

User's News

UN

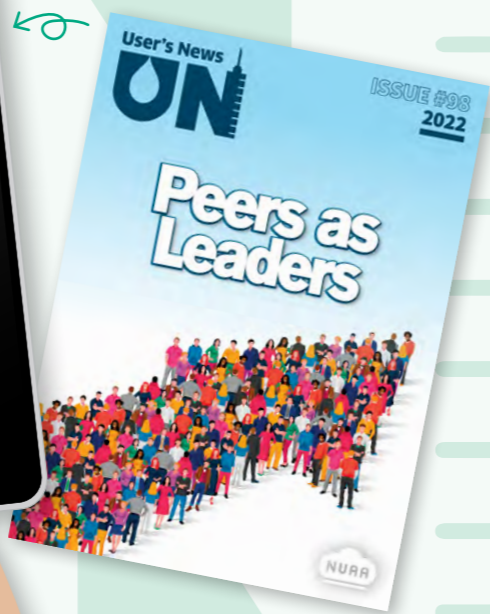
ISSUE #98

2021

Peers as Leaders



NUAA



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Published December 2021. *User's News* (UN) is distributed to various AOD services throughout NSW, as well as via post to members of the NSW Users & AIDS Association, Inc. (NUAA). Membership is open to anyone who supports NUAAs 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 NUAAs members or write to us asking to join NUAAs will be sent their own copy of UN in the mail.

Disclaimer: The contents of this magazine do not necessarily represent the views of NUAAs. NUAAs does not judge people who choose to use drugs illicitly, and UN welcomes contributions that 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 NUAAs does not encourage anyone to do anything illegal. While not intending to censor or change their meaning, UN reserves the right to edit articles for length, grammar and clarity. UN protects contributors by not printing their real names. UN allows credited reprinting by community-based groups and other user groups with prior approval, available by contacting NUAAs. Information in this magazine cannot be guaranteed for accuracy by the editor, writers, or NUAAs. UN takes no responsibility for any misfortunes that 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. UN is not intended for general distribution.

Acknowledgement of country: NUAAs would like to show respect to and acknowledge the Gadigal People of the Eora Nation as the traditional custodians of the land upon which *User's News* is published. We respectfully acknowledge all Aboriginal nations where this magazine is distributed. We pay our respects to elders past and present.

Community acknowledgement: NUAAs is a peer-based, community-controlled drug user organisation. We represent the voices and needs of drug using communities in NSW. NUAAs 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.



ON LEADERSHIP

by Mary Ellen Harrod

What is leadership and how can we — people who use or have used drugs — exercise it?

The world never fails to let us know that we're lesser — that we're not strong enough to cope without chemicals, we're corrupt, weak, evil, we'll never reach that Holy Grail of the modern age, a pure body. We're outliers and sometimes outcasts. And that is before we start talking about the arrests, the child removals, the pain and humiliation we face when we seek medical treatment, a basic right that is all too often denied us. How do we lead in a world that can be openly hostile, when it is so much easier to go under the radar? When going under the radar is deeply ingrained in us just

by living in a world that criminalises our choices?

Acts of leadership are hard. In one way or another, however you choose to lead, you are putting yourself out there. The simple act of questioning a decision, no matter what the context, will put you in conflict with authority. Supporting a friend or peer can be emotionally draining. Fronting up to a meeting with health officials can be isolating and intimidating. Whether you are a decision-maker or not, whether you have a job where you can make decisions or you're just standing up for yourself — often leading means that someone is not going to be happy with you. One great definition

of leadership is by Ron Heifetz who describes it as “disappointing people at a rate they can absorb”. For me, leadership is not about being loved and admired, it's about staying true to myself and my values and staying steadfast in the face of challenges and disappointment. It's about remembering why I'm here in the first place.

Leadership is not just about your job title, it's about who you are and the experience and knowledge you bring to the table. As peers, we can all lead. There may be a lot of problems in the system, but it's not all bad and there are ways to make your voice count. This is just as true for peers joining a local committee as it is for me as the CEO of NUAA. Here is my work-in-progress advice for members of our community who want to make a change for the better.

