

User's News

UN73
Winter 2013

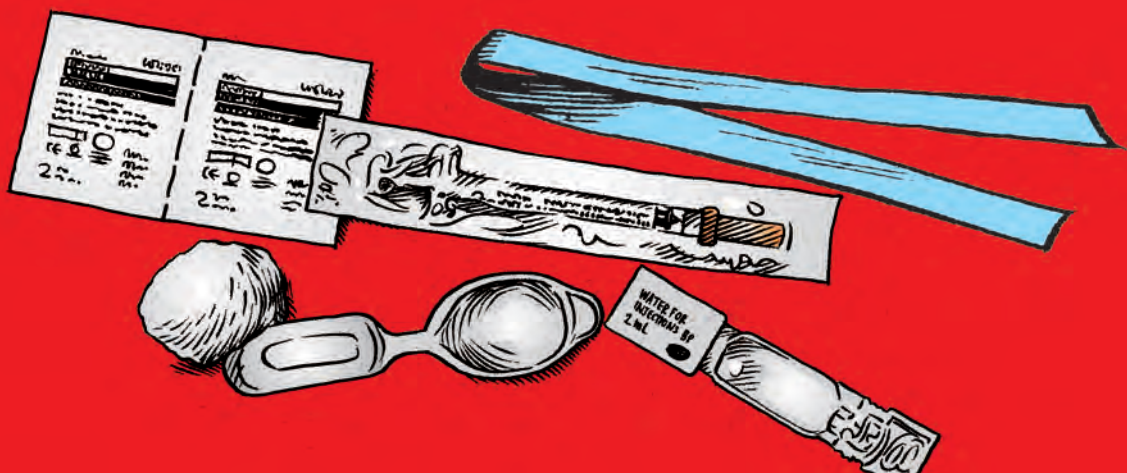
Blackout

Our stories

IT'S THE ABORIGINAL WAY TO SHARE.
BUT WE NEED TO LOOK AFTER EACH OTHER TOO.
BY GETTING FRESH TOOLS FOR YOURSELF,
YOU'RE LOOKING AFTER EVERYBODY.



IT'S ALL ABOUT SURVIVAL



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EDITORIAL STATEMENT:

Over 40 Aboriginal people who use illicit drugs have contributed to this Blackout edition of UN. I want to thank each for being so generous and committed to making the edition a powerful one. I have found it an emotional and humbling journey. You are all incredible, strong people and I admire you deeply. It has been a privilege to help you put this issue of UN together.

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DISCLAIMER

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NUAA would like to show respect and acknowledge the Gadigal people of the Eora nation as the traditional owners of the land on which *User's News* is published. We respectfully acknowledge all Aboriginal nations within NSW where this magazine is distributed.

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Enough Punishment

Joanne Brown is an amazing woman who has lived an amazing life. She was chosen as Guest Editor of this Blackout edition of Users News by her peers for her experience as a person who uses illicit drugs, and her contributions to harm reduction as a worker in peer based organisations. Her personal strength, practical approach and wide networks have made her an invaluable partner for NUAA. Jo lends to this edition her compassion and her talent for making people feel included and special, qualities she has developed as a result of surviving some very harrowing experiences. Here is some of her story.

It's hard work, being Aboriginal. True to God, you're judged every minute of every day. The stigma, the discrimination, how people look at you, their body language. We're in the 21st century but we're still going on as if we're in the 18th century, like we're not citizens, with no rights. There are advantages to being Aboriginal but there are a lot of disadvantages too. Like you need a cab and you've got the money and they won't pull up because you're Aboriginal. You can go into a shop and be the first one in, then a whole mob of white fellas will come in and you'll be the last one to be served. People looking down on you. People thinking that because you're Aboriginal you have it all handed out to you.

Well, a lot of Aboriginal people work hard for what they have and I'm one of those people. People think all Aboriginal people are no-hopers, but there a lot of intelligent Aboriginal people who have achieved. We only get looked at for the negatives, not the good things we do.

I'm proud to be Aboriginal, it's what makes me strong. I love being Aboriginal. If I had a choice of being any nationality, I would stick to being Aboriginal. It's an ancient culture and it's a strong culture. It might be lost in some places, but it's just a matter of looking into it, learning. It's an important thing. If you're born Aboriginal, it's what you are, your identity; it's strong in you.

My mother was Stolen Generation, she was fair skinned, sent in to work in homes, to learn how to "pass" as white. But Mum was such a naughty girl, she didn't pass! She's illiterate but she's a strong woman and a kind woman. I've seen her bring all sorts of people home from the streets, black and white, to give them a feed, a shower, somewhere to sleep.

My dad was dark skinned. He was a very humble man, a brick layer all his life. They lived in outback country. They lived out of sight, out of mind, under the radar.

My brother unfortunately committed suicide a few years ago, but he left a legacy of culture and identity. He played deadly didgeridoo and was a deadly dancer. He spoke the language and all his kids had tribal names and could dance. I was so proud of him. He got all his kids educated in private schools, that was important to him because he was

uneducated himself.

I grew up in Sydney, lived in Redfern most of my life, one of nine kids. I started smoking nyandi [cannabis] when I was about 13. I left home at 14, living in youth hostels. My Mum remarried, she moved to a mission in Victoria. I went with her, but I was unhappy so I moved back to Sydney where my father was. Then I met my partner who I am still with today. We had four children, including a daughter who we lost in a car accident. Also, I had a new baby as well. This was a big turning point for me. I really went down. I couldn't look after my kids and I had no support.

After my daughter died, I started using drugs. Fourteen years I did that, in and out of jail. I still had contact with my kids. It's hard when you're using and you've got kids, trying to do that and look after them. I knew I had gone too far when I involved one of my kids in a crime. I asked him to walk out with clothes from a shop. I used to shop [shoplift], that was my earn. It was a wake-up call for me. I started doing more time and longer laggings. The last one was long, but it was good.

My kids lived mostly with my Mum then. Now I can see my kids are living a good life, they did their HSC, they're working. I think if they were with me and I was still using they would had been on the streets doing drugs and crime - all these things I did that I don't want my kids to do. They got the chance to grow up as innocent children living in the country with my Mum getting a good education. They always came up on the holidays.

When I was in jail, their father would go stay with them, on the mission with my Mum. When I got out of jail, he would come get me, and we'd go back on the gear. It was a horrible cycle. He and I have been together all those years, and still are today. It's better now, because when we used a lot there was crime, sleeping on the streets, domestic violence. I picked my husband because he's mentally strong, I need that. I remember a time my husband made a cubby house of cardboard boxes because it was raining and we were sleeping in the park in Kings Cross. He would always make sure I was comfortable and dry. It was hard, but we were together.

I used to do earns, shoplift, to buy drugs and just to make sure we had breakfast. I don't even go into a shop these days, I send my husband in. It's too much of a temptation, so I don't even go there anymore. You have to learn from your mistakes and think, how can I prevent it? So for me it's staying out of shops, especially if I don't have money.

