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Class action lawsuit against NSW Police over strip searches launched

****trigger warning****

A class action lawsuit has been started against NSW Police over strip searches that occurred at the Splendour in the Grass Festival. Slater & Gordon and the Redfern Legal Centre are taking action following on from the Law Enforcement Conduct Commission (LECC) 'Inquiry into NSW Police Force strip searches' from 2020, which focused on police practices of strip searching at music festivals.

One particularly disturbing case has drawn a lot of attention already. LECC investigated the complaint of a young woman who was entering a Byron Bay music festival when she was 16 years old. A sniffer dog indicated she might have drugs so she was strip searched by police. No drugs were found in her possession. LECC found that police did not have enough reasons to justify the

search, police ignored their own procedures by searching someone under 18 without a parent or guardian present, and there was no reasonable justification to request the removal of clothing (including a panty liner). Scan the QR code below to read the rest of the findings from the LECC's Operation Brugge investigation (trigger warning: the contents are quite disturbing).

Police have revised their procedures around strip searching but the law remains ambiguous and has for too long allowed these invasive and humiliating practices to proceed unchecked. Strip searches occur in many places outside of festivals. Train stations and pubs are continually targeted.

NUAA has joined others in calling for an end to the sniffer dog program being routinely used in drug detections. This unjust practice is not in line with policies of harm minimisation and in 2019, the Ice Inquiry recommended that "the NSW Police Force deploy detection methods other than the use of detection dogs to target illicit drug supply at music festivals.

In the Inquiry's view, the risk to health and life caused by drug detection dogs in this context is not justified."

The class action lawsuit has 2 main aims: 1. Gain compensation for victims of the unjust practices of strip searching deployed at Splendour in the Grass; and 2. Trigger a change to the legislative basis of strip searching. We are still waiting for responses to the multiple inquiries recommending that the NSW government rethink its 'tough on drugs' approach. There have been hopeful noises lately but, at time of publication, we are still waiting for a formal response.

Slater & Gordon are asking anyone strip searched at Splendour in the Grass from 2016 onwards who is interested in being part of the class action to register with them, saying to Triple J Hack: "We think that people who have undergone an unlawful strip search will be entitled to substantial compensation, so in serious cases, the compensation could be tens of thousands of dollars."

Join the Class Action against NSW Police's Strip Searches: www.slatergordon.com.au/class-actions/current-class-actions/nsw-strip-search-class-action



Read LECC's 'Operation Brugge' investigation of police after a young person's complaint about being strip searched.



Learn more about your rights at festivals and dealing with police, security, sniffer dogs and searches. www.dancewizensw.org.au/your-rights-at-festivals

Canberra to get fixed-site pill testing

The ACT Government has announced funding for Australia's first fixed-site pill testing centre to be established in Civic, Canberra's CBD area, in early 2022. The move follows trials by Pill Testing Australia (PTA) and Harm Reduction Australia (HRA) at ACT festivals since 2018.

The fixed site centre will have a 6-month pilot period, during which data will be collected. An evaluation study at the end of the pilot will decide the future of the testing centre.

Cancer patient fined for medicinal cannabis use

A 59-year-old cancer patient was fined \$1200 by a Western Australian magistrate for growing and possessing cannabis for personal use. In her defence, she said she had been battling cancer for six years and the oil she extracts from the plants for cooking had been incredibly beneficial in the treatment of pain and mental health issues since her diagnosis. The magistrate told her that she should have obtained cannabis-based medication legally through a doctor, but she told the court that she could not afford to buy cannabis.

NSW government response to ice inquiry 'imminent', Attorney-General says

Commissioner Professor Dan Howard SC handed down 109 recommendations for drug reform in January 2020. The government immediately ruled out 5 key recommendations, including creating more injecting centres, retiring sniffer dogs and enabling pill testing. Professor Howard has criticised the government over its inaction. During a recent parliamentary hearing about the delay, NSW Attorney-General Mark Speakman said: "I hope I'll be able to say good things come to those who wait". He also stated that drug use should be treated as a health issue rather than one for the justice system. However, he also said he expected reforms to take place without any changes to legislation, with Court Diversion Programs a main feature. He repeated the government's position that the government would not support recommendations (such as pill testing), which would send a signal that normalised drug use.

NUAA is urging our NSW readers to take 5 minutes to email their local MP to let them know you care about drug policy reform. Follow our simple steps here:



Mother and daughter incorrectly jailed in War on Ginger Tea

Two Western Sydney women spent more than 5 months in jail after the Border Force seized 2 shipments of ginger tea that the women were importing from China for their family business, incorrectly identifying the tea as containing illegal drugs. The original police officer who tested the tea said they were not 100% sure that there was anything illegal in the tea, but heavily armed police still went and raided the women's home, seized more ginger tea and arrested them. They were charged with drug importation offences with a maximum sentence of life in prison and denied bail. It took another 3 months for the charges to be dropped and the women finally released, after the tea was eventually sent for laboratory tests, and results showed there were no illegal extras. Traumatized by their ordeal, they are now suing for damages. ■

Are you ready for SafeScript?

SafeScript is a ‘real-time’ system that allows prescribers and dispensers to access your medication history while you wait. What does this new system mean for you?

Background

Your medical records are more accessible than ever. Information about your scripts, your doctor visits and pathology tests are all online and can be accessed by researchers and government, but with a number of controls in place to safeguard your privacy. The uses of health information have been in place for many years with relatively few privacy breaches. But now, more than ever, your online health footprint is accessible to healthcare providers. The My Health Record system went online in 2018 with the rationale that clinicians knowing more about your medical history should lead to improved care. An important feature of the My Health Record is that it is a system you can ‘opt out’ of — you have a choice over whether your health data is accessible or not.

At the moment, NSW Health is rolling out an additional new system called SafeScript. What is SafeScript

and what does it mean for you? How is NUAA working on this issue to ensure the concerns of our community are addressed?

What is SafeScript?

SafeScript is a database that prescribers (doctors, nurse practitioners and dentists) and pharmacists can use to look up your medication history. The information is in ‘real-time’ and only includes information about prescriptions you have had filled for medicines that are considered ‘high risk’ — such as opioids (drugs like codeine, morphine and oxycodone) and benzodiazepines (drugs like Valium, Mogadon and Xanax).

All Schedule 8 medicines will be included in SafeScript (see more detailed list below). Your medication history will be searchable back to 7 April 2021. The system sends an ‘alert’ to prescribers and pharmacists who have signed up for the system when they are writing or filling your script for one of the medicines included in SafeScript. Your information will also be searchable at any time.

Unlike the My Health Record, you will not be able to ‘opt out’ of SafeScript.

SafeScript NSW is part of the national Real Time Prescription

Monitoring program. The system was developed in response to concerns around overdose and drug dependency.

