> **I don't know about you, but we at *User's News* are looking forward to feeling safe again and putting this pandemic behind us.**

requiring hospitalisation. However, they can still pass on the virus to more vulnerable people so once a vaccine is considered safe for children, it is worthwhile getting them immunized.

WHERE can I get it?

To begin with, the vaccine has been given in specific centres where people at risk are living or working — like nursing homes, jails and hospitals.

For the next round, it will be available at GP respiratory clinics, general practices that meet specific requirements, Aboriginal Controlled Community Health Services and state-run vaccination clinics.

As the roll-out continues, people will also be vaccinated at general practice clinics and pharmacies.

Will it cost anything?

Because vaccinating you benefits and protects the whole community — and helps us say goodbye to masks and other restrictions — it is totally free.

Do I have to get vaccinated?

No, you don't have to get vaccinated. You have the right to choose. However, evidence shows that community-wide mass vaccination is our best chance for combatting this virus on a global scale. That means keeping us and our families, friends and communities safe from COVID-19. I don't know about you, but we at *User's News* are looking forward to feeling safe again and putting this pandemic behind us. ■

Thinking of others

"I have a couple of chronic health issues. I am going to get vaccinated to protect myself so I can continue to be there for my daughter and my community.

— Leah, UN editor

NEED MORE INFORMATION?

Scan these QR Codes with your phone camera

All the facts from Dept. of Health

The NSW roll-out explained

How are vaccines approved?

Where am I in the queue? Do this quiz!

Pregnant or breastfeeding? Read this

WANT MORE HELP OR INFO?

- Talk to your doctor. Ask questions until you feel comfortable about getting the jab.
- Call the National Coronavirus Helpline for advice on 1800 020 080 (free call).
- Or call NUAA's PeerLine on 1800 644 413 (free call).

Vaccine Roll-Out Priority List

The first to be vaccinated are high-risk front-line health care workers; workers who come in contact with travellers entering Australia; aged care and disability care residents; and people in jail.

After that, from 22 March, vaccination priorities include other health workers and critical and high-risk workers (including defence, police, fire, emergency services and meat processing workers).

Phase 1a
- Quarantine, border and front line health care workers.

Doses planned: up to 1.4m (*Pfizer vaccine only*)

Phase 1b
- Elderly adults aged 80 years and over
- Elderly adults aged 70–79 years
- Other health care workers
- Aboriginal and Torres Strait Islander adults 55 and over
- Adults with an underlying medical condition or significant disability
- Critical and high risk workers including defence, police, fire, emergency services and meat processing workers.

Doses planned: up to 14.8m

Phase 2a
- Adults aged 60–69 years
- Adults aged 50–59 years
- Aboriginal and Torres Strait Islander adults
- Other critical and high risk workers
- Any unvaccinated Australians from previous phases

Doses planned: up to 15.8m

Phase 2b
- Remaining balance of adult population
- Any unvaccinated Australians from previous phases

Doses planned: up to 16m

Phase 3
- Children under 16 (if recommended)

Doses planned: up to 13.6m

What this means for you

Whether you are in a priority group or not, the best thing you can do is stay up to date and continue to be COVIDSafe. The Australian government will provide further information about how vaccines will roll out over the coming months.

In the meantime, everyone still needs to:

- practise good hygiene
- maintain physical distance
- stay home if you are sick and get tested

There are some things you can do now, while you wait to be vaccinated.
Find out what you can do to be ready for your COVID-19 vaccine by scanning this QR code.

NUAA NEWS

IT'S ALL ABOUT YOU!

We always have a lot going on at NUAA. This issue, we want to tell you about our advocacy and policy work — and importantly, how you can get your views into the mix on stuff that matters to you. You are not just the 'who' — you are the 'why', the 'what' and the 'how' of NUAA. So if any of these issues matter to you, please get involved!

NUAA is defending your rights!

NUAA has been representing and advocating for the rights of drug users for over 30 years. Part of our work is to comment on proposed changes to laws that affect our community. As a peer-based organisation, everyone at NUAA is a member of the community. That means we have a good idea of how changes in law can impact our community — but hearing directly from you broadens the picture and makes it much clearer.

A few recent pieces of advocacy work are highlighted below, with further details (and copied of the submissions) available on our website.

The issues

No More Nangs?

The body that regulates medication, the Therapeutic Goods Administration (TGA), is considering listing Nitrous Oxide (also known as 'nangs' or 'bulbs') as a Schedule 10 substance. This would ban its sale, supply and use outside of medical use.
At the moment, medical use of nitrous oxide is listed under Schedule 4, but non-medical use is not restricted, mainly because it's also used in food manufacturing such as whipped cream.

NUAA recognises and share the concerns about the risks and harms linked with the use of large amounts of nitrous oxide over long periods. However, we do not support the TGA's move to ban the sale, supply and use of nitrous oxide. This is because we know through research and experience that harm reduction, rather than criminalisation, is more effective at reducing the harms created by drug use.

