far as drugs went, there was next to nothing. Usually the place is rocking. But there were only very small amounts of stuff coming in. No visitors meant no contraband. And even the stuff that came in other ways stopped, because there was no smoke screen. Sometimes someone would come in, transferred from another jail or brought into the Medical Wing, and the word would go out that they had cigarettes or bupe. That sort of thing gets around pretty quickly. There were a lot of people trying to get their hands on that limited supply, to try and deal with being anxious or missing their family or whatever.

Drugs are usually very expensive in jail. It's just economics — the scarcer something is, the more you have to pay for it, and more so when it's illegal. It's happening out here at the moment. But in jail, the cost is now off the charts. Several hundred for one bupe strip. But there is always someone who will pay the price, especially during stressful times.

When there is a limited supply like that, the hierarchy kicks in. It tends to stay within certain ethnic groups. You have to be in a particular loop.

Overdose is always a risk when you're confined, but especially so when the drugs are rare and you're relying on what's there. Your tolerance is down and then, bam, you get something in your system and you can go down. You have to rely on using with someone and hope they don't wait too long to get help if you need it.

Trying to compete to use in jail was all too much trouble for me. I have used in jail before (and I used as soon as I got out this time) but this was crazy. Apart from the current situation, I am over those cut down fits that have been used by hundreds of people before me, with tips that threaten to come off in your arm every time you use them and the risk of HIV or hep C. It's a headache. You can still get very sick or die from using in jail. This time, I just exercised and minded my own business.

I came in on methadone, so that made life easier, but I did try to get on Buvidal, the new buprenorphine monthly injection, while I was inside. After it took me 3 weeks just to get an appointment with Drug and Alcohol, I was turned down. Now I am out

I am working with my clinic to move towards the monthly injections. I think it will make life a heap easier for me.

A lot of people looked to Buvidal — and a lot of people were turned down. You would think this was the perfect time to get people on Buvidal, but this doesn't seem to be the case.

[Ed: Justice Health tells us that assessment for Buvidal is a full and rigorous process. They say they need time to get people stable and there is often not enough time to work with people on Remand, especially if they are transferring from methadone. Because those inmates can leave jail without notice at any time, it can be dangerous to start a process they can't complete.]

Enough people have been put on Buvidal to limit the amount of bupe strips available for injection, and that's part of the reason the cost has gone through the roof. Not only are there no drugs from outside, there are very few drugs diverted from inside either.

One thing I can say is that in general, guys were pretty supportive of each other in the yard. Even though there was a running joke that every time someone coughed or sneezed, everyone shouted out "Corona!", it was all good natured. ■



HOW TO RECOGNISE AN OVERDOSE

Signs of an opioid (heroin, fentanyl, oxys) overdose

Shallow breathing, breathing not regular, not breathing

Unusual snoring sounds (gurgling, choking)

Blue lips and fingertips (if light skinned)

Grayish or ashen lips and fingertips (if dark skinned)

Can't be woken up

It's not always easy to tell the difference between an overdose and sleeping – make sure your friends and family are safe – don't leave them to sleep it off



Looking For Treatment?

Advice about treatment, changing your use and other support

ADIS (Alcohol & Drug Information Service):	1800 422 599 (24HRS, 7 DAYS)
Family Drug Support:	1300 368 186 (24HRS, 7 DAYS)
NSW Users & AIDS Association (NUAA) :	1800 644 413 (Mon-Fri, 9 AM - 6 PM)
Opioid Treatment Line (OTL):	1800 642 428 (Mon-Fri, 9:30AM - 5 PM)
Stimulant Treatment Line:	1800 101 188 (24 HRS, 7 DAYS)
Youth Drugs & Alcohol Advice (YoDAA):	1800 458 685 (24 HRS, 7 DAYS)

Local Health District Drug and Alcohol Intake Lines

Want to find out about the local public services? Ask about detox services, counseling and OTP through these intake lines.

Central Coast	02 4394 4880
Illawarra Shoalhaven	1300 652 226
Nepean Blue Mountains	1300 661 050 (24/7 service)
Northern Sydney	1300 889 788
South Eastern Sydney	(02) 9332 8777 (Northern) (02) 9113 2944 (Central)
South Western Sydney	(02) 9616 8586
Sydney	(02) 9515 6311
Western Sydney	(02) 9840 3355
Far West	1300 662 263
Hunter New England	1300 660 059
Mid North Coast	1300 662 263
Murrumbidgee	1800 800 944
Northern NSW	(02) 6620 7600; (07) 55067010 (Tweed Heads); (02) 6620 7600 (Lismore)
Southern NSW	1800 809 423
Western NSW	1300 887 000

WHERE TO SCORE FITS

These are only some of the NSP outlets in NSW. If you can't contact them through the number listed, or if don't know the nearest NSP in your area, ring ADIS on (02) 9361 8000 or 1800 422 599

Key to Available Services

CL - Clinic/Nurse
D - Dispensing Machine
C - Hep C Treatment/Testing
N - Naloxone Training
O - Outreach

Location	Phone No.	CL	D	C	N	O
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	X	X	X	X	X
Bathurst	63305850	X	✓	✓	X	X
Bega	64929620	✓	X	✓	X	X
Blacktown	98314037	✓	✓	✓	X	✓
Bowral Community Health	48618000	X	✓	X	X	X
Brookvale	93885110	X	✓	X	X	X
Byron Bay	66399675	X	✓	X	X	✓
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 5 East	48273913	✓	✓	✓	X	X
Grafton	66418712	✓	✓	✓	X	✓
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

Location	Phone No.	CL	D	C	N	O
Moruya	44741561	✓	✓	X	X	X
Mt Druitt	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	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	45605714	X	✓	X	X	X
Wollongong/Port Kembla	42751529	X	X	✓	✓	✓
Yass	62263833	X	✓	X	X	X
Young	63828888	X	X	X	X	X

Become a member

By becoming a NUAA member, you add to the voice of people who use drugs, helping us be heard from the grass roots to policy-making levels. NUAA membership is open to anyone interested in the issues affecting people who use drugs illicitly.

Membership Form

First Name _____

Last Name _____

MIN (if in jail) _____

Address 1 _____

Address 2 _____

City _____ State/Province _____

Zip/Postal Code _____

Phone Number _____

Email _____

To become a member, you can either ask the Board to nominate you (tick the box below) or else you can be nominated by two NUAA members (write their names and phone numbers in the area below).

Board to nominate

Yes I need the Board to nominate me

I hereby apply to become a member of the above incorporated association, in the event of my admission as a member, I agree to be bound by the constitution of the association being in force

Apply

Membership payment (please use the Paypal donate button in the footer of this site). You can ask for the fee to be waived for financial reasons*

I will pay the \$10 please waive the fee

Signature of Applicant _____ Date ____/____/____

You can apply by filling out the form below and posting this page to NUAA, PO Box 350, Strawberry Hills 2012. Alternatively you can either scan, or take a photo of this page and send to nuaa@nuaa.org.au. You can also fill out the form on our website nuaa.org.au/membership





PaC FORUM

Peers as Leaders

SAVE THE DATE!

NUAAs Peers and Consumers Forum (PaC Forum) is back for another year! Two days of informative workshops, panel discussions and networking opportunities in the AOD sector.

16–17 March 2021

Mercure Sydney
818–820 George St
Sydney NSW