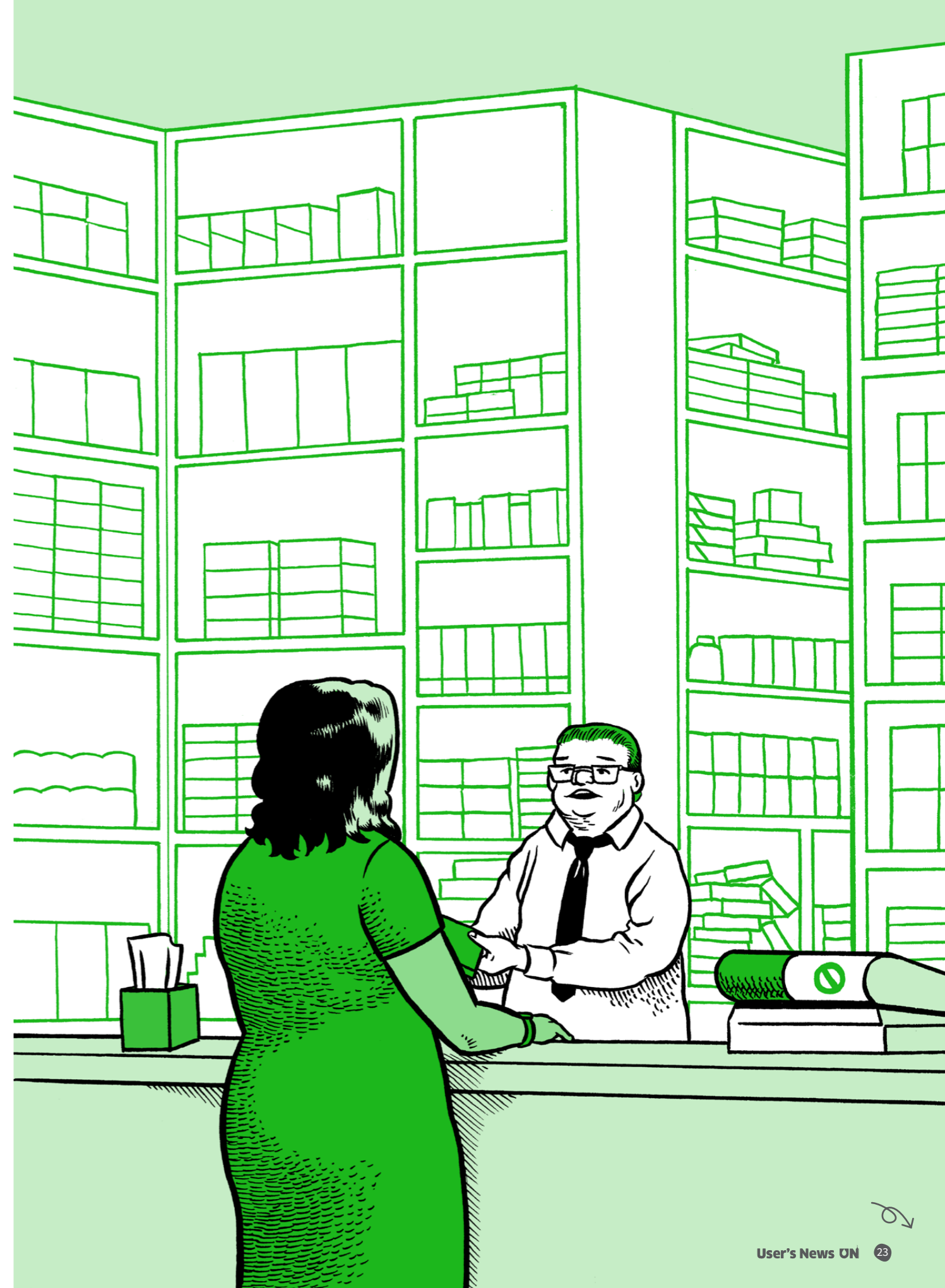
NUAA’s involvement in the SafeScript roll out

NUAA has been working on issues related to the implementation of these online systems for a few years now, particularly when the My Health Record was rolled out and now on the SafeScript.

The NSW Health SafeScript team held multiple discussions with clinicians and community members (including NUAA), and we prepared a formal submission for the SafeScript consultation, which can be accessed on our website.

“

Unlike the My Health Record, you will not be able to ‘opt out’ of SafeScript.



What medicines are tracked by SafeScript?

The medicines that will be tracked by SafeScript include all substances listed in Schedule 8 of the Poisons List and some medications from Schedule 4.

Monitored medicines include:

Category	Medicine
Opioids	Including but not limited to buprenorphine, codeine, fentanyl, hydromorphone, methadone, morphine, oxycodone, pethidine, tapentadol, tramadol
Benzodiazepines (prescribed for anxiety or sleep)	Including but not limited to alprazolam, flunitrazepam, bromazepam, clobazam, clonazepam, diazepam, lorazepam, midazolam, nitrazepam, oxazepam, temazepam
Other sleeping aids	Zolpidem, zopiclone
Psychostimulants (prescribed for ADHD)	Dexamphetamine, lisdexamfetamine, methylphenidate
Other monitored medicines	Ketamine, pregabalin, quetiapine, nabiximols, cannabis, tetrahydrocannabinols

To see the most up-to-date list of 'monitored medicines', scan this QR code:



Currently, this page refers to an 'Appendix E' that says all Schedule 8 substances are also monitored. A full list of Schedule 8 substances can be found here:



How does SafeScript work?

SafeScript is an 'opt in' system for prescribers and pharmacists meaning they must sign up in order to access the system. Once a prescriber or pharmacist has signed up, they will receive pop-up messages about you when they are writing or filling a script for a monitored medicine. They can also access your records any time when not writing or filling a script, but only for the purposes of providing

you with healthcare.

The SafeScript system DOES NOT include clinical notes and test results; however, this information can be accessed via your My Health Record unless your health care provider has used paper notes.

The SafeScript system includes a range of information about your prescriptions: drug type, strength, frequency, route, quantity, date of prescription etc.

What if I'm on OTP?

If you are on the OTP program and dose in a public clinic, these medicines will not be included in your SafeScript record. NSW Health is working to have these medications included.

Most people who dose in other settings (private, GP, pharmacies) will have their prescriptions for OTP included in the system.

The concerns

Many of our community members raised concerns about the new system during the consultation. Our community frequently experiences stigma when health care professionals find out about our drug use or hepatitis C, even if it is in the past. Many of the people who participated in the consultations were anxious about SafeScript and already have difficulty getting pain relief and other prescriptions:

"I've had a couple of barriers getting my prescriptions, the psychiatrist I see, I pretty much have to see him because he's the only one who will bulk bill me... He's fine with prescribing benzos for panic attacks but people on the authority line will challenge him around why he's prescribing me as much as he is and his motives and will often bargain with him to prescribe half the amount he's trying to prescribe. That's already happening..." (Chris)

A key concern about systems like SafeScript is that they will push people onto the black market and riskier medication use.

"If my request for pain relief gets refused, I'll go to the black market or someone I know who's using the medication or has access to it. Or I'll find a similar substance." (Shannon)

We can also experience discrimination when our history of drug use and hepatitis C is known.

"I was new in NA (Narcotics Anonymous) and I relatively recently stopped taking narcotics and just thought that I had to be honest about everything. They just treated me as if I was gonna want to scam them." (Morgan talking about presenting to hospital with a collapsed lung).

Many of us see different health care providers for different concerns, not to scam the system but to

protect our privacy and many of us have concerns about an additional set of hoops where both the prescriber and the pharmacist can question our medications.

"I am on prescribed opioids for chronic pain resulting from cancer treatment and had a prescription for another medication from my doctor who has a thorough understanding of me and my medical history. When I took that script to my local pharmacy, I was quizzed by the pharmacist who said he was 'worried' about the script. It created an intrusive, unnecessary hoop to jump through to get access to health care." (Bernie, NUAA member)

In order to reduce negative unintended consequences for consumers, NSW Health have worked with NUAA to ensure that the voices and concerns of our NSW community of people who use or have used drugs are heard. NUAA has received funding for this work. We have been working to produce better resources for clinicians and consumers and have worked with a community advisory committee to ensure we are getting our feedback right. This article is to provide you with a detailed look at SafeScript so you understand what will happen when SafeScript comes to your area (by mid-2022 at the latest) and know your rights in relation to this new system.

Read NUAA's submission to the SafeScript Consultation here:



Your health professionals are then expected to use this information to make decisions about your health care, including which drugs you will be prescribed and/or which prescriptions will be filled.

What happens if an alert comes up against my name?

Some SafeScript alerts provide information from NSW Health that certain prescribed medications and

combinations are risky or that you are accessing health care in a way that is associated with high-risk prescription medicine use. If your prescriber or pharmacist has signed up to SafeScript, they will receive an 'alert' on their computer desktop when they prescribe or dispense to you. The alerts use a 'traffic light' system — green, amber or red, which we explain on the next page. The alerts are not intended to deny people scripts.

The alert does not tell prescribers or pharmacists what to do or whether a medicine should or should not be provided. However, alerts do carry an implied recommendation that health professionals should assess the situation carefully.

It is up to the prescriber and pharmacist to decide if they will give you a particular prescription, balancing the information provided by the SafeScript alert against their

understanding of your health needs and circumstances.

This means that just because your medication use triggers an alert, you will not necessarily be denied the medications you rely on. You should have an opportunity to put your side of things to the health provider concerned and to talk about other options for managing your medications.