We have made a submission to the government about this — scan the QR Code at right to read it.

Nangs are currently available to buy through legal channels but outlawing them will push people to buy them illegally, where the quality won't be as good. Lower quality nangs means more risk of harm.

We are also concerned that people who use nangs will be unnecessarily put at risk of criminal penalties. This means users may be less likely to ask for medical help if something goes wrong, if they're also worried about getting in trouble.

NUAA has always been on the front line defending the rights of people who use drugs. We believe that by educating and supporting people around risks of drug use instead of criminalising them, we can make our community safer. Because we are peers, we understand how changes in laws can affect our community. We want to make sure our community has a voice when decisions are being made that will affect us.

> **"Educating and supporting people around risks of drug use instead of criminalising them can make our community safer.**

Real Time Prescription Monitoring (RTPM)

The RTPM program is a national digital health system that provides doctors, pharmacists, and authorised prescribers with a comprehensive history of 'high-risk' medicines (such as opioids, benzos, some psychostimulants, and some anti-psychotics) that have been prescribed to you.

The stated purpose of the RTPM program is to help health workers make safer decisions about the medications prescribed to you. It is to identify when a health service user is being prescribed an unsafe combination or quantity of medications and identify drug dependence. It's meant to help prescribers see when a health service user is 'receiving the same medicines, or unsafe combinations, from more than one prescriber without each prescriber knowing'.

RTPM is a Commonwealth Government initiative with the NSW roll-out funded late last year. The Victorian RTPM system, named SafeScript, was rolled out in 2019. A study reviewing its impacts on people who inject drugs highlighted that "1 in 5 of those who used a medicine monitored by SafeScript reported being refused a prescription by a GP" and 1 in 3 study participants who "had been refused a prescription, reported an intention to not seek medication from their doctors in the future."

In December, NUAA attended a community consultation with 2 other consumer groups — Pain Australia and Health Consumers NSW. We started working on our submission to the consultation period in early 2021. NUAA conducted 2 focus groups and a number of key informant interviews with people who use drugs to inform our submission into the Ministry of Health RTPM Consultation.

We want to advocate for the RTPM system in a way that does not cause harm against people who use drugs and upholds our rights. We prepared two submissions, one into the regulatory changes and one outlining more general concerns.

As it turns out, people are very, very concerned. We already have significant issues accessing health care and appropriate medications and are worried that RTPM will make things much worse. NUAA recommendations focused on three areas — service providers, system implementation and the people who will be affected by the system and include suggestions such as improved training for working with people who use illicit drugs and support for service users in raising appeals and accessing their records. System issue recommendations included increased privacy and transparency.

We are still very concerned that the RTPM system will have negative impacts but the good news is that our submission was very well received and NUAA, along with Pain Australia, has been asked to work with the RTPM team to provide more effective information and support for consumers.

Mandatory Disease Testing

The Mandatory Disease Testing (MDT) draft Bill before the NSW Parliament proposes to allow frontline workers (such as police officers) to force people to undergo a blood test for blood borne viruses (like HIV and Hepatitis C) if they believe that person intentionally put their bodily fluids (like spit, urine, blood, vomit, etc.) on the frontline worker.

NUAA is opposed to this Bill. We have objected to the way the Bill

FIND NUAA'S NEW ONLINE PLATFORM HERE

You can also use QR Codes to go to specific issues:

Real Time Prescription Monitoring

Nitrous Oxide (nangs)

Mandatory Disease Testing

> **Mandatory testing is in direct conflict with Australia's national and state-based blood borne virus (BBV) strategies that explicitly states voluntary, informed testing is best practice.**

makes a health issue into a criminal issue in both our written submission and during the appearance of our CEO, Dr Mary Harrod, before the Parliamentary enquiry into the Bill. For over 30 years, actions around health issues, including HIV, have been based on evidence and best practice. Australia has led the world in this area. MDT is a step backwards.

NUAA believes that the proposed legislation is based on unfounded fears of rather than evidence. Mandatory testing is in direct conflict with Australia's national and state-based BBV strategies that explicitly states voluntary, informed testing is best practice.

The Bill allows frontline workers to force people to undergo blood testing even when they have not been exposed to a transmission risk for blood borne viral illnesses. For example, a person can be ordered to undergo blood tests for HIV and HCV for spitting, where there is no transmission risk for these diseases. The Bill also allows children as young as 14 to be tested and while doctors advice must be sought and taken into account, the person ordering the test does not have to have medical training.

NUAA will always oppose the criminalisation of health issues and know that any time we bring law enforcement into public health the people who are most heavily impacted are our the most marginalised. Punishing people for health issues also increases harms rather than reducing them.

The MDT Bill has support from both the Labour and Coalition and it will pass. NUAA, along with a coalition of other organisations including ACON, Positive Life, Hepatitis NSW, SWOP, ASHM and other is not fighting to ensure the Bill does as little harm as possible.