A while ago, my eldest son was talking a lot about wanting to kill himself. I couldn't understand it, I was so upset. I was saying "Son, don't talk like that". My sister was telling him not to be so selfish, but I wanted to know what was going on with him. He said to me that when my daughter was killed and

I had a break down and turned to drugs that it was hard on him too. "You had three other kids Mum and you didn't think about us at all". I couldn't then, it was so hard, but I love my kids very much and I told him that. I tried to have him full-time when he was little, but Mum wouldn't let me, she got the police involved. It was really hard meeting that stuff from him head on, but we have a really good relationship. He is such a good man and I'm proud of him.

The last time I had to do jail, it was a big lagging, for armed robbery. But it was a good lagging for me, because it opened my eye up in ways that life was great, life was worth living. One day the pain and resentment to do with my daughter's death lifted off me like a brick. It changed everything. It took a long time but I can talk to Mum and her partner today.

When I came out of jail I went straight into a women's rehab for nearly six months. They helped me get a place of my own and I moved to an outer suburb of Sydney where I've been living for eight years.

One day, while I was picking up my methadone, I ran into a friend who told me she had a friend at AIVL [NUAA's peak body, the Australian Injecting & Illicit Drug Users League] who needed an Aboriginal person to speak to different audiences about drug injecting. I was looking for work, and I thought, "I could do that". I did that for about two years then I had the opportunity to work with SWOP [Sex Worker Outreach Project]. I do outreach three days a week to Aboriginal girls who do sex work and who do sex for favours. I do education, supply condoms, lube and fits. Mostly I try to take away their feeling of shame and make them focus on feeling good and being healthy.

Now I'm complete. With all the negative stuff I've been through in my life, I'm on a high at the moment.

One of the hardest things to see in the Aboriginal community is all the needle sharing, like people don't care about themselves. I know once we get our gear we are in a hurry to use it, but I really want my brothers and sisters to try to think ahead so they have clean tools, and get extra tools if they can. We have to make sure you are not sharing spoons, tourniquets, filters, all that. I think we should always try to use with someone in case of overdose. Aboriginal people already die a lot younger. We need to survive.

We need to keep supplied with needles, but I know it can be hard to have a hundred pack if you've got kids. But you can hide a 10 pack in your drawer, then when you know you're low you can get more. I remember once my son was in my undies drawer. He saw my 10 pack and asked me about them. I told him they were old ones, that I kept meaning to throw them out and forgetting. I don't know if he believed me but we never talked about it again.

I used in jail. I've seen people lining up to use the one

needle. They say bleach - flush and bleach and flush - well it's too many flushes in jail. You're really in a hurry, you've got an ear out for the screws. So you just flush once if you're lucky and that's it. You're playing jeopardy every day. There should be NSPs (needle and syringe programs) in jail without a doubt. They should be like condoms, a machine where you can get one fit out with a spoon and water. But make it one use only, maybe so it breaks when you use it, so they don't get hoarded out of fear. Maybe put a machine in Education, so it could be discreet. You don't want to be targetted for urines just because you're getting a fit. Now people safe their fits [put it in their vagina or anus], cheek it [put it between the cheeks of their buttocks] or bury it [in the ground]. So many reasons why that is bad for our health, apart from them going into different people's veins all the time, when there's lots of blood because they're blunt.

When we did consultations for this Blackout Edition, people told us the two problems they had with AMSes were people not understanding and pushing abstinence. There were people who spoke about being hounded off methadone and going off the rails. In some rural areas, AMSes were not prescribing methadone or bupe because they don't believe in it. Well I think if people understood about using more, they would support methadone and bupe, they would realise how useful they are for users. The other thing people said to us was that AMSes weren't always confidential, that family members would talk about someone's drug use and then without even talking to the user themselves they would start some action. I think AMSes should practice confidentiality better, even though we are a close community. I think it is really important for Aboriginal people to have their own service. Aboriginal people who use need to be able to get good care. We deserve good health and good treatment. There are a lot of people who do judge. Once people understand, they get with harm reduction. All the AMSes are run differently and we need them all to understand. I think we have to get harm reduction resources in AMSes and get users supported. People don't need punishment they need support. Enough punishing. I've been going to the Redfern AMS for over 30 years, and I have to say there is a big improvement in this area. We need the next generation, the Aboriginal doctors and nurses, to understand. It's not easy work so we need to come together as a community to support each other.

News Dose

POLICE COMMISSIONER HAPPY WITH HUGE SPIKE IN NUMBER OF PEOPLE CAUGHT WITH DRUGS

But Police Commissioner Andrew Scipione attributes better policing rather than increased use to the latest increase in the Bureau of Crime (BOCSAR) arrest statistics. Ecstasy use and possession climbed by 77.5% across NSW and cocaine use and possession was up by 43.5%. A spike of 30.7% was recorded in the use and possession of amphetamines, while those caught using or possessing other drugs increased by 17.6%. Scipione said "If those numbers weren't rising I'd be worried because of the amount of effort and time that we've put in to enforcing drug law". BOCSAR director Don Weatherburn said it was difficult to tell whether the growth in drug arrests reflects increased illegal drug use, increased drug law enforcement, or a combination of the two.

These results indicate the comprehensive failure of efforts to reduce the supply of illicit drugs in Australia by relying heavily on law enforcement. Prohibition takes police attention away from other policing duties yet makes no impact on the purity or availability of drugs or their use.

Read more here: <http://www.theaustralian.com.au/news/breaking-news/nsw-crime-stats-show-jump-in-drug-offences/story-fn3dxi-we-1226657663462>

and here: <http://www.bocsar.nsw.gov.au> and here: <http://adlrf.org.au/>

XANNY SCRIPTS MAY BE HARDER TO FORGE

The Therapeutics Goods Administration (TGA) may decide to restrict access to Alprazolam (Xanax[®]) by rescheduling it from Schedule 4 to Schedule 8 from January 2014. Medicines on Schedule 8 are considered potentially addictive, and have an additional layer of monitoring and control to support quality prescribing, and reduce drug dependence and diversion.

Authorities hope that Xanax[®] may become harder to get for those who use the drug illicitly by reducing the number of forged and altered prescriptions to obtain Xanax[®]. Before dispensing S8 drugs, pharmacists are required to recognise the prescriber's handwriting or check whether they actually wrote the prescription by calling them. This is the same treatment given by flunitrazepam (Rohypnol[®]) in 1998 and temazepam gel capsules in 2001. Both those decisions led to reduced illicit access and use of the drugs concerned. The final decision on Xanax[®] scheduling will be made on 27 June. Read more here: <http://www.monash.edu.au/news/show/why-the-tga-should-make-it-harder-for-people-to-get-xanax> and here: <http://www.australiandoctor.com.au/news/latest-news/alprazolam-to-be-rescheduled-from-next-year>

ABORIGINAL HEALTH RESEARCH

Do you identify as Aboriginal?

Do you have any health conditions that affect the liver (e.g. hepatitis C)?

If so we would like to hear from you!

We at NCHSR (UNSW) are currently conducting research on your experiences of liver care and treatment.

If you want to share your story or find out more, please call our Aboriginal liaison officer on the toll free information line.

If you participate in our study you will be reimbursed \$30 for your time.