All health professionals have a duty of care to act responsibly around high dependency drugs to help you manage withdrawal symptoms. It is not appropriate for a health professional to stop your access to opioids and benzos if you are dependent on them, without titrating down your dose and providing a plan for your withdrawal.

When is SafeScript happening?

SafeScript was rolled out to the Hunter New England Local Health District in early November 2021. People who were part of this trial should give feedback about their experience.

SafeScript will be rolled out in Northern NSW, the Nepean Blue Mountains area and Northern Sydney in March 2022 with the rest of the state to follow from May 2022.

Who is looking out for me?

During the rollout of SafeScript, NUAA has been a strong advocate for our community to ensure that we are not negatively affected by the program.

NUAA advises NSW Health on many issues of importance to people who

use drugs. As we said above, NUAA has been consulted extensively by NSW Health during the development of SafeScript to make the path as smooth as possible for people affected by SafeScript (and we are being paid for this work).

We are also providing ongoing input to NSW Health through its consumer committee for SafeScript, along with representatives from Health Consumers NSW and Pain Australia. NUAA and Pain Australia are working with the SafeScript team to try to get better information to prescribers and pharmacists about how to work with people who attract alerts.

We have expressed our deep concern that the SafeScript system may feed into stigma and discrimination against people who use drugs. We are concerned that some people will be treated poorly, including being cut off from medications without any support. People that have a good relationship with their prescriber and a regular chemist should be in a relatively good position after the roll-out, but we know that many people in our community don't have access to a GP. Many GPs won't see people who use drugs. Many others will only see people who can afford the gap payment. The reality in NSW is that while everyone with a Medicare card has access to health care, that health care is not equal.

If you feel that a health professional's use of SafeScript has

contributed to you being treated unfairly and you wish to make a complaint about the way you have been treated or you want to challenge a decision, call NUAA's PeerLine on 1800 644 413. We can support you, including listening to your concerns; helping you raise your issues through the right complaints processes and bodies; and connecting you with support services to match your circumstances. And remember, we are constantly working to fight stigma and improve the system for our community.

How is my privacy protected?

To get into the SafeScript system, health professionals need to enter a password and pin number — this is to keep your health information confidential. There are penalties under the Poisons and Therapeutic Goods Regulation 2008 (NSW) if anyone unlawfully accesses, uses or discloses your information. The system records who accesses the information. You are entitled to access the information held about you (email safescript@health.nsw.gov.au) and you can request a change to information you believe is incorrect.

Where can I find more information?

Check out the SafeScript website or give PeerLine a call on 1800 644 413 — our peer workers are across all the issues. ■

How does the SafeScript 'traffic light' alert system work?



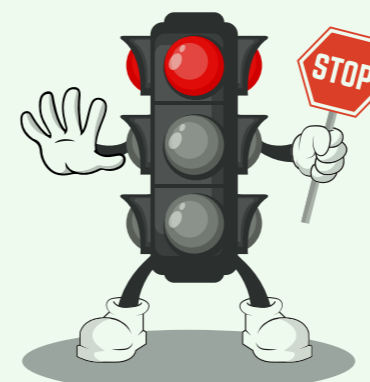
A green alert will appear on the SafeScript system if you:

- Have no prescribing or dispensing records in the last 90 days.
- Medicines prescribed to you within the last 90 days are from the same prescriber or medical practice and no other risks have been detected.
Example: Morgan has a regular GP who gives them a regular prescription (about every 2–3 months) of Temazepam to help them sleep from time to time. Morgan will have a green pop-up notification.



An amber alert will appear on the SafeScript system if you:

- Have had medicines supplied to you over the last 90 days from more than 1 prescriber at different medical practices.
- Have had a monitored medicine dispensed in 4 or more pharmacies within a 30-day period.
Example: Noah has a (Sativex) cannabis prescriber and is also prescribed dexamphetamine for ADHD by a psychiatrist. The scripts are dispensed by two different pharmacists, but Noah only uses these pharmacies. The next time Noah goes to his prescriber, the prescriber will receive an amber notification while he is writing the script. The pharmacist will get the same notification. Because Noah has a good relationship with his prescribers and his pharmacy, he won't have any issues picking up his medication.



A red alert will appear on the SafeScript system if you:

- If you have been prescribed the following drugs at the same time in a 30-day period:
 - Fentanyl + any other long-acting opioid (NOT methadone or buprenorphine through the Opioid Treatment Program).
 - Fentanyl + a benzodiazepine or a 'Z drug' (sleeping drugs Zopiclone and zolpidem).
 - Methadone (pain products) + a long-acting opioid (not OTP).
 - Methadone (pain products) + a benzodiazepine or a 'Z drug' (sleeping drugs Zopiclone and zolpidem).
- If you have received a prescription for any monitored medicine from 4 or more prescribers across 4 or more medical practices in a 90-day period.
- If you have been prescribed an average daily opioid dose of more of more than 100mg per day, averaged over a 90-day period.
Example: Shannon has chronic pain as a result of a bout with cancer five years ago. They have a regular Fentanyl prescription and are also prescribed Valium (a benzodiazepine) for back pain. Shannon takes their prescription to the pharmacy, where the chemist sees red alert notification because of the risky combination and raises concerns about overdose and is reluctant to dispense. Shannon is reluctant to go to another pharmacy as they know that this information is also monitored. Shannon goes back to their doctor to get advice on how to proceed.

Were you part of the SafeScript trial in Hunter New England at the end of 2021? Have your say. Do the consumer survey!



Find out more about SafeScript:



You can opt out of your My Health Record and permanently delete the information in this system. Scan this QR code, which will direct you to myhealthrecord.gov.au – there you can learn how to remove your record.

DREAM BIG

When a peer leader turns up the volume.

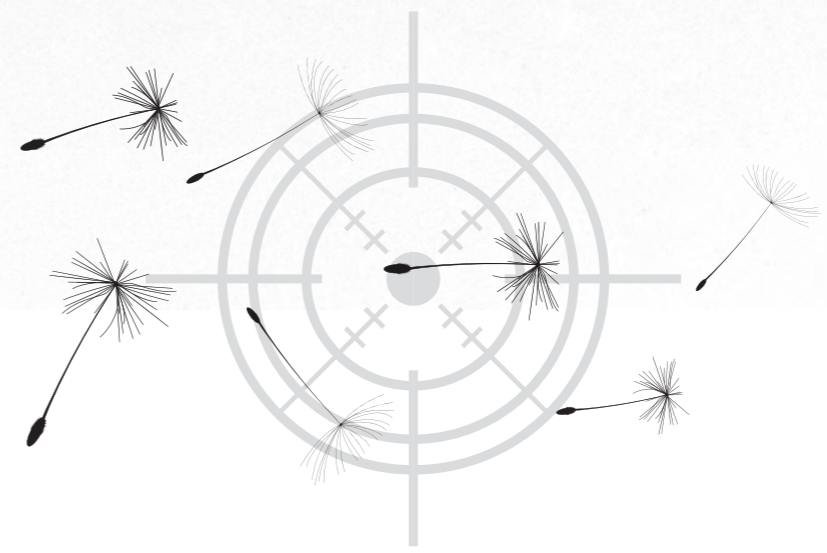
Annie Madden is a global drug user activist with living experience of injecting & illicit drug use, hep C and opioid treatment. She has spent decades promoting the health, rights and dignity of people who use drugs around the world. She was CEO of the Australian Injecting & Illicit Drugs Users League (AIVL) from 2000-2016 and CEO at NUAA from 1996-2000. Annie was awarded an Order of Australia in 2019.