Some of the changes we are advocating for include having tests ordered by the Chief Health Officer and increasing the minimum age of testing to 18.

We'll keep you informed! ■

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.

Membership Form

First Name | **Last Name**

MIN (if in Jail)

Address

Address Line 1

Address Line 2

City State/Province

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 on www.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 scan or 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**.

Delivery Address:
PO Box 350
STRAWBERRY HILLS NSW 2012

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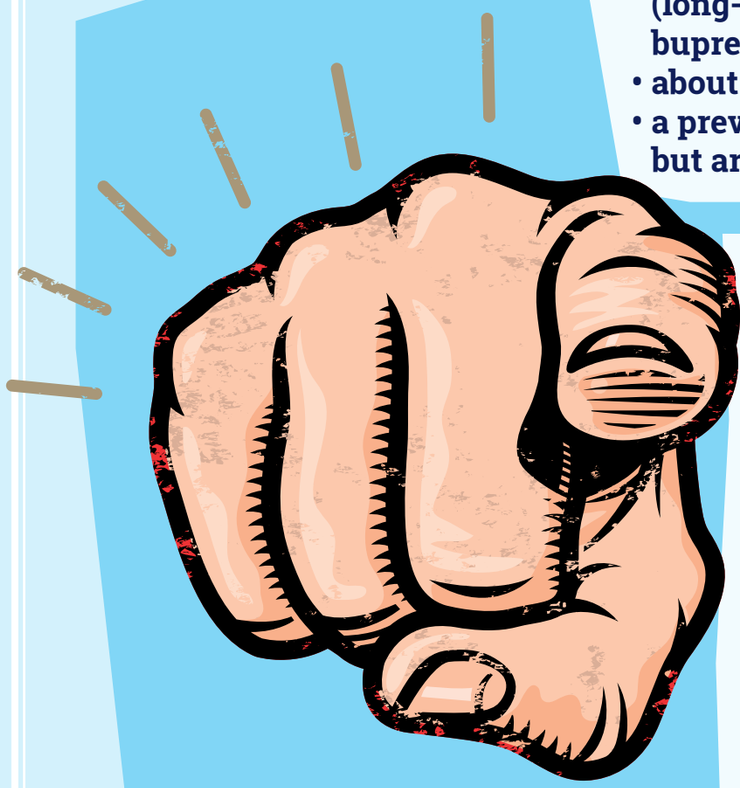
if posted in Australia

NUAA
Users News
Reply Paid 87434
STRAWBERRY HILLS NSW 2012

After cutting out this page, fold in half using the line above and staple or tape the open edges.

WE WANT YOU!

To help us with an important piece of work about DEPOT BUPE (long-acting injectable buprenorphine).



IF YOU ARE

- currently on depot bupe (long-acting injectable buprenorphine)
- about to start Depot Bupe
- a previous user of Depot Bupe, but aren't any more.

WE ESPECIALLY WANT PEOPLE LIVING IN

- Lismore area
- Newcastle area
- Sydney metro (inside the boundaries of Penrith, Camden, Campbelltown, Sutherland Shire and the Hawkesbury/ Nepean River).

NUAA has a policy of making sure peers are rewarded for their expertise and advice.

Please call NUAA on 1800 644 413 to find out all about it!

NUAA

CHAD'S OPINION

Duty of care vs Dignity of risk

What is 'Duty of care'?

'Duty of care' is a moral or legal obligation to ensure the safety or wellbeing of others.

What is 'Dignity of Risk'?

'Dignity of risk' refers to the concept of affording a person the right (or dignity) to take reasonable risks, and that the impeding of this right can suffocate personal growth, self-esteem and overall quality of life.

Chad has written this opinion piece, reflecting on the shifting sands around accessing prescription opioids based on his own use of pain medications.

It's obvious that using strong medication comes with risks that need to be managed. But is that enough to defend bringing in systems that mean everyone loses their power?

Doctors are being watched more and more when they are prescribing — and so are patients, who have to suffer increasing policing and stigma when trying to access prescribed drugs.

It has not only become harder to 'doctor shop' or get illicit meds, it is more difficult for people with a physical health problem to get meds, too.

I had been noticing all this from afar for some time but following a car accident 3 years ago, I started experiencing it for myself. I've watched general concern around painkillers increase while trying to access my own medication.

I was prescribed Lyrica following the accident. It's a well-designed painkiller that helped me a lot — but after 3 years of being prescribed this medication, it's now being removed from my scripts. For a while there was no issue in getting these meds from a chemist, but now meds are supplied in stages. Pharmacists won't dispense my Lyrica without a direct call from my prescribing doctor.

Many people I know have talked about being prescribed S8 opiate medications for decades, only to suddenly be faced with being reduced off them with steep tapering regimens. They say they have been offered the choice of either no pain medication or switching to methadone or buprenorphine on the stigmatised Opioid Treatment Program (OTP). That means having to be dosed daily, or at best weekly, for a higher price than their current meds, through a registered clinic.