Information line: 1800 775 257





News Dose

HEP C RISES IN ACT JAIL AS PRISON GUARDS OPPOSE NSP

It has been almost 10 months since Chief Minister Katy Gallagher announced an Australian-first needle exchange at Alexander Maconochie Centre in Canberra. The issue has faced strident opposition from guards, who say it is unworkable and would jeopardise their safety.

Health Directorate officials met prison guards in mid June to give them a detailed version of the model announced last August. The model would see inmates swap dirty needles for clean needles using safety containers, in a one-for-one exchange overseen by prison medical staff. Guards and prison workers have six weeks to respond to the plan, with ongoing consultation and focus group sessions offered in the meantime.

But as negotiations continue, more inmates have tested positive to hepatitis C. Two new inmates are known to have acquired the disease inside the jail since March last year, although that number may be higher due to the difficulty in determining "in-custody transmissions". There are a further 18 cases where the disease may have been transmitted inside the jail, but where "in-community transmission" has not been ruled out.

NUAA hopes problems are resolved quickly and the prisoners get access to sterile injecting equipment asap. Read more: <http://www.canberratimes.com.au/act-news/officers-dig-in-as-hepatitis-cases-rise-20130603-2nmhv.html#ixzz2WQzRDvGH>

NAIDOC WEEK AND THE YOLNGU PEOPLE OF YIRRKALA

The theme for NAIDOC Week 2013 (7-13 July) is We value the vision: Yirrkala Bark Petitions 1963, celebrating the 50th anniversary of the presentation of the petitions to federal parliament. The bark petitions were presented to the House of Reps in 1963 to protest a decision by Government to take land from the Arnhem Land reserve and grant mining rights. The Yolngu people of Yirrkala in northeast Arnhem Land crafted the petitions on bark and framed them with traditional ochre paintings of clan designs. They wanted their traditional rights and land ownership to be recognised.

The petitions were the first traditional documents recognised by the Commonwealth Parliament and helped to shape the nation's acknowledgment of Aboriginal people and their land rights. They set in motion a long process of constitutional reforms for Aboriginal and Torres Strait Islander people. They also sparked the 1967 referendum, which changed the rights of Aboriginal people under the constitution, the statutory acknowledgment of Aboriginal land rights by the Commonwealth in 1976, and the overturning of the obstacle of the concept of terra nullius by the High Court in the Mabo Case in 1992 that recognised the traditional rights of the Meriam people to their islands in the eastern Torres Strait.

You can read more here: <http://www.naidoc.org.au/celebrating-naidoc-week/2013-national-naidoc-week-theme/>

CANNABIS APPROVED FOR MEDICAL USE

A NSW parliamentary committee has recommended the medical use of cannabis for people with a terminal illness and AIDS. If adopted by the government, the measure will allow patients to use up to 15 grams of dry cannabis or its equivalent in cannabis products. Committee chairwoman Sarah Mitchell, a Nationals MP, said the committee had unanimously supported the use of cannabis-based products

or prescription use after considering scientific evidence that cannabis has particular value in the treatment of pain. But drug law reform campaigners say the limited group now recommended for legal access to medicinal cannabis use should be expanded further to a much larger body of sufferers of potentially terminal diseases now using the drug.

Read more here: <http://www.theage.com.au/nsw/cannabis-treatment-for-pain-wins-mps-approval-20130515-2jlur.html>

News Dose

ABORIGINAL CUSTODY LINE GETS REFUNDED AT THE 11TH HOUR

With just over two weeks to go before the Custody Notification Service (CNS) phone line preventing Aboriginal deaths in police custody was due to cease operating, the Attorney-General of Australia Mark Dreyfus agreed to funding for a two-year period. The NSW Liberal government had failed to fund the advice line, arguing it should be funded by the Commonwealth, despite the fact that the requirement for the line is under State law. The hotline was a crucial reform following the Royal Commission into Aboriginal Deaths in Custody. There have been no deaths in custody in NSW and ACT since the line was put in place in 2000. The Hotline is very cost effective - for one year's operation it costs the same amount as holding two juveniles in detention for a year.

The CNS is a 24-hour legal advice phone line which, by law, NSW Police must use every time they take an Aboriginal man, woman or child into police custody. The Police ring the ALS and a CNS lawyer provides legal advice to the Aboriginal person and asks RU OK. The CNS assists over 15,000 vulnerable people each year with fair and equitable access to justice and welfare. The Aboriginal Legal Service campaigned for the continuation of the service under the banner "It's more than a phone line, it's a lifeline" and hosted a petition on its website.

Read more here: <http://www.koorimail.com/news/current-edition/> and <http://www.alsnswact.org.au/pages/custody-notification-service>

DON'T FORGET TO VOTE IN THE FEDERAL ELECTION! SATURDAY 14 SEPTEMBER 2013

The Australian Electoral Commission (AEC) report that Aboriginal Australians are much less likely to enrol to vote than other Australians. Many of those who are enrolled do not vote or vote incorrectly. Make sure you are enrolled and know how to make your vote count! Go to the AEC website to check your enrolment, change your address, find your electorate or vote on line here: <http://www.aec.gov.au>

The AEC are looking for Aboriginal and Torres Strait Islander people to work on election day and throughout the election period. Contact the AEC on 02 9375 6334 if you want to apply.

For position statements from each of the parties as to where they stand on drugs and harm reduction, go to AIVL's website: www.aivl.org.au/

FROM THE VAULT 1998 TRIBES 'THE MOB' MURAL PROJECT

This project targeted young people who may have been at risk of contracting blood borne viruses such as Hep C. The project aimed to provide a space where the Tribe could and discuss issues relevant to their experiences, especially with regards to Hep C, HIV and/or injecting drug use. There were a series of workshops, which ultimately led to the production of a 30 metre mural on the wall next to Redfern railway station, painted by six Aboriginal community members who use illicit drugs!





Dear UN,

I want to say the health department needs to sort out its problems in Redfern. We need to get some outreach syringes and other tools in Waterloo/Redfern. The free vending machine was a great idea, except it never seems to work, or have anything in it, and it's on the main street. We desperately need someone to come in and stand up to the coppers who shadow us from the NSP. If it was ok on the Block, then why isn't it ok in Waterloo?

Angela

Ed:

I hear you. Let's hope they do.

Dear UN,

Thank you for another great issue of UN (#72), more great reads. There is a lot of educational material out there, but nothing else makes me feel that I am respected and understood like UN. I think you should do a piece about methadone and bupe prescribers. I sometimes think they treat us more differently than doctors who don't prescribe. We're misunderstood, punished and ignored, made to jump through too many hoops. How about a best practice guide according to users? You could even give an award to the top doc who meets all the criteria! And have a look at chemists and clinics as well.

Madonna

Ed:

What a great idea, I'll chalk it into the Summer edition.

Our Vision for Reconciliation

NUAA's vision for reconciliation is of an inclusive Australia, a society that respects and celebrates Aboriginal and Torres Strait Islander peoples and cultures. It is a nation where everyone prospers and thrives, where everyone experiences equity in health and the power and freedom of self-determination. This is an Australia that has abolished harmful and discriminatory laws and supports the rights, health and dignity of all people, including those who use drugs. Reconciliation is a way of being, a cornerstone of our citizenship, where we hold deep regard for the people on whose land we all live.