Know your values:

Each of us has multiple sources of power and knowing our values and sticking to them is a powerful act we can all take. There are many leaders throughout history who, without any formal authority, have changed the world through sheer courage. Rosa Parks refusing to give up her bus seat to a white man in Montgomery, Alabama in 1955 still resonates and inspires today (more on that later).

The drug user movement has many examples of courageous advocacy such as John Berry, who distributed injecting equipment in Kings Cross when it was illegal and Jude Byrne who tirelessly advocated for her

community from a position of strength and determination. (Check out the NUAA Hall of Fame on our website to see these and other stories of our champions.)

One way that helps me to think about and frame my values is to think about favourite characters/music/stories. What are the lessons there? My favourite story as a child was *What was I scared of?* by Dr Seuss, which tells the story of a young lad walking in the woods who encounters “strange green pants with no one inside them” out for a stroll. He initially reacts with terror until he realises that the pants are just as scared as he is, and he finds a place of strength in the common bond. This story illustrates one of my core values — the power of approaching other people with an attitude of understanding and acceptance rather than judgement. There's so much more to learn that way. If you make assumptions and leap to conclusions, you miss out on understanding.

Lean into your community:

For me, and for many in our community, the courage to stand up is hard-won. But remember that while Rosa Parks was alone on that bus, she was not alone. She had the backing of the National Association for the Advancement of Colored People (NAACP) which in turn was drawing on the strength of the Civil Rights movement in the USA. This movement has had to persist against incredible odds that still continue ... but no-one can deny its power and how far it has come. That power comes through the

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community — always remember that you belong to a community that you can draw your strength from. Our work today is possible because of the activists that have gone before us — it's important to know this history and use it as a source of strength, which is why at NUAA we start meetings (and this magazine!) with a community acknowledgement.

Stay at the table:

Standing up for our rights as individuals and trying to change the system are one and the same. Remember that you're much more likely to get the outcome you want if you channel your anger and use reason. Whether you are challenging the rules in your clinic or advocating to government for better services or new harm reduction initiatives, people will listen if you know your facts and present the evidence for your case. Whatever our part in fighting the war on drugs, we need to work to change hearts and minds and we will need to make compromises.

The act of staying in the discussion can be incredibly frustrating. I have often wanted to stop participating in

various committees. Sometimes, when I have felt that my time could be better spent elsewhere, I have. But packing up and not taking part in the discussion is a sure way to have no influence on the outcome. When I came to NUAA in 2015, we did not work with the Alcohol and Other Drugs section of the Ministry and now that work is extensive — the DanceWise NSW program, publications and resources, PeerLine, input into policy, advice — none of it would have happened without NUAA being at the table.

Anger can be powerful, but it needs to be used carefully.

Forgive and forget:

None of us are perfect and it's safe to say that we all make mistakes. Forgive yourself and move on. Forgive the people you want or need to work with. Keep moving forward and fight the good fight.

I could go on for a while but for better or worse an editorial can't. Remember, our greatest strength is holding fast to our beliefs. If you never give up, you can't fail. ■

“The quickest way to change the world is to like it the way that it is.”

– A.R. Ammons

THANK YOU!

Thanks to all our peer readers who showed leadership by getting vaxxed to protect our community!

Peer job stories: Leigh



"A close contact recently tested positive, but I got my 2nd jab weeks ago, so I knew I would be as protected as possible. I just want everyone to get vaccinated so we can move past this."

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Peer job stories: Ryan



"With the increasing case numbers in NSW I booked in with my GP for the AZ jab. We have abundant supply of this vaccine and it helps the community to all vaccinate as soon as possible."

NUAA

Peer job stories: Gulliver



"I feel safer after my 2nd jab knowing I'm now much less likely to end up hospitalised from COVID. The risks of COVID far outweigh the risk of vaccine side effects. I just want everyone to hurry up and get vaccinated so I can hug and party with the people I love again!"

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Peer job stories: Claire



"Anti-vaxxers talk a big game about doing their own research, so I did. I trusted the science and decided to protect myself, but most importantly, those around me. The best vaccine is the one you can get."