Right or wrong?

It seems that in our society, it is considered better to live a life of pain, without dignity, than to have a dependence on a drug that works for you. Yet a lifetime of dependence is tolerated as long as there is control, discrimination and no pleasure from the drugs taken.

Sadly, drugs are not only seen in terms of their practical use. Drug use has become all about right and wrong behaviour. But abstinence from drugs doesn't make you morally superior. Taking drugs does not make you morally inferior. Both are simply personal choices that we make, based on things like our health (and our pain), wellbeing, lifestyle and finances.

Finding peace

For me, drugs are part of my tool kit that makes life bearable in this chaotic world we are living in. I find a lot of psychological peace in opiates, as do many people, but in 2021 this is just not acceptable. In fact, it is a red light to doctors. They will always think that pleasure in opioids adds an unacceptable level of risk. Their thoughts turn to overdose. So they will try to legally protect themselves from this risk by refusing to prescribe to anyone who actually enjoys their meds.

> **"While doctors try to protect themselves against risks associated with prescribing, the leading cause of death for men my age is actually suicide.**

So, as my friends in their 50s and 60s complain about this trend of increasing restriction to opioid medications, I realise I need to do all I can to avoid the nightmare scenario of being under-medicated and in pain and distress. Especially when that might mean I become too unwell to effectively advocate for myself.

Mental health has been a growing concern during this period of uncertain economy, isolation and the revelation that the systems we all thought were rock solid are instead constructed from bubble gum and string. So while doctors try to protect themselves against risks associated with prescribing, the leading cause of death for men my age is actually suicide.

Inconsistent reasoning

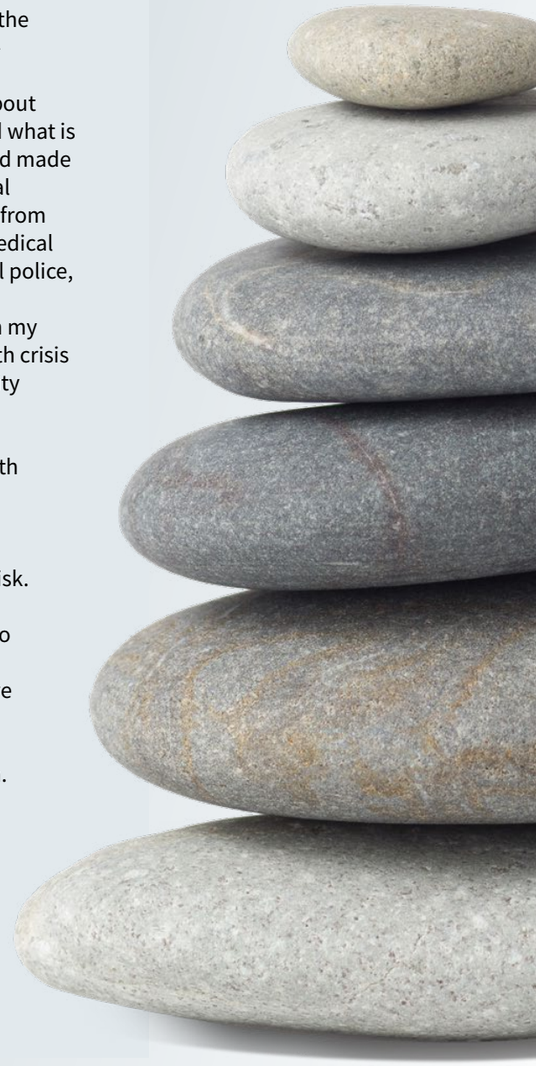
Currently we live under a regime dominated by political lobbying supporting alcohol and tobacco. Many substances that kill freely are available from the supermarket. Alcohol, a class 1 carcinogen, was considered as 'essential' during the most restrictive period of the recent COVID-19 lockdown. It makes it hard to respect the very inconsistent reasoning around reducing the availability of other drugs — especially pain medication.

We need to come clean about what is really unhealthy and what is conveniently demonised and made illegal. While pharmaceutical corporations make millions from peddling their wares and medical professionals become moral police, users are criminalised.

Connection has long been my solution to any mental health crisis — connection to a community that hears and understands my anguish. If we are going to improve community health and wellbeing, we need a more honest society-wide conversation about drugs, duty of care and dignity of risk.

All people have a right to dignity of risk — to be able to take a reasonable personal risk when needed to improve our quality of life. This right should be recognised, validated and enacted upon.

To be voiceless and vulnerable, in pain and under-medicated is an unnecessary torture that people need not endure. That should not be where duty of care takes us. ■



BOB'S STORY

Interview with a fentanyl user

Bob is an opioid user who shares his experience and harm reduction advice regarding using the synthetic drug that is up to 100 times stronger than morphine.

User's News: Where did you get most of your info from about fentanyl? Did you know of its big rep when you first tried it?