Joining NUAA: Clevelon's story

Clevelon Cassady joined the NUAA staff in 2012 for a one year contract to work on Peer Participation and Tribes Projects. This is his version of events of how he got here!

Before starting at NUAA, I was a regular user on Centrelink payments and doing crime. I was told by an older user that if I didn't do bad things to support my habit and got onto a program such as bup or done, that I would be doing a good thing for my life, that good things would follow. I knew better and thought that'd be the day! However, unforeseen things were on the horizon that were about to hit me like a bolt of lightning!

My girl got pinched for a trivial thing. She found herself doing the MERIT thing and had to get on 'done. Once she started and saw the benefits, she gave me an ultimatum: either get on the 'done or get on your bike. So I went to a prescriber.

So now surprisingly we weren't bumming smokes off the neighbours, we had bulk food in the fridge & in the cupboards and for the first time fifty dollar bills started to pile up in our wallets.

One day the missus came back from the 'done clinic, she had seen an ad for an Aboriginal worker at NUAA and wanted me to apply. After being out of the workforce nearly 10 years, the welfare mentality had really set in and I worried it was out of my depth.

She was persistent. Every time she was dosed, the ad was in her face and it was like something was telling her I should go for the job.

Me being me, running on blackfella time, I left it to the last minute to do my resume, address the selection criteria and track down people who hadn't heard from me for years to vouch for me. It took much longer than I thought but with the help of the Job Network Agency I got it emailed by 6:00pm on the due date.

It all happened because my girl got in trouble and was forced onto the methadone which in turn made me get on to it, which in turn led me to a job at NUAA! This gave me money, which in turn bought me a car... all of which helped me take control of my life.

After a week I hadn't heard anything, so I called NUAA to ask for feedback as to why I didn't get an interview. I found they had been trying to call me on a wrong number. I was asked to attend a second round of interviews. I interviewed well and they gave me the job!

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This gave me money, which in turn bought me a car... all of which helped me take control of my life.

The reality is, I wasn't in control of my life when I woke up sick and had to resort to crime to get on just to function. Methadone made a big difference. I found I could still use now and then, but I don't

have to do crime, I'm there for my family and I hold down a job, doing worthwhile things to make life better for other users. I feel good!



NUAA gives NSW illicit drug users a voice!

Call us for info, advice and assistance: (02) 8354 7300 or 1800 644 413

Great info and links on line: www.nuaa.org.au

The Rise Project:

Lowering the rates of HIV and hepatitis among Aboriginal people who inject drugs



NUAA has long wanted to develop a project so we could work in meaningful partnership with Aboriginal people with a history of injecting drug use.

Data shows that a higher percentage of Aboriginal people have blood borne viruses (HIV, hep B, hep C) than non-Aboriginal people. Of new HIV diagnoses 2007-2011, it showed that 16% of Aboriginal diagnoses were transmitted during injecting drug use, compared to 2% of non-Aboriginal diagnoses in the same category. In 2011, the rate of diagnosis of newly acquired hepatitis B infection in the Aboriginal and Torres Strait Islander population was 3 per 100000 compared to 1 per 100000 in the non-Indigenous population. The rate of newly diagnosed hepatitis C infection in the Aboriginal and Torres Strait Islander population was 142 per 100000 compared to 40 per 100000 in the non-Indigenous population.

NUAA's expertise is in peer education, creating information and support networks among users and developing user-appropriate resources. We wanted to create opportunities for peer education with Aboriginal people who inject drugs, focusing on BBV prevention, treatment and care. It was decided that we need to do some investigating as to why the rates are so much higher amongst Aboriginal users. The only way to find out is to ask Aboriginal people who inject drugs. What RISE does for the first time is give power and control to Aboriginal people who inject - to hear from them what the challenges and barriers are.

Thus was born the RISE Project, developed to inform NUAA and assist us to develop a partnership driven response that will lower the rate of HIV and viral hepatitis infections amongst Aboriginal people who inject drugs across NSW.

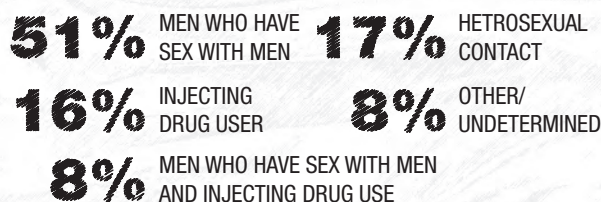
NUAA aims to conduct community consultations with Aboriginal people who inject drugs (past and current) with the aim to use their experience and knowledge to help NUAA develop culturally appropriate messages and peer education resources to prevent BBV's amongst this population.

We hope to visit seven sites to talk to Aboriginal people: two in metropolitan Sydney and five in regional towns across NSW.

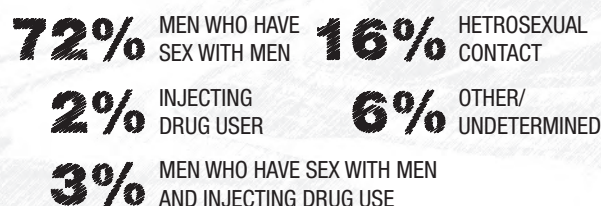
After consultations, NUAA will develop and sustain networks of Aboriginal people who inject drugs across NSW, so they can work with NUAA as Peer Educators

NEW HIV DIAGNOSES, 2007 - 2011, BY ABORIGINAL AND TORRES STRAIT ISLANDER STATUS¹ AND HIV EXPOSURE CATEGORY

Aboriginal and Torres Strait Islander



Non-Indigenous



1. The non-indigenous category excludes cases whose exposure to HIV was categorised as 'Person from a high prevalence country'. Source: State and territory health authorities

in their communities. To this end, we will be offering training to the participants using a package called the New Beginnings Training Program, which was developed by NUAA's peak body, the Australian Injecting and Illicit Drug Users League (AIVL).

In order to get the best possible results from the RISE Project, NUAA is working in partnership with Baker IDI and in particular Aboriginal researcher James Ward. As a leader and advocate for Aboriginal people who inject, we are very lucky to be working with James. He will be central to the project, training NUAA staff to conduct the consultations and providing NUAA with a program report derived from the consultations. The consultation sessions and training will be co-facilitated by James Ward and NUAA staff.

For more info on bloodborne viral and sexually transmissible infections in Aboriginal people, go to the Kirby centre's 2012 report on the topic.
<http://www.kirby.unsw.edu.au/sites/default/files/hiv/resources/2012ATSIP-ASR.pdf>

I am so much more than just a drug user...

In consultations with Aboriginal people who use illicit drugs, participants said how good it was to talk in a group about the things that mattered to them. They agreed “we’ve got to get talking about the things we value”. UN asked: “What is important to you?” These are their answers. Although different people used different words, the top three answers can be grouped as: my family, my culture and respect.