UN: What is it about drug use that is so central to your identity?
Annie Madden: For over 20 years, I've been a dependent, daily user of opioids. I started on methadone for the first time in the early 1990s and without a break for around 25 years. I've also been injecting heroin daily for all that time. It's such a marginalised thing; very few people inject drugs.
 The impact that stigma and criminalisation has on every aspect

of a drug user's life means that being a user is central to your identity. There's not many people you can bring into your inner circle, so those you can talk to, you have very intense relationships with.
 As a user, who you are is shaped by prohibition. My political activism has been a source of strength to me; it helps me to overcome the stigma and isolation. But I've done it through sheer determination and hard work. I've been lucky to have a university education, which opens doors for me, and I'm white, so I have privilege and opportunities that have reduced the force of criminalisation and prohibition on my life. But it's still been really fucking hard to survive.
 Because prohibition increases the price of drugs so that daily use can cost a few hundred dollars a day, your drug use becomes your #1 focus. It doesn't have to be that way, but prohibition makes it that way.
 When you are an injecting drug

user, the world is a really harsh place. People literally hate you and say: 'Go and die, scum'.
 Drug user organisations (DUOs) and the drug user movement have been central to my survival. My rock and my place to hide, a port in a storm. A place to feel whole, and to know there's somewhere in the world that really understands you and doesn't judge you.
UN: What made you step up?
AM: I was always using drugs from my teenage years onwards. I was attracted to pushing boundaries. Then, when I started injecting, there were no Needle and Syringe Programs (NSPs) yet. They were only just starting to be discussed.
 We could see what was going on with HIV/AIDS for people who inject drugs (PWID) in the USA and knew it would become an issue here. We decided to start the QLD IntraVenous AIDS Association (QUIVAA) [now the Queensland

“DUOs and the drug user movement have been central to my survival. My rock and my place to hide, a port in a storm. A place to feel whole, and to know there's somewhere in the world that really understands you and doesn't judge you.”



Injector's Voice for Advocacy and Action: Ed] and with it, one of the first peer-based NSPs in Australia. It was a time of 'firsts'. I was involved in getting the first NSPs in Brisbane. I did some of the very first HIV prevention campaigns for PWID. 'Fuck Safe, Shoot Clean' was one of my campaigns [Check out one of the campaign's posters on the next page].
 I was quite a political person even before I started getting involved in DUOs. I melded it together with being an injecting drug user. Since then, I've had a lot of roles, but at the heart of it all is my interest in political activism and standing up for people's human rights.
 After getting experience as a CEO in a short-term role at the Gold Coast AIDS and Injectors Network (GAIN), I got offered jobs in Sydney at the same time, at NUAA and SWOP (Sex Workers Outreach Project). I had to decide: "Where does my heart really lie?". It was a big turning point in my life. I had a background in sex work, but I realised the right decision was to focus on drug use — the bigger part of my identity and where I thought I could make the most difference.
UN: How do you know when you're ready to step up?
AM: Surround yourself with people you trust who can give you good

advice, and listen to the feedback they give you, because there will be clues in it. People will demand that you step into your power and leadership potential. They want it for the movement.
 I didn't see myself as being ready for my first CEO job, but I was encouraged to apply, and I got the job! I did it for 7 years and loved it. It just goes to show how important it is to have encouraging people around you who can say: 'You can step up, what's stopping you?' That person saw something in me that I couldn't see in myself — and I now know what it is. Leadership is a funny thing, because people can find it easy to see in others but harder to see in themselves.
UN: Do you have advice about working for change under prohibition?
AM: For people looking to step up, you need to hold your core values tight, and really believe in them. Then, you have to be open to working with the system you're in. That doesn't mean being complicit in it but you can always find ways to work or people to work with.
 You can get support from unusual places sometimes. While they are not natural partners, conservative governments can be willing to take

Join Annie's podcast SpeakEasy:

Read Annie's paper:

"Drug Decriminalisation: Progress or Political Red Herring?"

more risks compared to 'progressive' governments — even if only to take away progressive's ammunition. Don't underestimate what you can get done through relationships with people. Keep an open mind to the people you're working with — they may have a personal connection to the issues or be willing to find ways to make things happen.
UN: What are you working on at the moment, and what's next for you?
AM: Getting treated and cured for hep C has made a huge difference for me! I now have the energy for all my work! I am currently working on a PhD at the University of NSW (UNSW); I have a consultancy business — 2SquarePegs; and I have a podcast — SpeakEasy.
 I would never have seen myself doing a PhD. I'm one of the few drug policy researchers who is 'out' as a drug user. My PhD has given me a chance to think about things I've

never had the time to think about. The title of my PhD is *Drug-user representation in high-level policy environments*.

Through 2SquarePegs, I've been doing lots of work with our international drug user organisation, the International Network of People who Use Drugs (INPUD). For example,

I was a co-author on a paper called *Drug Decriminalisation: Progress or Political Red Herring?* It looks at how 'decriminalisation' in different countries can still harm people who use drugs because there are still punishments for using drugs, just different types.

I have a podcast series called

SpeakEasy with Dr Carla Treloar, a professor at UNSW who is one of my PhD supervisors. We've tagged it: 'A comfortable space for uncomfortable topics'.

We interview researchers about their work to take the mystery out of research and help people understand why it's important. ■

Annie's 10 top tips for stepping up in the drug user movement

1 Regularly stop for a minute and ask yourself: why am I in this fight? — and it is a fight for our very fucking lives most of the time. The price of being a drug user is so often completely preventable.

2 Look after each other and value each other. There's not a lot of us, so we need to protect each other, and understand that we will have our ups and downs. I've seen too many people walk away hurt from DUOs. Don't let the War on Drugs dominate how we treat each other.

3 Value your own experience, but don't get too into yourself. There's so much out there to learn. I did most of my growing in spaces where you need to be quiet and listen to what other people's experiences are.

4 We need all sorts of people to make up

this movement. We need the quiet administrators behind the scenes as well as the loud activists on the front lines. We need journalists, scientists, educators, carers and face-to-face roles providing harm reduction in NSPs or at festivals for DanceWize.

There are lots of ways for people to get involved. Sometimes that's in a paid job, sometimes it is as a volunteer. Think about where you might fit into the movement — let the info in NUAA's magazines help and/or talk to someone at NUAA (call 02 8354 7300).

5 The drug user movement spends a lot of time arguing about wanting to be at the table. But we don't spend enough time talking about what we want to achieve when we're there.

Dream big; if we don't think it, then it definitely won't happen. But we also need to get practical

and focus on the little things. Don't miss opportunities to change the mind of your mum, dad, sister, cousin... They speak to others and it ripples out.

Sometimes just surviving is a major achievement worth celebrating.

6 Don't underestimate the power of the movement to change the way people think about drugs. It's about increments. Hang on to the small wins. Study the global cracks appearing in the wall of prohibition. Have an answer for people who say 'how do we know ending prohibition won't be worse?' Learn the pros and cons of drug policy models.

7 The movement needs more leaders coming through. I worry about the health and sustainability of the movement's leadership. If you feel you

can maybe be a leader, just give it a go.

8 Don't be afraid to be a lone leader but also learn how to share the load. When you're part of a choir, you can tap in and out. Try new ways of doing things; set up new leadership team structures.

9 We need to make the most of the synergy between movements. How can we work with anti-colonialism, anti-racism and workers' rights groups? Never forget that drug policy has a racist basis to it all around the world.

10 Try to have times where you can get away from the war, but also make sure you have an attitude of constantly learning, and finding new people to learn from, at home and overseas. Right now I'm into drug user activist Garth Mullins' podcast 'Crackdown pod'.



Shoot clean.

Reach Out

Ask PeerLine



Ask anything, get information and support.

PeerLine is NUAAs confidential peer-run telephone service providing support to people who use drugs, who are on the opioid treatment program or who are seeking treatment across NSW. We're not a counselling service, we're a non-judgmental team of peers who are trained to listen and offer advice, referrals, support and individual advocacy.

We speak your language and are here to talk, or just listen, about what is happening in your life. We're here to help you connect with your community and empower you to take control.

We get hundreds of calls every year, and the same problems pop up — so we've decided to share some of them in each issue of UN, just in case you were too shy to call! Here are 2 popular questions, thanks to John

and Belinda, with some info to get you started. Call us for more details on these topics — or to ask the questions you need answered or just to talk to someone who is really listening to you.

Remember, this is YOUR hotline for accurate, up-to-the-minute info, served up with care and compassion — the way only peers can deliver. So call us, email us, DM us — and get in the know. ■

Dear PeerLine,

I recently received an on-the-spot COVID-19 fine, and I don't have enough to pay it. Previously when I had a fine, I managed to work it off with a Work Development Order (WDO) by volunteering.