Rob: As is the case with most people who experiment with a new substance, I was introduced to fentanyl by a friend during my days of using heroin daily. I had heard about fentanyl in a medical context but had little access to pharmaceutical drugs in my area. I was immediately intrigued by its ultra-potency, strong opioid effects, as well as its (as I found out later) inaccurate street reputation of being the ultimate drug.

UN: Why / how did you first try fentanyl? Did you seek it out or did it come to you?

R: I wouldn't say I sought it out. However, I certainly would have snapped it up if it were available because of its reputation. In the end a friend shared a fentanyl patch he would trade ice for with a friend of his who had chronic cancer. At a cost of $50 or a point of ice they were extremely economical for a heroin dependent person as you could easily get four decent shots, equivalent to a deal of heroin, although due to the short half-life they wouldn't stave off withdrawal as effectively.

UN: How long have you been doing fentanyl?

R: I used diverted, pharmaceutical fentanyl periodically for several years. With the advent of the darkweb markets, I switched to illicit fentanyl. The first few markets banned selling the drug due to media hysteria making it too hot to handle, but later markets had no such misgivings. The fentanyl would come in a pre-cut, ready-to-shoot mixture of fentanyl and lactose powder mainly. I never came across the illicit form sold on the street.

UN: Is it a preference or a stopgap? Do you do other drugs as well?

R: I was initially convinced that fentanyl was a superior product, but I would say that the appeal of fentanyl wore off quickly. For me, it lacks the qualities of heroin that makes it so universally sought after. Fentanyl doesn't have the same warmth and doesn't last as long — it doesn't stave of withdrawal for nearly the same period of time.

I used a number of drugs regularly. This included heroin, methamphetamine and crack cocaine when I could afford it. Benzos were and continue to be a particularly dangerous (due to the accumulative effect of respiratory depression) mainstay. Additionally, alcohol was a common stopgap for me.

I have now switched to the Opioid Treatment Program (OTP) and reduced my illicit opioid use to nearly nothing, although I do use a range of drugs from time to time.

UN: How important have the peers around you been in using in general and specifically in managing the risks around using fentanyl? Did you learn how to inject safely from peers? Did you learn anything good from your peer org or peer org resources (like the AIVL fentanyl resource) or peer mags (like *User's News* or *Whack*)?

R: My particular group of peers were highly naïve when it came to drug use. This was no truer than with fentanyl. At the time, the fentanyl issue was coming to a head in America and all my peers bought the line that fentanyl was a killer and practically evil. I knew this wasn't true and would take special precautions to keep my friends and myself alive. I learnt most of the harm reduction info online because at the time I was using a lot of fentanyl, I had only an inkling that drug user organisations existed in Australia. Happily, I am more connected now and do some peer work at the ACT drug user org, CAHMA and read *User's News* regularly!

UN: Fentanyl is a very strong drug. How did you deal with the risk of overdose? Have you ever overdosed and what happened?

R: I tried to keep people educated as best as I could as I don't think my peers appreciated how dangerous the patches are.

Each of those patches is designed to release a strong dose of medicine for opiate naive patients every hour for 7 days, so you can imagine that even small differences in the efficiency of a cook can be disastrous.

To attempt to keep my friends safe while using fentanyl I would offer the best advice I could. I warned them that cooking up patches results in varying potency. I told them that if they suspended the plunger a quarter through the barrel while injecting they could gauge purity.

I advised them not to use alone, or to at least ask friends to sit with them on the phone during injection or check on them just afterwards. I suggested they get naloxone (Narcan) and learn how to safely use it.

And yes, I have overdosed on fentanyl — because I ignored all those rules. A fentanyl OD feels like just going to sleep and waking to pain. I ODed in my parent's bathroom judging my shot to be mild — I had it on the floor with the shower running. My parents found me on the floor, shocked and scared, and they called the ambulance immediately. Luckily, the hospital just held me overnight and I had a lucky break. I never broke those rules again.

UN: Fentanyl doesn't come in the traditional powder and often not in pill form either — but as a patch. How have you overcome the barriers to injecting? What tips can you pass on to people for safe extraction?

R: Attempts from pharmaceutical companies to produce 'tamper-proof' products are misguided and dangerous. For most people who can use drugs, it is laughably easy to overcome the tamper proof 'barriers' — but the risks are very high. In my opinion, the extraction process is never safe and remains so problematic that I would warn any against attempting it.

> **"I had a lucky break. I never broke those rules again.**

Get support

Bob works at CAHMA (Canberra Alliance for Harm Minimisation and Advocacy), the drug user organisation in the ACT. You can call them for peer support if you live in Canberra on 6253 3643.

cahma

If you insist on doing it, it's important to be as accurate as you possibly can. Check out the measurements on this page. They're from an AIVL resource that I strongly recommend you connect with — there's a QR code on this page, as well as the web address.