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Peer job stories: Michael



"Was very keen to get vaxed ASAP after seeing how covid had damaged other countries. At the clinic I felt proud of everyone working together - both staff and the public - against the virus! Plus- it was a nice excursion from the house!"

NUAA

Peer job stories: Brian



"Don't believe the bullshit conspiracy theories! Get vaxed. I got both my jabs. They are the best jabs in my arm I have ever had. They will save my life. Now I feel safe looking after my people because I am no longer afraid of someone with COVID coming in contact with me."

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Peer job stories: Rachie



"To me, getting fully vaccinated is a no brainer. I want to keep myself and the community safe and more than anything I want to get back onto the dancefloor. This is definitely a step in the right direction."

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Peer job stories: Rochelle



"Every morning, my daughter asks me, 'Mummy, is it still COVID?' She misses her family and friends. I hope everyone does their bit and rolls up their sleeves so we can all see our loved ones again."

NUAA

Peer job stories: Will



"I love my partner, but we haven't been able to see each other in months. We've been together 5 years but he lives over 400km away, caring for his mum. I miss him, and the only way back to each other is if everyone is vaxxed!"

NUAA


Peer job stories: Erica



"I was nervous... but I was terrified of catching the virus. I've definitely taken less regulated things in my life haha. Deep down I know I made the right choice. I know by getting vaxed I'm protecting myself and the people I love who are vulnerable to the virus. And I know it's the only pathway back to the dancefloor."

NUAA

Peer job stories: Tony



I live in a postcode with high Covid-19 cases, but being vaccinated makes me much safer. I get that people are suspicious because we are living with rules, restrictions, increased police presence and curfews. But COVID is real. We are lucky that we have access to vaccinations - there are countries and communities that have been hit hard because they don't. Think through the facts - and if you get a chance to get vaccinated, take it!

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Peer job stories: Gina



"As someone with chronic illness I was eligible for the vax early on. Medicine has saved my life continuously over the years - I'm so relieved and grateful to have access to the covid jab."

NUAA

Peer job stories: Ceara



"Even if it wasn't mandated for my work to be vaxed, I would voluntarily. I'm overjoyed to be a step closer to seeing my loved ones and going to the pub safely."

NUAA

Peer job stories: Tony



I got my vaccine because I was ready to take whatever was an offer in order to protect myself and the people around me. My immune system is damaged, and I work with people deemed high risk. It was about community and peace of mind."

NUAA

Peer job stories: Clancy



"Just got my 2nd AZ Vax! The pharmacist was very friendly... There were some nervous people waiting and they all got their questions answered. Excited to exist now knowing I'm much safer and also keeping my community safe."

NUAA

Peer job stories: Alice



I got vaccinated because I've got an auto-immune disorder and I don't want to die of COVID. My health is important to me and I want to keep other people in the community safe. Broken Hill is a small community and everyone interacts. We have a lot of older people in Broken Hill and I don't want to be the reason someone's grandparent dies!

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Peer job stories: Justin



"By getting vaccinated, I can be more available and helpful to the people I care for"

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Peer job stories: Lisa



"Getting a text from NSW Health about a positive case at my local Coles was so much less stressful knowing I was vaxxed, and less likely to be a vector!"

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Peer job stories: Dru



"The past 18 months have been nothing but uncertainty for me. Being vaccinated reassures me that I'm helping to get society back on track. One step closer to a beer at the PUB AGAIN!!"

NUAA

Peer job stories: Felicity



The reason that I chose to get vaccinated was so that I could have peace of mind for myself and my community. We have seen the effects that COVID has on marginalised communities and low socioeconomic communities and I wanted to make sure that I could protect those communities as much as possible."

NUAA

Letter to the Editor

Teresa asks



Support for people on the OTP with low incomes

Dear UN,

I am writing about the Letter to the Editor in UN #97. The letter was about public Opioid Treatment Program (OTP) clinic patients being forced to shift to a pharmacy.