**MY
ABORIGINALITY**

**MY
CULTURE**

**MY
HERITAGE**

**WHERE I
COME FROM**

**GETTING BACK
TO THE ME THAT I
WAS WHEN I WAS
GROWING UP**

**MY
CHILDREN**

**FUN, BEING
IN A GOOD
PLACE,
HAVING GOOD
LAUGHS**

**ALL MY
RELATIONS,
INCLUDING
MY
ANCESTORS**

**SURVIVAL - FOR
MYSELF AND
FOR THE
ABORIGINAL
PEOPLE**

**THE
LAND**

RESPECT

**BEING
MYSELF**

**COMING TOGETHER
IN A BIG CLAN TO
CELEBRATE WITH
FOOD, MUSIC,
SPORT**

I AM ABORIGINAL

MY
PEOPLE

THE
ENVIRONMENT

TRYING TO MAINTAIN A
HEALTHY RELATIONSHIP
WITH MY WIFE AND KIDS
WHILE I'M STILL USING

MY
COUNTRY

RESPECT
FOR ELDERS

BEING
CONNECTED

SELF-PRIDE

BELONGING

HELPING PEOPLE
TALK AND HAVING
YARNS INSTEAD
OF USING TO STOP
PAIN

BEING A MATE,
WHICH MEANS
LOOKING AFTER
EACH OTHER...
WATCHING EACH
OTHER'S BACK

BEING
SAFE

HAVING A
ROOF OVER
MY HEAD,
SOMEWHERE
TO BE ME

FAMILY

Being Aboriginal

JOEL SAYS:

My culture and my family and my kids are important to me. Their love, support and honesty are my greatest strength. I love the country, it has its ups and downs, but I wouldn't want to live anywhere else. I respect my land and my elders, their cultural knowledge is important to me and my kids - it's about identity. All of this keeps me together, all of this is what I need.

JOSHUA SAYS:

Culture and family matter most to me! My family have been beside me through some dark, lonesome and hard times. A cultural insight during my time in jail has inspired me to pass on what skills I've learned and to sit down and learn more with them. I would love to see us connecting, and be comfortable and relaxed knowing that in my community there is a safety-net that's resourceful, connecting and culturally strong.

LARISSA SAYS:

I am very proud to be Aboriginal. It's what keeps me going when I think it's all too hard. It is such an old culture. I have respect for my ancestors, respect for the land. A lot of people want to be Aboriginal but I was born that way. I don't have my children living with me, my fella and I have four children but they live with my family. But the one thing that's special that I could give them is being Aboriginal.



PAUL SAYS:

My country is part of me, I can't be without it. It's my culture, my life, it can talk to my kids through me. I love to connect with my country. Understand the land, respect it and you will reap the rewards through cultural connection! My elders can help us to understand, love and respect it. They are our past and present, they teach and mould us for the future. What's important is family, kids, health, education! Keeping my kids safe, happy and being there for them always. So there's more to me than drugs, and I have more to give than just drugs!

JOCK SAYS:

Land and culture and respect for elders - all really important for me. It's really important to me to get back to natural. Get all the weeds out. Clean up the rivers and unblock them. Get into nature. Get the land back together for the Aboriginal people. We need to stick together and make it work. Young fellas in jail should come and do community work in the environment. I think all Aboriginal people need to spend time in the country, because it's easier to connect with your Aboriginality when you're out in the bush. It makes you feel good and you don't need drink or drugs or anything. Just culture. Getting high on culture. I want to get the young men in the country, like a manhood thing, to feel the land. Connect them in. I think it would make a big change in our people if we all spent some time in the bush, up in the mountains, fishing and sitting round a fire, having yarns, learning culture, learning the names and the stories.

SALLY SAYS:

How I feel about being Aboriginal is a private thing. It's finding your way home, like a homing pigeon. I think we are on the hardest path, but we have the most beautiful thing of all in being Aboriginal. Being Aboriginal is a beautiful wonderful thing. We get lost because we don't listen to the singing. The dreaming of the rainbow serpent that is all about unity. When you get kicked and kicked and kicked, kicked in the stomach, in your emotional core, over and over, you are going to stoop. You are going to bend under the pain and weight of that. We really need

spiritual healing, some love, to get in touch with the unity, the singing. We need to learn how to get the best of both worlds. The traditional stuff and the world we are in. How to use both. In Aboriginal medicine, every toxic plant has an antidote. We need to use our culture as an antidote, use the singing, to get balance, unity.

DENTON SAYS:

The most important thing for me is connecting with family. Funerals are one of the most sad times, but it's a good time for when your mob comes together. Weddings too, all celebrations. I think there is power in anything that brings your family together, especially if your mob is scattered. Just being on the land I come from does it for me. I spiritually get recharged, rejuvenated when I get together with my kin on the land of my ancestors. It's that your spirit is proud then... proud of that identity, of identifying who we are, who your family is, the tribe you come from, the land you are guardians of, your totems. When I'm in Sydney I can lose that connection of family and identity, but when I go back and connect with family, I know my place. I feel proud of my clan, my tribe. You know, it's the amazing thing about our love of Rugby League - it brings us together. Like the power of the Knockout [Begun in 1971, this match/carnival is held in rural NSW annually to recognise Aboriginal sportsmanship and unifies people from over 60 Aboriginal language groups: Ed]. We are so proud to show the athleticism of black fellas and to celebrate our heritage. It's a warrior thing. Music too, that brings us together - like the songs that come up at each get together, songs and good times and memories we share, rituals we share. The guitar, sitting around the fire, everyone having a go, even if you're the worst singer. Cooking on the fire or under the ground - seafood, mad fish - cooked by the aunties, everyone sitting round a massive big fire. I miss it and when I go back, it refreshes me. It wakes my spirit up. It's a hunger. When you hit your land, the electricity that comes into your body, it awakens your spirit. The city jungle can make you lose your spirit, your spirituality is not as alive as it can be. But being with your mob on your land is as good as it gets.

JENNY SAYS:

I think Aboriginal people use and drink a lot because we have a lot of hurt and every day we experience a lot of discrimination. I think we sometimes drink and use to cope with our emotions. So I think it's important we get healing - for survival. We need to help people talk instead of using to stop pain - like handling violence or sexual abuse as a kid or some other trauma. It all eats away at you and you don't want to have to think. But if you have yarns, where you're respected, you can get help. You've got to pick the right people. Family are good. You've got to be a mate. We need some self-pride workshops, some time out for good yarns, for good laughs.

MARTIN SAYS:

I'm really proud to be Aboriginal. But I really feel the dispossession (in the city). It's like you don't feel you've got a place. Feeling like you belong is important. People are important but place is too. You've got to have both for your spirit to feel alive.

GARETH SAYS:

Being Aboriginal is really important to me. During the Olympics I moved into the Aboriginal Embassy at Victoria Park. It was such an amazing experience. I was only 17 and when I turned 18 I had a fabulous birthday with everyone there. I was made a fire keeper, we had to keep the fire alight round the clock, make sure no-one cooked on it, all that sort of thing. The fire came from the sacred fire lit at the Canberra Tent Embassy. I was so happy, immersed in culture and with my people. It was such an amazing time for me, it made me so happy, I felt so spiritual and connected. I just have to think about that time now to feel good. I learned a lot then about how to do different ceremonies, welcome to country, all that sort of thing. I love being a representative of my people, my spirit comes alive.