My best recipe for preparing patches is this:

Ingredients: one soup ladle; a 10ml ampoule of sterile water; a blue wheel filter and sterile equipment of your choice.

Method: Drip some water onto the ladle and place the patch sticky side down. Drip more water onto the ladle. Cook with slow flame until the water boils and the patch turns transparent. Draw up liquid with a large syringe and filter through the wheel filter.

You should always start with a small amount and go very carefully — keeping your mates in the know all the way.

UN: What's the best harm reduction 'trick' you have in your kit for dealing with fentanyl?

R: There are a clear set of safety processes that apply not only to fentanyl but all opiates, particularly ones that are injected.

Firstly, be as precise as possible with dosage knowledge and measurement. Listen to people with more experience and check out that AIVL resource that has been put together by other users.

Which brings us to the next point ...

Secondly, peer support. Peers are a vital source of information, particularly when it comes to giving warnings about dangerous doses. We can also act as safekeepers to our friends by checking on their wellbeing.

You should also pass on your best advice to others to help them out and try and keep your friends safe by sharing info.

If someone may have overdosed, always call 000. Don't delay — do it fast. Someone's life may be at stake.

The police are legislated to no-show at overdoses — there is no guarantee, but we are talking about a person's life here. Also, possess and learn how to safely use Narcan (naloxone). You can get it completely FREE of charge from chemists as part of a Commonwealth government trial and from a lot of organisations, too.

Call NUAA on 1800 644 413 if you can't work out how to get it. ■

> **You should always start with a small amount and go very carefully – keeping your mates in the know all the way.**

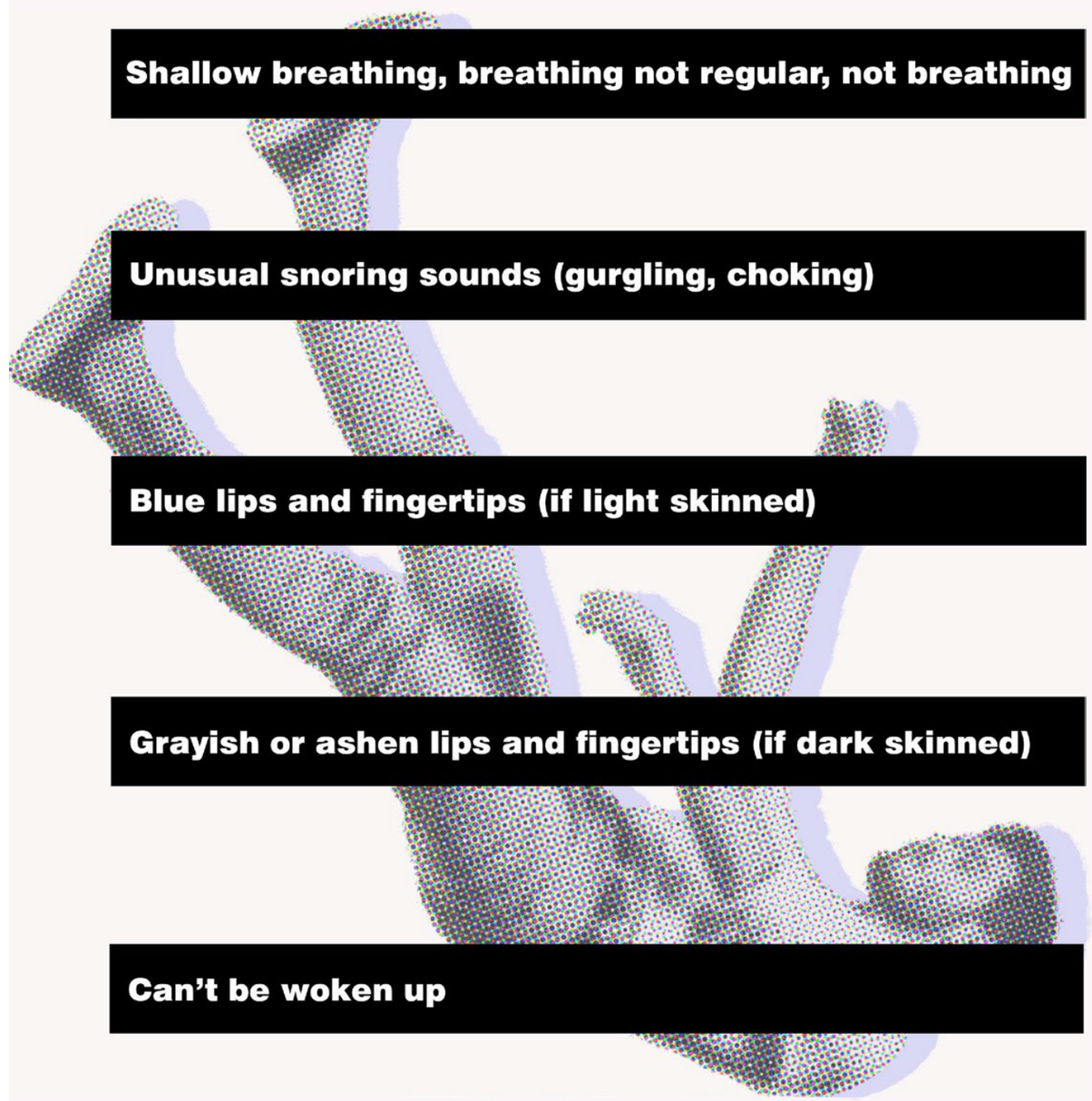
Injecting fentanyl: Minimising the Risks

A resource developed by AIVL (our national drug user organisation). Note that NUAA had significant input into this resource.