However, I have heard that you can't get a WDO for this type of fine? What am I going to do, how am I going to pay it off? Thanks for your help,

Belinda X

Dear Belinda,

We have got good news for you! Whoever told you that you are unable to get a WDO for any breach of a COVID-19 Public Health Order is wrong.

Fines under the Public Health Order Act are the same as any other fine and are covered by WDO! If you have been told no by a WDO provider then contact Legal Aid.

Legal Aid can either help you appeal the fine, or help you find another WDO provider.

Check out the QR codes on this page to find out more about WDOs and COVID-19 fines.

It may also be useful to note that although you

are able to get a WDO to work off this type of fine, due to COVID-19 restrictions, many WDO providers may not be able to keep their regular services going, which means it may be difficult to find a WDO provider right now. But hopefully as NSW opens up that will become a lot easier!

If you want to discuss this issue any further, especially if you think the fine was the result of stigma and discrimination and you would like to make an appeal, don't forget to give PeerLine a call.

Best of luck! The PeerLine Team

Dear PeerLine,

I have been on methadone for about 10 years now, but I am at a stage where I am completely over being on the program and all the constant visits to the clinic to get dosed and whatnot.

I'm at a really different stage in my life and feel really stable. That is why I have started to reduce my dose. I've already managed to halve it. But I live with back pain and I am very worried that if I keep reducing my

dose, it may become a bit too much. My current dose and a bit of Panadol seems to work for now, but what happens when I keep reducing?

I've heard about this other option: moving to long-acting buprenorphine (a.k.a 'depot bupe' or 'Buvidal'). Can you tell me a little more about it and whether it may be effective in managing my pain?

Do you have any advice for me?

Thanks, John.

Dear John,

Thanks for reaching out and congrats on meeting your goals around halving your dose! We understand that it can be a real pain having to regularly dose, and totally get why you are ready to make a change.

It's hard to say decisively whether long-acting injectable buprenorphine ('bupe') (LAIB) would work for you. You will certainly find bupe a different feel to methadone. People talk about being more clear-headed on bupe. The main difference between LAIB and other bupe products is that you only need to be dosed weekly or monthly — so it should definitely help to decrease those visits to the clinic.

When deciding whether to try depot buprenorphine or any OTP medication, you should think carefully about their pros and cons. Many people we have spoken to are very happy with their move to LAIB, but depot bupe is not going to be the best option for everyone, and it doesn't work the same for everybody. In general, people who thrive on LAIB tend to be those who are keen to change their relationship with opioids in the long-term. They have set goals for themselves around work, study, creativity and/or family and they usually have good support networks.

We recommend you check out NUAAs Depot Buprenorphine Starter's Guide and talk to some people on LAIB.

There are currently two LAIB products on the market — Buvidal® and Sublocade®. Buvidal has two products — one that lasts a week and one that lasts a month. All Sublocade products last a month. Both products are given as a subcutaneous (under the skin) injection.

Your prescriber can advise you about the best way to move from methadone across to bupe and then onto LAIB.

When it comes to managing pain, LAIB should be able to help with that. Although there is no long-term evidence (it hasn't been available for long enough) comparing the effectiveness of LAIB against sublingual ('under the tongue') bupe, anecdotal reports seem to suggest that it is at least as effective in managing pain.

If all this sounds good to you, we recommend talking to your prescriber about your options. Not all services offer LAIB yet, including very few private providers. If your prescriber or clinic doesn't offer LAIB, call us and we can let you know where you might be able to get onto LAIB.

Take care — PeerLine Team

More Info

Reach PeerLine here:
nuaa.org.au/peerline
Scan this QR code:



Part of our DanceWize community in NSW?

You can reach DanceWize PeerLine by DM on DanceWize social media:

facebook.com/dancewizensw/ and instagram.com/dancewize_nsw/

Check out NUAAs Consumers' Guide to the Opioid Treatment Program:

Depot Buprenorphine Starters' Guide is Standalone Guide #8. Find it on our website (follow the QR code) or get a booklet posted to you by emailing MOH-PopulationHealthResources@health.nsw.gov.au
Scan this QR code:



Learn more about WDOs. Scan this QR code:



Try this great factsheet from Redfern Legal Centre about COVID-19 fines — Scan this QR code:



Talking it out

PEER HARM REDUCTION IN THE YARD

The Peer Harm Reduction in the Yard (PHRY) program supports people who use drugs inside to step up as peer leaders and spread messages around safer using and self-esteem.

Why talk about harm reduction in jail?

When you use drugs inside, it's hard to stay clear of health problems.

First up there's the cobbled-together, cut-down fit that has been used hundreds of times by dozens of people, and safed in between. It can be hard to sterilise those fits, even if there's Fincol in the dispenser and it's freshly made up. It can be even harder to sharpen them, so they are blunt and painful and cause severe vein damage.

Then there is the 'down and dirty' mix up — without the new spoons, swabs, water ampoules and fluffy cotton wool we are used to getting on the outside — that has to be done super-fast.

And there's a lot more hep C in jail than in the general community. Around 15% of people living in NSW jails are currently living with the virus (that's 1 person in 7).

But the more information we have to manage the risks around using inside, the easier it is to make a decision to get or stay healthy.

While there is information coming from Corrective Services NSW and the Justice Health and Forensic Mental Health Network (the Network), there is nothing like the information you get from your peers — the people you know you can trust.

To make it easier for people in custody to get the chance to improve

their health, a new program called Peer Harm Reduction in the Yard or PHRY (pronounced 'Fry') has been trialled in NSW jails so that people with similar experiences can talk about safer using.

PHRY was put together by the Network and NUAA. Because NUAA staff all have a history of drug use and some have 'been in green', they led the training. A Network staff member also attended, adding his experience and know-how of harm reduction in the jail environment.

The group was started in Long Bay, but we can't wait to get one happening in a women's centre once COVID-19 Lockdown is firmly behind us.

The way it works is this: The program gets together a small group of people to talk face-to-face about reducing some of the risks that come with drug use inside. They meet as equals to share their expertise, with no judgement allowed, and everyone's knowledge builds as people learn off each other. More importantly, the whole team work together towards solving problems and breaking through barriers.

Then, the group are in a position to step up and pass on the things they have learnt to other people in custody. They start those important discussions that only peers can, leading the way with experience and understanding.

What did people learn?

The PHRY course was all about passing on ways to reduce the risk of drug use. It's tricky in jail, but it's all about doing the best you can to stay healthy — and stay alive.

The group was all about giving people some new ideas to keep themselves safe. The guys who attended talked about things like:

- best use of FINCOL
- overdose prevention symptoms and treatment
- hep C prevention, testing and treatment
- managing withdrawal
- avoiding, recognising and treating drug-related infections like abscesses
- the advantages of trying different ways to use, other than with needles
- drug treatment — including getting on Buvidal
- how to connect into healthcare services both inside and in the community
- staying healthy after jail.

As for sharing info, it works both ways. The guys from NUAA and the Network learnt heaps about some of the real problems on the ground. The more we know, the more we can put in place better harm reduction services and programs for people in custody that will genuinely make a difference to their health and wellbeing.

An article about PHRY first appeared in *Insider's News* Issue #8.

Taking charge

With their new knowledge, the PHRY guys decided it was important to step up as leaders in their community to pass on some of the harm reduction tips they had learnt. With support from NUAA and the Network, the group organised a health promotion session at Long Bay for over 40 people.

The session focused on hepatitis C, providing info from peers and health professionals. They passed on info about Dry Blood Spot (DBS) testing, the hep C tests that give an accurate result from a blood sample taken from a finger prick. On the day, 43 men in custody agreed to have the test on the spot.

There were also some very real conversations about drug overdose, including talking about the high numbers of people who overdose after release. The peer leaders from the PHRY program told the attendees about the 'Nyxoid on Release' program. Nyxoid is a form of naloxone, the life-saving drug that reverses overdose, that works with a spray in the nose. The Network offers Nyxoid to anyone leaving jail who asks for it — along with a quick session on how to use it.

It's obvious that courses like PHRY help build leaders among people who use drugs who can share their

knowledge with confidence and respect — and without judgement.