We live it daily

Stories of discrimination, stigma, harrasment and racism

LINDY SAYS:

Racism is alive and thriving in Australia. We Aboriginal people, we feel like victims in our own country. And being a user as well, well it's a double whammy. It's the stereotype, isn't it. They don't bother to ask us about ourselves. It is so great, this Blackout edition, because we are being asked what is going on, and what it's like to be Aboriginal in 2013. I gotta say, I love being Aboriginal, but it's hard sometimes putting up with the discrimination. We are a people who are proud to be who we are, and we are sick of people thinking being Aboriginal is a negative when it means so much to us. Don't use us to sell Australia to tourists then treat us like shit! We get served last everywhere we go, can't get a cab, have the coppers on us 24/7, get bad treatment in hospitals. Australians think they're not racist, but it goes so deep. I think we should have pages in every edition of User's News so people can see what is important to us and who we are.

LOCKY SAYS:

This is 2013, not the Stolen Generation. That was our parents. It's all very well for Kevin Rudd to get up there and say sorry for the Stolen Generation, but you can't say all that then not change things.

NEIL SAYS:

I get picked up by the police even if I go down the street to buy milk. I don't like being out on the street after dark, because they'll pick me up, question me. I don't have to be looking dodgy, just walking along, being a black man.

KATRINA SAYS:

You get sick of being knocked back for work. I want to work. They see you're Aboriginal and a user, and that's it.

HANNAH SAYS:

People wonder: what is that thing about Aboriginal people and the police? Well, it goes way back. The police say, why did you run? We say, why are you chasing us? The police, the protection board, chasing us. We have been

groomed to run right from the beginning. I get a lot of anger spurts about all that, how we have this wonderful connection and singing but we can't help but get caught up in the grooming.

KYLE SAYS:

When you're Aboriginal you are never under cover. You are watched all the time. By the police. In a shop. On public transport. Where ever you are, whatever you are doing, you are on show. White friends say to me they can't believe how they get eyeballed when they are with me. I say, well I get it all the time, imagine that. I can't even find a quiet corner to scratch my arse in private, everyone wants to watch.

TRACEY SAYS:

It annoys me how we can't get cabs. It's not just one or two cab drivers, it's all of them. Even if we have money in our hands waving it. They just don't like to pick us up. My daughter is quite dark, so I have to hide her. I hate doing it, but she is very practical, she says "that's just how it is". But it's humiliating.

CROC'S STORY:

Where I live in rural NSW, if you use drugs (any sort) or you are black, you don't fit in. People think that because you are black, or a crim and use drugs, that you are dumb. Well I'm not. I have a University degree and a resume to match - I've worked in different Aboriginal services and government bodies. Education is the key to life!

They sent me to jail heaps of times. The jails are racist, everyone is put in their yards, by their race. This alone causes a lot of friction. In the old days we were one, and stood as one. The jail system is fucked, old hat and needs to change!!

Drugs are everywhere and as soon as we legalize them, the better off society will be - we could start with pot. I have been done recently for both pot and Endone®, and got slammed large fines - Aboriginal people seem to get fined more and get longer sentences for the same crimes that others do. I am sick of bad treatment by police. Once I had a fit in the Police Station and the cop gave me a serve, while I was having

the fit. They didn't even give me any medical attention. When the Aboriginal Legal Service asked for the CTV footage, guess what? It had disappeared. Trust nobody, the system sucks!

LETITIA'S STORY:

I get sick of being searched all the time. Every day sometimes. I have a curfew and I got locked up last night because I came out at 3:00 am just to buy a packet of cigarettes because I ran out. I wasn't looking for trouble. My curfew is 7:00 pm, I can't go out after that. They just

stick their noses in, they want to know everything I'm doing every second of every day. But last night it wasn't that they knew who I was. I was just black and out on the streets and they started questioning me. Then because they found out I broke my curfew, I spent the night in jail.

MAY'S STORY:

I get a lot of infections in my legs from injecting. A while ago it was really bad, one of my legs was really infected. There was a lot of pus and really hard balls and all red, very painful. I could hardly walk on it. I was worried about losing "my leg" it got really bad one night, so about 3:00 am I went to the hospital to Emergency. I'd packed a bag with nighties, toiletries, pictures of my children, all that, ready for a stay. I knew it wasn't right.. The hospital I went to said I wasn't on their computers and my Medicare card was invalid, they implied I should leave. I know I had been

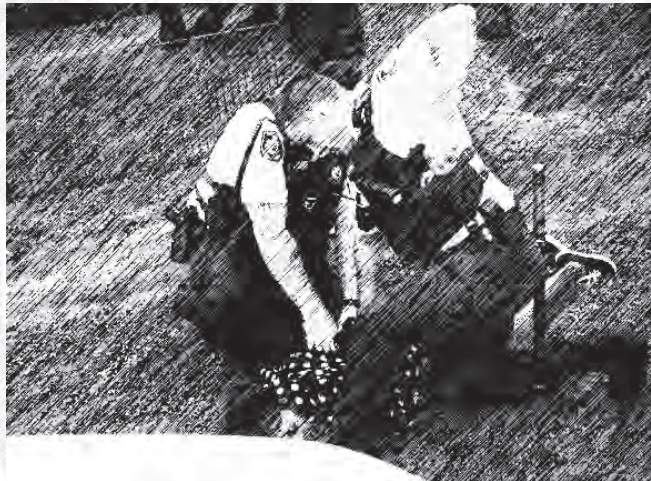
there before, but they just didn't want me there. And I'm Aboriginal, did they think I might not be a valid Australian citizen? They agreed to see me eventually, but the doctor hardly looked at my leg. He just gave me a prescription for pain killers and

sent me away. They think you're there for drugs, even if you're dying.

I went to get it filled the next morning. The chemist just looks at me, with a smile on his face: "May, where did you get this from?". I told him "I went to the hospital and the doc gave it to me". That's when the chemist tells me: "May, it's not even valid. The doctor

hasn't put how many milligrams I'm supposed to give you and he hasn't signed it. Did you find this?". I was so angry. I feel like it's written somewhere not to believe me, not to help me. They just say it's self-inflicted, and yes they're right, but that doesn't mean they don't have to help me. I was being so nice, so polite: "Yes sir, thank you sir". I've still got that script. It's horrible. People like me can't do anything about it.

I ended up in another hospital for three months with that leg. I was there for all that time because they cut a nerve in it and I ended up with dropfoot. I wanted to complain but they told me that I wouldn't be believed, they would say it wasn't them, it was because of the drugs I take. And I think that's true. No-one believes people like me against people in the hospital system.



We live it daily

Stories of discrimination, stigma, harrasment and racism

STELLA'S STORY:

I was in hospital because I'd had a road accident and had broken bones. They wouldn't give me pain killers, only methadone. I told them I wasn't using opiates at the time, I was using ice. But because I'd been in there on methadone before, that was all they'd give me. There was a white girl across from me and they were dosing her with morphine. The nurses would say really loudly "Would you like some more morphine?". I'm sure they just did it to piss me off. They didn't even take my temperature or blood pressure or anything. The white patients got all this treatment, but my papers at the end of my bed were blank, there was nothing on them. So the hospital and I have an agreement now. They treat me like shit, then the last day I'm there I treat them like shit, so they get Security to escort me out!