I don't agree with the way people are being moved from public clinics, especially for people on Jobseeker which is (at least) \$10,000 a year less for single people than the pension. There has to be a way for people who are low income to access OTP.

I am pretty pissed off about the amount that my partner and I have forked out over the last 25 years

just for methadone — we have worked out it is well over \$100,000.

It doesn't make sense that governments provide the medication for free and fund public clinics totally, and we are told that it is acceptable to be on the program long-term, yet people on OTP have no security for the medication that keeps us going. People on low incomes can access most other meds at a reasonable price but not this one. Why?

Yours faithfully, Teresa

Dear Teresa,

We know the system is flawed and needs to be more affordable and accessible. Not only is there a need to find a way to make the OTP more affordable, we also need more places on the program. There is a particular shortfall in rural and regional areas and in fully funded places through public clinics.

NUAA works on these issues every day through our role advising the Ministry of Health, through various committees and our advocacy work preparing submissions to relevant government inquiries such as the recent Post-market Review of Opiate Dependence Treatment Program Medicines. We also personally advocate for individuals who are having issues via our PeerLine.

The effects of COVID-19 and the introduction of Long-Acting Injectable Buprenorphine in correctional centres have put new demands on public clinics. Clinics are funded to start new people on the program and support people with complex needs, with priority to people leaving jail. Until recently, there has been enough people

leaving the program voluntarily so public clinics had enough spots to take on new people while still allowing some people — especially those on low incomes — to remain for long periods of time, several years in some cases.

Only those people who have coped well with dosing in the community through lockdown have been identified to continue their dosing at pharmacies. Clinics are providing as much support as they can to those people to help them cope with transition.

Sadly, simply refusing to move on will not achieve anything. While this situation is far from ideal, UN #97 provides our best advice for coping with the costs of moving from a free clinic to pharmacy, while negotiating for the best price they can.

But believe us — we will continue to fight for more places and cheaper access to these important medications until this situation is fixed!

Love Leah, Gulliver and the UN team

Just ask!
If you've got more questions about OTP, check out NUAA's Consumers Guide to the OTP or call our PeerLine 1800 644 413

www.nuaa.org.au/nuaa-blog/consumers-guide-to-the-opioid-treatment-program



Get a letter to the editor printed and not only can we guarantee (anonymous) stardom, we'll put \$50 in your pocket! Email us at usersnews@nuaa.org.au or write to **User's News, PO Box 350, Strawberry Hills 2012.**

What does peer leadership mean *to me?*

We asked some peers what qualities they value in leadership in our community. These answers show that a range of different things are seen as important for leadership — there is not a single correct answer. Check out all the different ideas around what it means to step up for the community of people who use drugs. We've left a space for you to put in your answer.

I think peer leadership is about being responsible, responsive, respectful and aware of our community.

I think it's important for a peer leader to be authentic — authentic to our experience and authentic to the community, and using our authenticity through our personal stories to motivate personal change and to promote systemic change.

A leader can be anyone and often people are leading without knowing it — so embrace and love who you are because you never know who you are inspiring!

I think leadership is about supporting people to work towards a shared purpose.

One way of being a leader is to make sure your voice is heard — by joining a board or advisory group, participating in research or contributing to *User's News!*

I think peers become peer leaders when they speak up for our community.

Leaders I respect see the value of people they are working with, utilising their strengths and assisting with their weaknesses.

I admire leaders who can be bold and express their views, while being open to listening and learning from the experiences of other people.

In my opinion, peer leadership is about making change together, working for the good of all kinds of people who use drugs.

I like working with leaders who take the time to listen and be present. They help the people around them feel seen by being respectful and supportive.

One part of being a leader is about creating spaces to discuss differences of opinion — and finding ways to include many viewpoints.

Leaders are human! It seems to me that a good leader knows the answers, but a great leader will ask for help.

To me, leadership is not just about speaking up, it's about helping other people to speak up too — making the space for everyone in our community to have their say.

"What are **YOUR** thoughts about leadership?"

(Write your answer here)

PEERCONNECT TRAINING

Are you interested in peer work and volunteering?