Fentanyl Conversion Table*

Patch strength (microgram)**	Total quantity of fentanyl	Equivalent quantity in morphine	No. of equivalent 50 mg morphine doses per patch
12.5 µg	2.1 mg	210 mg	4
25 µg	4.2 mg	420 mg	8
50 µg	8.4 mg	840 mg	16
75 µg	12.6 mg	1260 mg	24
100 µg	16.8 mg	1680 mg	32

*This table is a guide only and should be viewed with caution
**Released hourly over 168 hours



Injecting with an acidifier

What is an acidifier? And why add it to your mix?

It's chemistry! It's hard to dissolve alkaline drugs like brown heroin, fentanyl or morphine patches in water alone. Adding an acidifier will balance the mix and help dissolve your drugs.

The safest acidifier to use is citric acid.

How do I use it?

Add a small pinch of citric acid to your mix and stir. If your drugs aren't dissolving, gradually add more, a few grains at a time.

Less is more! Use the smallest amount that will do the job – just a pinch or two for each hit. You don't need to use a full sachet of citric acid!

Useful tips ...

Using fentanyl patches? Try adding a little bit of citric acid to your sterile water ampule, give it a shake to dissolve then add it to your mix, drop by drop. You have added enough liquid when the patch isn't sticking to the spoon.

Adding heat? Let your mix cool before you inject it so additives and binders can harden again in the spoon and not in your body. (Speed it up by rubbing an ice cube under the spoon).

What can happen if I use too much acidifier?

Using too much acidifier doesn't make your drugs stronger – it's just painful. It burns, wrecks your veins and can cause lung, heart and/or brain damage.

Can you use lemon or vinegar as an acidifier?

Not recommended. Not only can they give you some pretty scary dirty hits, they cause fungal infections in the blood stream. Lemon juice can cause eye infections leading to blindness.

Contact NUAA for citric acid sachets:

Phone: 1800 644 413 (free call)
Address: 354 Crown St, Surry Hills
Online: www.nuaa.org.au/nsp-equipment-1

NUAA

MANAGING RISK AROUND ACIDIFIERS

To make brown heroin or fentanyl able to be injected, you must add acid. Get it right so you don't wreck your veins! You only need a little.

BEST: CITRIC ACID

Sterile one-use sachet for injecting. From some NSPs. Pick it up from NUAA's NSP at **345 Crown St, Surry Hills** or delivered from our online shop at **www.nuaa.org.au/nsp-equipment-1**

2ND: VITAMIN C POWDER

Ascorbic acid; must be unflavoured, uncoloured. From chemists.

3RD: CITRIC ACID (FOR COOKING)

Made for baking; not sterile.
From supermarkets.

4TH: WHITE VINEGAR

Too strong for veins; not sterile; not recommended. From supermarkets.

5TH: OTHER VINEGARS

Contain contaminating additives; too strong, not sterile; not recommended.
From supermarkets.

LAST RESORT: LEMON JUICE

Can cause blindness; not sterile; not recommended. From supermarkets.

Avoid infection! If you are using an acidifier which is not sterile, use a bacterial wheel filter for the safest result.

JACKIE'S STORY

There's fentanyl in this HEROIN!

So what happens when you find yourself dealing super strong gear?

My business partner Jill and I were being dicked around by the guy we bought our ounces from. After a couple of tricky purchases, we started looking around. We asked a mate, Phil, who was also dealing, if we could buy off his contact. He said that would be okay, but he would broker the first deal till he could sort out an introduction. That was fine by us — we just needed some product.

When the time came, Phil told us to meet him on a certain road, at 11.30. We got there on time, but there was no sign of him. We rang him and he told us he had run out of petrol — he was a suburb away. By the time we got there, it was getting past midnight, and it was just as well the roads were pretty empty, as there was Phil's car, parked not on the side of the road but in a lane — and Phil was slumped over the steering wheel.

We bashed on the window and finally got through to him. Phil was completely smashed. He was a dealer of several years and I knew him as a super careful guy. I had never seen him put himself on show like he had that night.

We got the car to the side of the road, then did the deal. Phil warned us that the gear was super strong. "Just have half of what you normally would — or less. Never, ever use this stuff alone. Be really fucking careful," he said.