People who use drugs are often pictured as weak or evil, and we even believe this about ourselves sometimes. People with hep C are also often judged harshly. Add to that the way people who have been in custody are viewed and it becomes clear how much people who use drugs are damaged by negative stereotypes.

It's no wonder that before the PHRY guys could step up as peer leaders — they needed to talk about how stigma and discrimination affected the way they saw themselves.

No matter where people who use drugs are, we need to work towards less judgemental views, especially among ourselves. It's only by talking about this stuff together that people who use drugs can see it for what it is and learn how to

think about ourselves in a different way. People who use drugs need to believe that not only are we worthy of good health but also that we are amazing leaders who can help others towards their health goals.

We can't wait to bring you the news that there are more PHRY groups inside, with more peer leaders helping others inside towards better health and self-esteem. ■

“
We have to get really good at the stuff we can control.”

PHRY Testimonials

Dan:

I thought the PHRY course was good. I think it is important to talk about stuff like this. I definitely learned some new stuff.

NUAA's magazines are great, but there are a lot of people in jail that struggle with reading. For them, sitting down and talking about it is the only way they will get the info they need.

The only other info they have here is a course put together by Corrective Services call 'Health Survival Tips'. You have to watch the video when you arrive and then you have to watch it every year after that. But a lot of guys aren't in a learning mood when they first come in. And you just won't listen if you are told it's something you have to do. So it's great there is another way.

The PHRY group wasn't just about going along for yourself. It's talking to the boys who weren't there about what you've learned. You need to get the message to older guys who are respected and let them pass it on. I mean, people will listen to them, not to a video from the jail.

Rex:

I thought PHRY was great. There was heaps of info, some things I hadn't heard before, and it was good to talk about all the problems and better ways to do things.

I don't believe we are ever going to have fits available in jails in Australia, not in a million years, so harm reduction is the best we are going to get. That means we have to get really good at the stuff we can control.

The young fellas need to hear all this stuff. Some of them come in and they haven't even injected before they get to jail. You can't tell them not to do it, they don't listen, but maybe you can tell them how to get out of here without hep C.

I think we have to pass all that info on, because the guys will listen to me more than they'll listen to people who work here. It's all about trust and respect.



Peers at work

Everyday Superheroes

People who use their powers of peerness for good



Connell, Health District (LHD) Peer Worker

We have talked to 3 cool peer workers, Rana, Kendra and Connell, who are variously a volunteer, on a retainer and in part-time paid work. Wherever they are in their journey, they are all 100% awesome authentic peers on an amazing path as they step up for their communities with passion and generosity.

'Peer Worker' is an emerging role in the Alcohol and Other Drugs (AOD) space in NSW. Not only has research shown how valuable peer education and support is, services using peer workers see the difference every day as more consumers come through their doors to have more respectful and relevant interactions.

Most peer workers start out as volunteers, or mix their volunteer work with casual or part-time paid roles.

NAAA supports volunteers in many ways within the organisation. Our long-established Peer Participation Program skills peers up to work in the NSP; DanceWize NSW has a large and committed group of festival going peers and other programs like the peer distributors offer training and meaningful experience.

UN: What was your journey to becoming a Peer Leader?

Connell: Shortly after I was released from prison about 8 years ago, I decided I wanted to give back to the community. So I joined NAAA's Peer Participation Program (PPP). It was the gateway to me working in many different roles at NAAA and I am now currently employed as a Peer Support Worker in a health service.

UN: What does a typical day as a Peer Worker in a health service look like?

C: I announce my arrival in the most flamboyant fashion imaginable, followed by a coffee and chat with the best people I've ever met.

There's no typical day but generally, it goes something like this: I stock the shelves with equipment. I check emails. I answer phone calls/messages. I do outreach. I serve clients. I do DBS tests. I distribute Naloxone. We do clean ups. We load vending machines. We laugh, we cry, we dance!

UN: What's the best thing about being a Peer Leader?

C: As a Peer Worker, you have a special link with users. Helping people is incredibly rewarding. I get home from work and know I've made a difference. I love that my

community trusts me to provide an empathetic ear and practical advice. I love linking people to other services to improve their health and overall wellbeing.

UN: What's the hardest thing about being a Peer Leader?

C: Every day is different, and I enjoy the challenges, but there are some moments where it can be disheartening. Sometimes there's not much I can do to help people within the constraints of the system. You have to learn to celebrate the small wins. I have also learnt there are many factors that affect health, and health means different things to everyone, so it's important to keep an open mind with everyone I help.

UN: What's your best piece of advice for someone who wants to step up?

C: Just do it. Your experiences are valuable to others. The drug user community is extremely diverse and your stories matter. Put your hand up and own those stories. They can change lives.

You may think you are alone but you're not, you have new friends and connections waiting, you just haven't met them yet.

You are more than your criminal charges.

Kendra, DanceWize NSW (DWNSW) Team Leader (TL)

UN: How did you start stepping up for your community?

Kendra: I became a DanceWize NSW Key Peer Educator (KPE) volunteer in 2019. I was roving as a security guard at a festival and became curious about the DWNSW care space tent. I instantly loved how the KPEs cared for partygoers and was impressed by the harm reduction education they offered.

As a security guard, I could never let on that I was a person who uses drugs. In fact, my supervisors would fire me if I was too nice to drug users! I have always hated the way we are treated for taking drugs — like we are horrible criminals. Unlike most security guards I wouldn't kick someone out for using — after all, they were just people wanting to dance and have fun — but I had an ethical responsibility to my job to throw the drugs away.

I never saw myself as a leader. Every step up in my career has never gone how I wanted it to, which knocked my confidence. But then the other DWNSW Team Leaders (TLs) asked me to think about being a leader. They saw something in me. That meant a lot to me and when I became a TL, I knew I wanted to build up the people around me. Because of my self-doubt, I spent a lot of time mastering the KPE role before I took on being a TL — no imposter syndrome for me! Being a TL has made me feel more confident and I especially enjoy training and supervising new KPEs.

UN: What's your best piece of advice for someone who wants to step up?

K: Stepping up can seem scary. But you can see that kind of fear as a healthy thing. Fear can prompt

you to prepare properly, to check you have the right support — just in case something goes wrong.

Just put yourself out there and try — because that's inspiring to others.

I can be a strong TL, because the NAAA DWNSW staff, Gina and Erica, are insanely good at their jobs. I know if I have a difficult shift, there's lots of support around.

UN: What's your favourite harm reduction tip?

K: Someone in the care space was anxious from using magic mushrooms and cannabis. They thought the weed would make them feel better. I'd had that combo before, so I relaxed them by explaining: "Cannabis, paired with most things, such as mushrooms or LSD or MDMA, will make them stronger before it starts relaxing you."

UN: What does a typical day in your role look like?

K: I arrive onsite at a music festival and get myself grounded. Then, when I arrive at the care space tent for a shift I'm leading, I'll check the volunteers are all feeling comfortable.

Then we do a handover with the outgoing shift. We find out what trends we should know about — maybe there's lots of people coming in for care because there's an adulterated batch of drugs going around.

We look after people who might be physically or mentally unwell, or who just need a beanbag to chill out on, or a caring person to talk

about life or how weird their trip is going. If someone needs extra support, the medical team can check on them. We rove the festival grounds. We have fun chats with people in front of our tent, educating them about safer drug use.

At the end of each shift, the team debriefs on any challenges or highlights. Then we take off our DanceWize uniforms and go out and enjoy the event!

UN: What's the best thing about being a Peer Leader?

K: It's really great when people reach out to me to ask me questions about drugs, and I know I can provide them with good information and advice.

I also like being able to leverage my previous work experience. I'm currently designing some training to teach KPEs how to work better with security guards.

Another cool thing is being involved in setting up DWNSW's high school program. The aim is to teach harm reduction, and not just abstinence. I want all young people to know how to put someone in the recovery position and

how to be safer when it comes to sex and drugs.

UN: What's the hardest thing about being a Peer Leader?

K: I was afraid that if my employers found out I was volunteering with DWNSW I would lose my job as a security guard. But I decided it's totally worth it. This stuff is just too important.

“Just put yourself out there and try - because that's inspiring to others.”

Rana, Regional peer distributor

UN: How did you start stepping up for your community?