NUAA runs a 2-day workshop for people who are looking to volunteer at NUAA's NSP and other health services.

- Find out more about peer work and the role of professional peer workers.
- Learn about brief interventions, professional boundaries and workplace practices.
- Learn how to turn your real-life experience into workplace skills.
- Hear from peers who work in the alcohol and other drugs (AOD) sector and bloodborne virus (BBV) sector.
- Get more info about safer using, vein care, infections, hepatitis C, bloodborne viruses and more.



For more information about volunteering and peer work contact Lucy at NUAA on 8354 7300 or 1800 644 413 or Lucyp@nuaa.org.au



Survived COVID Lockdown?

But forgot about hep C?



Learn more!

**Get tested.
Get treated.
Get cured.**

Need support?
Call NUAA's PeerLine
1800 644 413

Leading with heart



Drug user organisations have never been in better hands.

Three exceptional Chief Executive Officers (CEOs) from Drug User Organisations (DUOs) around Australia give us their take on peer leadership:

Mary Harrod from NUAA

Sione Crawford from Harm Reduction Victoria (HRVic)

Geoff Davey from Queensland Injectors Health Network (QuIHN)



A journey begins with a single step
(and a backpack full of syringes)

Drug User Organisations (DUOs) have been funded in Australia for about 30 years. They began to combat the biggest threat to people who inject drugs since prohibition: HIV/AIDS. We urgently needed a way to stay safe and began handing out new syringes — the start of the Needle and Syringe Programs (NSPs). NUAA literally began with a few people with backpacks of fits walking the streets.

Once government funding was in place, the DUO agenda went on to include other blood borne viruses like hepatitis C; a full harm reduction program including things like overdose and vein care; and, of course, drug treatment. At the core of it all, we address stigma and discrimination and prohibition.

Now, DUOs have a greater role than ever before, representing a diversity of people who use drugs. No matter what kind of drugs you use, how or how often you take them, you are an important member of the drug using community and DUOs are there for you.

The Australian community of people who use drugs is very lucky to have people with skills, experience and strategic vision in key roles. These are people who role model the way people who use drugs can bring our values, commitment and passion into the professional space to make a real difference in our community.

We at *User's News* know we are taking a risk in spotlighting them like this! None of them would want this piece to be just about them. They continually credit their achievements to their organisation's staff and volunteers, together with their Board members, org membership, service users and the community that is central to their work. These are people who genuinely serve, not people who want an entry in Wikipedia!

Risky or not, UN takes this opportunity to acknowledge their massive contribution to our movement and thank them for the personal sacrifices they have made to step up in these very public and demanding roles.

When you realise people like these have your back, you know the world is finally starting to make sense!

UN: Why did you want to be the CEO of a DUO?

Mary: Honestly, I never really did! I had recently re-connected with a woman I had met years before, Julie Bates, who was on the NUAA Board. She encouraged me to apply as she knew my history as a drug user and was familiar with my work.

I started to think about applying for the role because of the challenge and opportunity to do good. The organisational values also closely reflected my own. I thought long and hard about applying and discussed the implications of the role with my children as I knew that being public about being a drug user would affect them.

I have continued to have that discussion with them. I've seen first-hand how policies and services related to alcohol and other drugs (AOD) work and don't work. The issue touches many parts of my life, family and friends, but I'm 100% sure when I took on the role, most people were like 'WHAT!?!'. No one knew my history around drug use, because in my previous role as an academic researcher, it was not something that was easy to be open about. Even though I worked in hep C research,

I had probably told only one colleague I consider a friend about my lived experience.

Sione: Drug user organisations are my home. I feel so engaged and aligned with my work here. I took on a management role because I saw that the only way to create bigger change for our community was to take on more responsibility. I really enjoy leading people who are as passionate about harm reduction as me.

Geoff: I joined QuIHN to have more impact in the harm reduction space and to contribute to reducing stigma and discrimination for our communities. After working directly under the last CEO for many years, the opportunity arose to undertake the CEO job.

UN: What are you most proud of about being a leader?