When we got home, we were a bit nervous about trying it — especially as we had already had a few shots that day, most recently just before we went and scored. I mean, you don't want to do that sort of thing when you're tense! But we needed to try it so we knew what we were selling. We took Phil's advice and just had a little. But it totally wiped us.

When I mixed it up, it did look a little purple — but I convinced myself that it was a sort of beige. I mean there are all sorts of heroin that mix up all sorts of ways. I know now that if it turns purplish, it's a sign the gear has been cut with fentanyl — but I didn't know that's what we had until after we had sold out.

We tried to package up the gear, but we were so out of it we were spilling it and mis-weighing it. We had to make a decision to stop and start again the next morning or we would have lost all our profits.

> **"Our customers needed to know that our motivation was serious — that we were giving accurate info about the gear to prevent overdoses. I have to say, if your dealer tells you the gear is strong, listen to them.**

Jill and I had a good talk about how we were going to deal it. Would we cut it? Or just warn people and let it sit with them? We talked about the customers who would listen when we told them to only use half the amount and to have someone else there — and those who would use it all and/or use alone, no matter what we said.

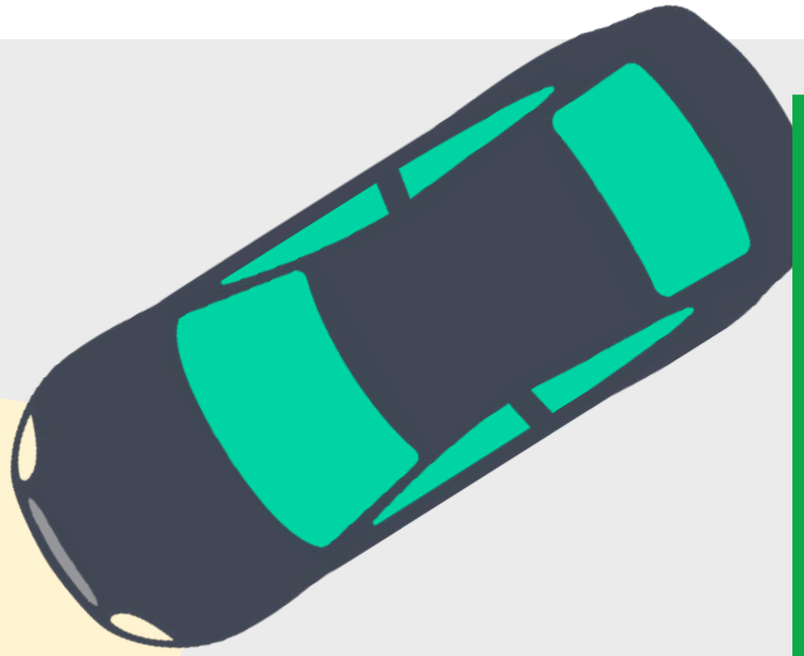
We also discussed what might happen if someone took too much. From both a personal/emotional or legal point of view, it could only end in disaster for everyone.

We decided not to cut it. But we would make sure to give the warning about it being super strong, and the advice to use half and not use alone, every time we sold it — even to repeat customers. We would say it in a "this is serious, listen to me when I say this" kind of way. We knew some people would think we were saying that stuff to spruik our business. Our customers needed to know that our motivation was serious — that we were giving accurate info about the gear to prevent overdoses. I have to say, if your dealer tells you the gear is strong, listen to them.

We also made a radical decision for those who we knew would not hear a warning — because they would be too busy punching the air in glee in their head. We decided that when they asked for a hundred, we would give them a fifty. Then next day, we would say we made a mistake and give them the other fifty — by then they would have learned. Some people can't learn by being told; they have to experience things. We just couldn't take the risk they would ignore us and overdose.

Some people reading this might think our actions outrageous, but we seriously just couldn't bear having deaths on our hands, and having a long dealing relationship with these people, it seemed to us like that is what would happen.

Once everyone got used to it, this new gear was great and sold well — although there were lots of stories of people nodding off when they shouldn't. Over a trolley while shopping. Just walking along the street. While gardening. It's worth



WATCH OUT!

Watch out for fentanyl and/or acetylfentanyl in heroin, cocaine and ketamine

Following several recent cases of serious harm in NSW, NSW Health has warned that the strong opioids fentanyl and acetylfentanyl have been identified in powder form in heroin, cocaine and ketamine.

This practice has also been occurring in the US. Recently a California man was sentenced to 15 years for selling fentanyl that led to an overdose death. His customers thought they were getting cocaine.

People taking these cut drugs unknowingly have developed serious poisoning and overdose symptoms. Acetylfentanyl and fentanyl can have life-threatening effects, especially when taken by mistake and/or by people without a tolerance to opioids.

NUAA has test strips available so you can see if there is unwanted fentanyl in your drugs and has developed a brochure showing how to use the strips. Call us on 02 8354 7300 to get a testing kit sent to you or order online at our NSP shop: **www.nuaa.org.au/nsp-equipment-1**