Rana: Before getting involved with NUAA, we had to travel to get equipment because there's no NSP in our area. When we discovered Outreach and the equipment came to us, I became friends with the delivery workers. One was a NUAA Peer Worker. He told me all about the NUAA peer distribution program — where users who live in a community have stocks of injecting equipment and give it out to our local injecting community. He told me he thought I might be a good fit for the program, and I liked the idea.

UN: What is the best thing about being a peer leader?

R: I love being able to help my community. The peer distribution pilot is well suited to regional communities like mine. We don't have an NSP, just a vending machine at the hospital which is always empty. I used to travel hours to get equipment. That's not an option for a lot of people in regional towns — they don't have a car and public transport is limited. If it weren't for peer leaders like me, many people

would be going without and taking risks with their health.

I get to provide useful advice and resources to people who either can't get it anywhere else or are too afraid to ask for help for fear of being judged.

UN: What's the hardest thing about being a peer leader?

R: Definitely the number of people we see and how regular it is. It's a 24/7 gig! We've had people turning up late at night, knocking on the door at 11pm, 3am, 6am... We don't get a break. On pay day it's like a revolving door! Some people can be a bit pushy sometimes, too.

UN: What's your best piece of advice for someone who wants to step up?

R: Find out what your community needs, then get in touch with NUAA!

UN: What's your favourite harm reduction tip?

R: Don't reuse — not even twice. And never share used equipment — it's not worth it. There's enough to go around. I usually give people more than they ask for — that way there's no risk of them reusing or

sharing. If they don't need it and they give it to someone else — even better.

UN: What does a day in your role look like?

R: People come to me for equipment or advice and someone to talk to. I used to only see a few people living close by but now they come from all over. I've started chatting to people about hep C lately. I help bust myths about treatments and encourage people to get tested. I enjoy being able to give people advice and help with things they won't talk to anyone else about. ■

“

I get to provide useful advice and resources to people who either can't get it anywhere else or are too afraid to ask for help for fear of being judged.

DANCEWIZE NSW VOLUNTEER APPLICATIONS OPEN

Calling All: Festival heads, rave mums, unofficial trip sitters and drug knowledge wizards!



To apply, scan here or visit www.dancewizenw.org.au/volunteer



DANCEWIZE:
NSW



Want to get some skills?

All NUAA peers have access to extensive and unique training opportunities. You may also decide to further your skills via TAFE and get a certificate as a Community Worker or Drug and Alcohol Worker.

Scan here to get started



MAKE SURE THE FIRST SHOT AFTER A BREAK ISN'T THE LAST ONE YOU'LL EVER HAVE.

Just had a break from using?

- Your tolerance to a drug can change quickly – even in a couple of weeks.
- It's easy to misjudge how much we need after a break – especially when we want to experience everything we have been missing.

Manage your overdose risk:

- Make sure you use less than you were before your break. Try a test shot or break it down into a couple of smaller shots.
- Don't use alone - or at least stay in touch with a mate by phone.
- Watch out for the double-up effect if you've been taking prescription drugs like benzos, opioids, psych meds – even if your last dose was the day before your shot. Compensate with a smaller shot!

EVERY SECOND COUNTS WITH OVERDOSE – BE PREPARED



+



Watch out for these signs:

- “Dropping” into sudden unconsciousness.
- Lapsing in and out of consciousness, making snoring noises and being unable to stay awake.
- No response when you call their name or shake them.
- Shallow or slow breathing.
- Clammy face and hands.
- Skin turns blue or grey.

Get naloxone to reverse opioid overdose:

Naloxone is free and easy to use.

- You can pick it up in-person from NUAA's NSP, 345 Crown St Surry Hills.
- Or NUAA can deliver it to your door in plain-packaging. **Order online here** or call (02) 8354 7343.
- YourRoom has a **webpage** that lists all the places you can get it in NSW.

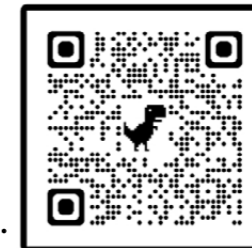


Call the ambos:

- If you think someone is overdosing – call 000 straight away, even if you use naloxone.
- If they're breathing but not responding, put them in the recovery position. If they're not breathing, check their airway is clear, start rescue breaths if you know how, and give them naloxone. The person you speak to on 000 will be able to guide you further.

Want to know more?

- Scan here to go to a NUAA webpage about safer using tips OR call PeerLine.



A lifetime of service

Peer Worker Maureen Steele has been an active and influential peer worker for some 30 years. She has been inducted in the NUAA Hall of Fame for her tireless and outstanding commitment to our community.

UN: What first made you step up and become a leader?

Maureen: When I was young, a friend of mine that I was using with overdosed and died. We were young and stupid and new to opiates. We didn't really understand what was going on. Regardless of age, when you're first learning how to use a new drug, especially opioids, there's a really dangerous period.

I was responsible for Ross's death. It's been 30 years, and it's taken me until just this month to be able to say that out loud. And I'm still not coping with it. The responsibility that I feel has stuck with me my whole life. It was such a waste of life and it didn't have to happen that way.

When I was young and starting to use, I was given health messages like: 'If they're breathing slowly, that's a bad sign.' But what is breathing slowly? I used to sit and watch this guy on my couch and count 1, 2, 3 really slowly, and I'd get to like 18 and then he'd take a deep breath and I'd think: 'Oh, he took a breath, that's good!'

You get this fear of: 'I don't want to have to deal with calling an ambulance or having the police come' and so you'd start to convince yourself: 'He's ok'. But the reality is that breathing once every 18 seconds is not proper breathing. I didn't have a realistic grasp on how death occurs from overdose and I filled the gaps

with my biases. And someone I cared for ended up dead because of that.

That experience made me want things to be better for people who use drugs, so I got involved in my community. It seemed stupid to me that you could go and get drunk at the pub, but we weren't allowed to take our drugs of choice safely. Ross's death made me want to talk about overdose and how to manage your use of drugs so you don't die.

At the time I couldn't talk about the actual experience because I felt so guilty – and because I needed to keep my illegal activities hidden. So, I became isolated in my feelings and learned ways to push them down.

Now, as a senior peer worker, I feel I need to step up to show that these difficult conversations not only CAN happen, they NEED to happen to set the stage for us to share important information that can help us stay safe during our use of drugs.

UN: What advice do you have to help inspire peers to step up?

M: I think many drug users are used to being told they're stupid and they start to believe it. We often internalise the stigma and take on the

stereotypes. That means we have trouble accepting that we actually might have good ideas.

So, I want to encourage people – if you've got an idea, talk about it, and run with it. You never know when it might turn out to be really good. You might surprise yourself.

For me, being a leader is about seeing problems and getting inspired to find solutions. I'm an 'ideas' person and I'm good at finding solutions to problems. Because I am well-connected with the drug community, I have a way to share my ideas and find people to help me put them into action.

I'm currently working on an overdose prevention app for people who use opioids alone. It centres around a timer that can be set to a certain period of time (like 30 seconds). Each time the alarm goes off, you tap to restart it. If you don't tap, an SMS goes to someone you trust to say you have overdosed, the door is unlocked, please get an ambo here ASAP.

It's currently hit a legal snag, but you need to be resilient. Not all your ideas may work out quickly or ever. I first learned that in 1999 when I was

involved in advocating for the Heroin Assisted Treatment trial (heroin on prescription) that Prime Minister John Howard blocked it at the last minute.

Some things I wish I'd pushed harder for, but you never know if the timing is right. One of those was take-home naloxone. In the 1990s I thought it was magic when an ambo used it to save a friend of mine. I advocated for it to be in the hands of opioid users, but I got a lot of resistance from health professionals. It is only now we have legal take-home naloxone. It is frustrating that people rarely listen to drug users.

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I want to encourage people – if you've got an idea, talk about it, and run with it. You might surprise yourself.



UN: What are you most proud of achieving as a leader?

M: I am proud that I started off as a volunteer in drug user organisations in both NSW and WA (NUAA and WASUA) and have worked as a peer worker across the health sector ever since.

I was lucky to be in the right place at the right time during a growth period in harm reduction and drug treatment and to have been involved in many innovations.