DARIA'S STORY:

There was a time when we got pulled up at least twice a week. My father had died and left me some money, so I bought a nice VZ Commodore, a black one. We used to get pulled up so often. And it wasn't "Can I see your licence, sir?" or "Blow in the bag", it was "Who owns this car?". That would be their first question. When I said I owned it, they even asked me where I got the money for that. I'd be "You're joking aren't you?". They'd be "I work really hard and I can't afford something like this." I'd say "Well my father worked really hard to leave me this money." My father was a hard worker all his life. But it wasn't any of their business anyway. They'd have us out in the rain, with our little girl on the street, and go over the car. Once we had a nephew with us, he was just little, and he said to my partner "Uncle Darryl, is this because we're black? It is, isn't it?". Out of the mouths of babes. Because he was right, they would never stop a white family in a car like that. They would never have had white people's kids out on the street like that. Their discrimination just wouldn't have them believe black people could own a nice car. But it went against them when we were using a lot and doing earns. I'm lighter skinned and my partner is dark.

So if we were in a shop or whatever, they would watch him and leave me free to do the crime. We used their own beliefs against them.

LOU'S STORY:

The last MardiGras, my boyfriend and I were riding our pushbikes, going out to party. His bike was a bit rusty but mine was pretty nice. I'm not into bikes, it was a gift. We're riding past the park and I notice two things at once: a detective's car parked across the way and a fight going on in the park, two white fellas punching on with some people watching. Next minute, the cops hit the siren and I think, ok, they're going to break up the fight! Instead, I hear bellowed across the way: "Smith, jump off your bike!" I'm thinking, shit, these guys are killing each other and you want me to jump off my bike? Talk about priorities! One cop comes over and goes "Where did you get your bike from, Smith?" I'm totally caught off guard, I'm dumbfounded. I ask why we're having this chat. He points to the other copper, who's a female and goes "Because she's got one". I still haven't worked out what was going on. I said "It was a gift from a sitergirl friend." He said "Do you have a receipt for it?" and I say "it was a present!". It goes on like this for a while; I was just stunned and he was really insistent. All the time these blokes are still punching on a few metres from us, a really full-on fight. I point this out and the copper goes, "We'll get to them in a minute." Then he says "It's fucking specialised, this bike." I still didn't get it. I'm like, "So? I'm just trying to get to MardiGras". He says "I don't think you'll be making it to the MardiGras tonight." I say "Why officer, what have I done wrong?" and he went back to "Where did you get your bike from?". He takes about 20 photos. Then he says, "I'll put it to you like this Lou Smith. You're fucking Aboriginal, you live in housing commission, you're on the fucking dole, how can you afford this bike?". He told me I had to go to the police station the next day to produce a receipt. They just couldn't believe an Aboriginal person could have something nice that was legit.

Your Rights

and the police if you're an injecting drug user

Police may search you -

- if you freely agree to be searched or
- if you are under arrest or
- if they suspect on reasonable grounds that you are carrying illegal drugs, weapons or stolen goods or
- if they suspect on reasonable grounds that you are carrying anything used or intended to be used in or in connection with the commission of a serious offence, for example break and enter tools.

You have a right to know why you are being searched, so ask the police.

If you are approached by police, be polite and cooperative, but try and record details.

If possible, write down (or use your phone and take a photo of) their names, rank and station, date and time, location, and the reason they gave you for the search. You will look 'in control' if you have information for a complaint about their behaviour. You can build a case of harassment if you are repeatedly searched and they don't find anything.

Police travel in pairs so they always have a witness for their version of events. Having a witness can help your case, so look around for who saw the interaction - they may be willing to give you contact details and speak up for your side of things.

Police may take you into custody -

- if they have a warrant, or
- if they catch you committing an offence, or
- if they suspect on reasonable grounds that you have committed an offence (including selling, buying or holding illicit drugs), or
- if they believe on reasonable grounds that you have breached your bail.

Police may give you a move-on direction from a public place if they have reasonable grounds that

- you are obstructing, harassing or intimidating people, or
- or you are obstructing traffic, or
- you are buying or selling drugs, or
- you would be likely to frighten a reasonable person, or
- you are intoxicated and behaving in a disorderly way.

Police can't move you on from a public place just because you are hanging around or can't give them a reason for being there.

You have a right to silence.

You must give your name and address, but you don't have to say anything more.

Wait till you get legal advice. Your lawyer will most likely advise you not to give a police interview until all the police facts are available (usually on the first court date).

If you give an interview without all these facts it is likely to harm your case. You may even lie to police out of fear and confusion and may end up in detention or imprisoned as a result of what you say.

If you have been arrested police may want to hold you for questioning. They can hold you for a maximum of 4 hours. You have a right to call a lawyer from the police station.

Or, you can call a friend, a relative, a guardian or an independent person from the police station.

If you have your own lawyer, call them. If you don't, call NSW Legal Aid's line LawAccess NSW on 1300 888 529.

If you are an Aboriginal person or Torres Strait Islander, the police must contact the Aboriginal Legal Service (NSW/ACT) on their Custody Notification Service (CNS).

The police will tell the ALS they have taken you into custody. You will be able to talk to an ALS solicitor. This is the law in NSW. The CNS is a 24-hour service. Your lawyer will give you instructions on the phone. They will also ask: RU OK? By letting your lawyer know what is going on, they can make sure police behave appropriately, get you help if you are thinking of self-harm, make sure you get your medication like methadone or insulin, and get you medical attention if you have an injury or feel unwell. They can also let your family or friends know where you are and make sure you get clothing and other essentials.

You have rights while you are in police custody.

If you are in police custody, you have the right to necessary medical attention and food and drink.

You get special rights in custody, including the right to a support person and special support from the police officer detaining you, if:

- you are a child
- you have impaired intellectual or physical functioning,
- you are Aboriginal or Torres Strait Islander
- you are of a non-English speaking background

You can complain to:

- the police
- the police internal standards or the Police Integrity Commission
- the Ombudsman
- NSWCCL
- a lawyer

...if the police are aggressive, rude or rough you up, or if a police dog touches you.

It is an offence to possess a prohibited drug, unless it has been lawfully prescribed or supplied (and is in your name). For the police to prove possession to a court, they must prove that you know it is a drug and know that you have it. The drugs have to be in your physical possession and they have to be yours to control. If you don't say anything, it can be hard for police to prove all these things.

It is an offence to unlawfully administer a drug to yourself or another person. A used fit can be taken as evidence of self-administration. But it is hard to prove this without you admitting it, so maintain your right to silence. It is not an offence to use a drug at a licensed medically supervised injecting centre.

Police cannot take new fits from you or charge you for having them. It is legal to possess fits in NSW if you got it from an authorised needle and syringe program (NSP) or vending machine. It is illegal to pass it on to others, (although NUAA is working on a trial which will make this possible for clients of our NSP). Ice pipes and bongos are not legal.