Mary: I'm proud of how NUAA has helped a diverse group of peers find their voice, take leadership positions, and change the dialogue around drugs in NSW. The AOD sector used to have the attitude that NUAA was a niche org representing a small group of people. Now, we're in a leading role across the state in many areas, and we reach and represent a bigger

and more diverse group than ever before.

Sione: The things I'm most proud of have not been achieved on my own. I helped to decriminalise the possession and sharing of sterile injecting equipment in the ACT and Victoria. I've also helped to highlight how stigma and discrimination holds back people who use drugs. When I started working in AOD, stigma was barely mentioned and now it's mainstream.

Geoff: I am most proud of the staff who make up our resilient and innovative organisation — I am humbled to see people achieving goals and really growing to reach their full individual potential.

UN: What has been most challenging?

Mary: There are definitely a lot of challenges. For me, one challenge has been creating a supportive environment within the organisation and within the community. It's hard to find leaders in this space, and to do so we need to recognise the people

involved in these organisations, and in this sector are our allies. We need to support and uplift each other and shed our natural tendency towards suspicion.

Sione: Stigma and discrimination impacts everything we do. To start with, drug users internalise stigma by taking to heart all the damaging things said about people who use drugs. Potential peer workers also worry that by working with us, they will be seen as a drug user, and can't move on to work in other orgs or sectors.

Another big thing is that other service providers and sector partners often don't give us the respect we deserve, and we have to prove ourselves repeatedly. If a drug user is spotted being tired in a meeting, people assume it is because

we're on drugs. But if a doctor is spotted, it's because they've been working too hard and too long! **Geoff:** It is hard to single one challenge out. I feel like in the face of adversity we often see our best self and best work. COVID-19 has been

“
You can be a leader without speaking to the media or managing lots of people.”



one of those difficult challenges, but it has also been one of those opportunities for QuIHN to be at our best.

UN: Why is it important to have peers working in AOD?

Mary: Would this question be asked to a leader in Aboriginal health? Probably not, because it's taken to be a self-evident truth that Aboriginal people should determine the best way forward for Aboriginal communities. Thankfully, the value of peers in the AOD space is starting to become self-evident. If we want to reach people who use drugs, the best way to do that is through peers. It takes peers to reach people who won't visit health services due to stigma. Peers are the most important stakeholder, so they should be central in policy making and research too, not just service delivery!

Sione: The only way to create effective AOD policies and services is for the people who experience them to be involved in designing and running them. It is impossible to replace lived experience.

Having peers working in AOD is important, but they also need to be allowed to openly identify as peers. When a service allows a Peer Worker to be open about being a peer, the community is more likely to believe

the service is serious about providing a good service.

Geoff: Peer workforces are crucial to effective reach, engagement and improved satisfaction for clients. Celebrating the role of peer workforces also helps reduce stigma. Peer workforces can be catalysts for system change, by challenging negative attitudes and providing inspiration.

UN: What advice can you give peers who want to step up as leaders?

Mary: There are many ways to lead. You can be a leader without speaking to the media or managing lots of people. You could be a Peer Worker, working 1-on-1 to help other peers grow. Get a good grounding in whatever skills you need to become the best you can be in that space. You need to learn self-care. You need to be able to look at other people's points of view and be patient. You also need resilience, which comes from how well you look after yourself, and how well you look after the people around you.

Sione: I was nervous about applying for a leadership position and another peer advised me, "You should just go for it, even if you don't feel ready, because you will rarely ever feel ready for the next step, and if you wait until you feel ready, the opportunity will have passed you by! If other people think you're ready, then you probably are."

Being a peer leader is similar to being a Peer Educator. A good educator realises they're learning as much from the people they're educating. You need to be open to learning from the people you're teaching or leading.

Geoff: Take on challenges when they arise, whether it be a new job opportunity, a new project, new training and/or skills, or just the day-to-day ones we are faced with. Every challenge is an opportunity to grow.

Don't be afraid to reach out for support and guidance. Find a mentor you can trust.