There are a few key things that are particularly important to me. For example, I worked with staff and the service users of an Opioid Treatment Program (OTP) clinic to introduce Biodone, a less harmful methadone option, into NSW. I worked with other peers on safer methadone injection and got that out to our community as a harm reduction resource in *User's News*. Through NUAA, I helped to establish the Medically Supervised Injecting Centre (MSIC) in Sydney then worked there for 7 years where I focused on building a strong person-

centred service employing peers. And I am particularly proud to have gained Council funding for the living tree Overdose Memorial in a Kings Cross park, and to have had a lead role in organising a peer-led annual memorial service in the park.

UN: What are you working on now?

M: I've been working at St. Vincent's hospital for 4 years as a Peer Worker, in the alcohol and drug service. I work at Rankin Court, the opioid treatment clinic and Gorman Unit, which is an inpatient centre for withdrawal from alcohol and other drugs.

I like to work on 2 levels. I help improve people's day to day lives by talking to them and advocating for their individual needs. I also like to advocate to improve systems for everyone.

At the moment, I am advocating to make takeaways a permanent feature of public OTP clinics. Everyone at Rankin Court liked having takeaways during the

lockdowns. I'm also trying to get vaporisers for tobacco/nicotine in the detox unit because the non-smoking policy is a massive barrier for many people trying their best to complete an inpatient withdrawal program. It is a stressful and challenging time for all peers, no matter their alcohol or drug use. I am also keen to stop bag searching at Gorman Unit, which is currently mandatory for entry into the detox unit. There are so many reasons why that humiliating and ineffective hunt for 'contraband' should stop!

UN: Is there anything else you'd like to say to the community?

M: I've come a long way over the last decades, and despite the stigma and guilt I've had to face, I'm so proud of being part of this community. I just want to encourage everyone around me to know that no matter what's going on in your life, keep going and keep looking for the opportunities to help your community. ■

Opportunities for peers IN REGIONAL AND RURAL NSW



If any of these opportunities interest you, get in touch with NUAA's Outreach Specialist, Rochelle Aylmer by calling 0472 705 325 or free call 1800 644 413.

Peer Distribution

Are you interested in becoming a peer leader in your area? Join our network of volunteers who distribute sterile equipment, provide safer using health promotion and support hep C testing and treatment. As a peer distributor, you will receive great training and experience in harm reduction. Volunteers are also reimbursed for costs.

We are seeking volunteers in:

- Murrumbidgee
- Western NSW
- Nepean
- Hunter
- New England
- Far West areas.

Consultation Work

Lead the way with NUAA and participate in our consultation work. Your voice will contribute valuable information that will help make services in your area better. Are you in the following towns? We would love to hear about your experience! Volunteers are reimbursed for their time and expertise provided in consultations.

We are seeking volunteers in:

- Brewarrina
- Bourke
- Walgett
- Coonamble
- Mudgee
- Broken Hill
- Menindee
- Gulgong
- Wellington.

Outreach and Support

Want to get in touch or meet up with a peer and talk face to face? NUAA does regular outreach to the following locations.

- Wagga Wagga
- Orange
- Parkes/Forbes
- Cowra
- Newcastle
- Blue Mountains
- Lithgow.



LOOKING FOR TREATMENT?

Advice about treatment, changing your use and other support

ADIS (Alcohol & Drug Information Service):	1800 422 599	(24 HRS, 7 DAYS)
Family Drug Support (FDS)	1300 368 186	(24 HRS, 7 DAYS)
NUAA PeerLine:	1800 644 413	(Mon-Fri, 9am-5pm)
Opioid Treatment Line (OTL):	1800 642 428	(Mon-Fri, 9:30am-5pm)
Stimulant Treatment Line:	1800 101 188	(24 HRS, 7 DAYS)

Local Health District Drug and Alcohol Intake Lines

Want to find out about your 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 East Sydney Drug and Alcohol Services (The Langton Centre, St George, Sutherland)	1300 001 258
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) 5506 7010 (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 you don't know where the nearest NSP is 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	Location	Phone No.	CL	D	C	N	O
Albury	6058 1800	x	✓	✓	x	x	Moruya	4474 1561	✓	✓	x	x	x
Armidale (Inverell/Tamworth)	0427 851 011	✓	x	x	x	x	Mt Druitt	9881 1334	✓	✓	✓	✓	✓
Auburn Community Health	8759 4000	x	✓	x	x	x	Murwillumbah	6670 9400	x	✓	x	x	✓
Ballina	6620 6105	x	✓	x	x	✓	Narellan Community Health	4640 3500	x	x	x	x	x
Bankstown	9780 2777	x	x	x	x	x	Narooma	4476 2344	✓	x	✓	x	x
Bathurst	6330 5850	x	✓	✓	x	x	Newcastle HARM	4016 4519	✓	x	x	x	x
Bega	6492 9620	✓	x	✓	x	x	Nimbin	6689 1500	x	✓	x	x	✓
Blacktown	9881 8767	✓	✓	✓	✓	✓	Orange	6392 8600	✓	✓	✓	x	x
Bowral Community Health	4861 8000	x	✓	x	x	x	Parramatta	9687 5326	✓	✓	✓	✓	✓
Brookvale Community Health Centre (Beaches NSP)	9388 5110	x	✓	✓	✓	✓	Penrith/St Marys	4734 3996	✓	✓	✓	✓	✓
Byron Bay	6639 9675	x	✓	x	x	✓	Port Macquarie	6588 2915	✓	✓	✓	x	✓
Campbelltown, Liverpool, Camden Hospital ED	8738 6650	x	✓	✓	x	x	Queanbeyan	6150 7150	✓	✓	✓	x	x
Canterbury HARM	9718 2636	x	x	✓	✓	x	Redfern HARM	9395 0400	✓	✓	✓	✓	x
Cooma	6455 3201	✓	✓	x	x	x	Rosemeadow Community Health	4633 4100	x	x	x	x	x
Dubbo	6841 2489	x	✓	✓	x	x	Springwood Community Health	4751 0100	x	✓	x	x	x
Gosford	4320 2753	x	✓	✓	x	✓	St George	9113 2944	x	✓	x	x	x
Goulburn Sth East	4827 3913	✓	✓	✓	x	x	St Leonards (RNS Community Health Centre)	9462 9040	x	✓	✓	✓	✓
Grafton	6641 8712	✓	✓	✓	✓	✓	Surry Hills ACON	9206 2000	✓	x	✓	x	✓
Hornsby	9477 9530	x	✓	x	x	x	Surry Hills NUAA	8354 7343	✓	✓	✓	✓	x
Ingleburn Community Health	8788 4200	x	x	x	x	x	Sutherland	9522 1046	x	✓	✓	✓	x
Katoomba/ Blue Mountains	4782 2133	x	✓	x	x	x	Sydney Hospital	9382 7440	x	✓	✓	✓	x
Kings Cross KRC	9360 2766	✓	✓	✓	✓	✓	Tahmoor	4683 6000	x	x	x	x	x
Lismore HARM	6622 2222	x	✓	x	x	✓	Taree	6592 9315	✓	✓	✓	x	x
Liverpool	8738 6650	x	✓	x	x	x	Tweed Heads	07 5506 7504	x	✓	x	x	✓
Marrickville HARM	9562 0434	x	✓	x	x	x	Wagga Wagga	6938 6411	x	✓	✓	x	x
Moree	6757 0000	x	✓	x	x	x	Windsor	4560 5714	x	✓	x	x	x
							Wollongong / Port Kembla	4275 1529	x	x	✓	✓	✓
							Yass	6226 3833	x	✓	x	x	x
							Young	6382 8888	x	x	x	x	x



To see the complete list of NSP outlets in NSW, scan this QR code, or visit:
www.health.nsw.gov.au/hepatitis/Pages/nsp-outlets.aspx

PeerLine



1800 644 413

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

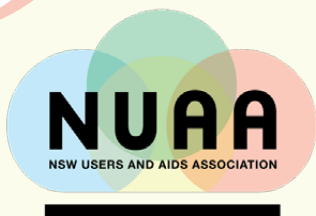
We are community members - we speak your language and are here to talk, or just listen, about what is happening in your life.

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.