Support the people around you to be their best and expect the same in return. ■

NUAA proudly aims to improve the health, dignity and human rights of people who use drugs in NSW. Become a member here: www.nuaa.org.au/membership



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<https://www.nuaa.org.au/nsp-equipment-1>



If you don't have access to the internet, we can do the order for you. Call NUAA's NSP **8354 7343** or freecall PeerLine **1800 644 413**.

NUAA's NSP is located at 345 Crown Street, Surry Hills and is still open for walk-ins (8.30am-6.30pm Mon-Fri, and 10am-3pm Sat).



NUAA is the peer-run
drug user organisation
GET INVOLVED!

BECOME A MEMBER! **VOLUNTEER**

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

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

PARTICIPATE IN TRAINING.

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

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

Become a NUAA member!

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

Remember:
Existing members need to renew their membership every July.

Membership Form

First Name

Last Name

MIN (if in Jail)

Address

Address Line 1

Address Line 2

City

State/Territory

Postcode

Email

Telephone

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 (Via Paypal or Visa/Mastercard at nuaa.org.au or call 8354 7300 for help). You can ask for the fee to be waived for financial reasons.

I will pay the \$10

or

Please waive the fee

Signature of applicant

Date

/ /

You can cut out this page and send to us free using the address on the reverse of this page (NUAA, User's News, Reply Paid 87434, Strawberry Hills 2012). Alternatively, you can take a photo of this page and send it to nuaa@nuaa.org.au. You can also fill out the form on our website: nuaa.org.au/membership (or scan this code)



Delivery Address:
PO Box 350
STRAWBERRY HILLS NSW 2012

No stamp required
if posted in Australia



NUAA
Users News
Reply Paid 87434
STRAWBERRY HILLS NSW 2012

Ins & Outs



Mixing sex and drugs this hot vaxx summer?

We **know** you've been **invited** to some **excellent** parties lately!
But do you still **remember** how to have a **good time** and **stay safe**?

**CHECK
OUT NUAA'S
REFRESHER TIPS
FOR PARTY 'N'
PLAY (AKA
CHEMSEX) AND
THEN GO
FOR IT!**

Make a safety game plan

- **Know your limits** — with everything — and practice telling people about them.
- **Plan how to respond to different situations ahead of time** — remember to keep it simple because it's likely that you will feel very disinhibited and open.
- **Consider waiting to take your drugs** — until you are sure you are where you want to be, with the people you want to be with.

Don't trust people you didn't trust yesterday

- **Question free shots** — be sure you know what it is and how much.
- **Be careful around made-up shots** — watch for sterile fits, swabbed spoons, new water ampoules, filters.
- **Make sure** — anyone mixing you a shot or shooting you up has soaped up and swabbed their hands.
- **Be discreet** — about your drug use at Sex on Premises clubs.

Prioritise health

- **Get tested**, get treated, get vaxxed.
- **If you are HIV**, hepatitis or STI neg, treat everyone as though they are pos.
- **If you are pos**, treat everyone as if they are neg.

Prepare your party pack!

- **If you are going out to play**, take a PnP kit that's all Boy Scout.
- **Include:** Wet wipes. Your own pipe/injecting equipment – no sharing. Lip balm. Your own towel. Any medication. Your own douche — don't share. Drinking water. Snacks. Torch. Cock ring. Gloves. Condoms. Lube sachets. Hand sanitiser. Mirror. Masks. Bag for your clothes.

Be respectful

- **Treat people as you would like to be treated** — being up front and keeping everyone's health in mind.
- **Always get people's active and enthusiastic consent first** — remember, even non-con games have rules and boundaries.

Be the Host with the Most!

- **If you are having people over to play**, fill bowls with safer using and safer sex equipment. Here's a short list: Swabs. Waters. Sterile Fits (try unisharps in different colours so it's easier to ID who owns what). Spoons. Cotton wool. Hand sanitiser. Condoms. Dental dams. Gloves. Lube sachets. Toy steriliser. Masks. Bins.
- **Put out bottles of water.** Keep cut fruit in the fridge and fill up regular platters of fruit.
- **Set up alarms** for people on meds or for drinking water — porn DVDs are good timers.