If you want to know more, go to these great websites:

Aboriginal Legal Service: www.alsnswact.org.au/

Legal Aid: www.legalaid.nsw.gov.au

Shopfront Youth Legal Centre: www.theshopfront.org/

AIVL's NSP & Legal Guide: www.aivl.org.au/?p=236#p=236

How to complain about a police officer: http://www.police.nsw.gov.au/services/additional_services/complain_about_a_police_officer and http://www.lawstuff.org.au/nsw_law/topics/police/article



INTERVIEW

Celia's Camera

Celia is a “lady”; she is gently spoken and carries herself with a natural dignity and beauty. Celia has a lifetime of advocating for others, working in her community to improve conditions and documenting life as an urban Aboriginal. Intelligent, opinionated and creative, she is clearly a natural leader, although her modesty does not allow her to think in those terms. Celia was born and raised on the Block in a loving family, and although she has lived elsewhere from time to time - including giving her children a connection to the bush - she always returns to her community in the Redfern/Waterloo area.

UN: Tell us something about your drug use.

Celia: My first drug was petrol when I was 14 or so. I was sniffing petrol with my cousins. My uncle found us one day; he was wild. He said, “if you want to get out of it, use this”, and gave us nyandi [cannabis]. I tried it and I never sniffed petrol again. I used a lot of speed in my 20s. I didn’t get into heroin until I was 30. I was smoking it and I didn’t know anything about it at all, I didn’t know you got sick. I didn’t experience hanging out for a long time. We were on the Block and in those days no-one would let you hang out. You always got helped out by

someone. I thought I could just stop. In the past I’ve been in “business” to support my use. After twenty years of using heroin, I’m on methadone, and just use on payday.

UN: So how did you get involved in Aboriginal politics?

Celia: I must have been about five or six when I first realised something was wrong in the way we were treated. My father had a truck for his business and used to load it up with Kooris to take them all to football games. I was the youngest and a girl, so I sat in the front between Mum and Dad. I remember the police always pulling him up. “Alright, all you get out, what’s your names...”. In those days they couldn’t just ring back to base for warrants, so people got away with a lot. But the police stopped Aboriginals all the time. It really dawned on me that there was a lot of racism when the police started harassing my brother. They broke his jaw when he was 16; they tried to say he fell out of a bull wagon. He ended up being murdered in custody. Payback for my father’s advocacy on behalf of the family of an Aboriginal man who was shot by police. They won the case and coppers were sacked. They vowed revenge on Dad and his family. Dad had all his teeth knocked out by police, I remember visiting him in hospital. He covered it up from me, because he was Dad - he was always “everything’s going to be ok, don’t be frightened”. Only as an adult did I ask Mum about that.

Discrimination is everywhere, from not getting picked up by taxis to police harassment. My partner and I went through a stage recently when we were stopped by dogs at the train station every day. They lead the dogs to you. Every day. It used to piss me off, the station would be packed and they would zig zag their way through the station to us. I should have filmed it.

Actually I got a bit of footage of an incident just the other day. There was a brother, just out of jail, he saw all the mob on the street at the train station, he was so happy. Two cops appeared and I started filming. They were like “OK mate,



how long you been out?” and they strip searched him. They saw me and said “ Turn the camera off”. I refused: “No it’s a public area”. They hassled me, accused me of theft and went through my bag. The brother was given a 48 hour move on. When he comes back, they give him another one. He hasn’t done anything at all. He’s done his time in jail. There is no reason for it. Sometimes it is overwhelming, you have to stop thinking about it.

UN: I know you’ve won awards for your films. How did you get into film-making?

Celia: I started off with photography at Eora College, taking photos and developing them. Then I moved into video, filming Aboriginal rights marches back in the ‘80s, interviewing people about what was happening and their perception of what was going on - both sides. A friend and I would take turns between interviewing and holding the big video packs you had in those days. She sadly died of an overdose; we were very close. Because I was busy with my drug use I never finished my course, but I still kept filming.

I just love the stories people tell. Everyone has a story. My latest filming project is to do with hep C treatment. I had a friend die the other day from hep C - painfully - and I don’t want that to happen to anyone unnecessarily when there is treatment for it. You don’t even need a biopsy now, it’s less invasive. He was saying “I am dying, do you know I am dying...” but I still didn’t think he would die. I was seeing him in hospital, it was very hard, he was in so much pain. I really want people to know you don’t have to have hep C, you can get rid of it. So I am going to film a video diary of my partner and me going through treatment, then include others.

UN: I know hep C is something you are passionate about - both prevention and treatment.

Celia: We need to protect our young people. With freshies you don’t need to get it at all. People ask me for needles, my used ones, I say no way!

Even if they say they have hep C. There are lots of strains! And when I talk about treatment, they say “who wants to do that?” - at least in a group. You get them on their own, they are worried, as they should be. A lot of them are scared of side effects of treatment - like losing your hair! Why would you worry about losing your hair, if you are going to lose your life if you don’t get treated?

When I was on the Block, I used to get boxes of 100 all the time, and go around handing them out. I had little plastic bags and I’d make up a kit with 2 fits, a spoon, a cotton bud and water. People would come and knock at the door. At all hours. Everyone knew.

UN: I know you are an active member in your community in many ways. What are you currently working on?

Celia: Everything we do as Aboriginals is considered political, even if it is just getting together as a community, there is fear attached to us doing things for ourselves.

Lately I’ve been meeting with elder women, because each and every one of them, and I’m included, have got a problem with DOCS taking our grandchildren from our children. Now my child, they had a new machine in Probation and Parole to do urine testing, and they were throwing out false positives. They even wrote a letter on my daughter’s behalf to say this machine has thrown out 3 false positives and can’t be relied on. But DOCS went ahead and took her child. And it breaks my heart. At least he is with my oldest daughter, but I want him with his mother. She went down for a long time. They don’t realise that. She was doing so well, on the [methadone] program.

They’re not bringing families together, they’re breaking us apart and killing us. Our kids go on a destructive path, and it’s hard when you can’t help them, because they’re grown people, they’re not our little babies any more. We need to be there for our young girls. If a child is taken from one person, it affects the whole family, the whole community, all the relations suffer with the mother



INTERVIEW

Celia's Camera

- and with the child.

So I've been getting all the elders one by one, and saying "Auntie, we need to do something!" Each of them has troubles with DOCS, with grandchildren or great-grandchildren. And all the elders in the community know what is going on with everyone, so if someone needs a wakeup, they'll tell them straight up! We can help the young girls with practical help too. So we're on the verge of getting a group together in Waterloo and so when DOCS come in and say "We're taking this child", they'll have about 20 women there to support the mother and child. And behind every woman is a big family - what the matriarch says, the family will follow, they have respect. If

push comes to shove, we'll have a big march to keep one child. A big mass gathering of support. DOCS need to be aware that we all raise a child together, as a community. That we older women are there for the mother and the child, helping. And before DOCS approach or take a child, they have to come through us.

UN: Tell me about being Aboriginal.

Celia: Of course I am really proud to be an Aboriginal and I love listening to my elders speak to me about their young days - they're the best stories. They'll tell you about their mothers and fathers before they were taken away. The majority of elders have been stolen. There's not many that lived with their parents.

My mother lived with her parents. My grandfather, Baba [in N- language], used to go spear fishing, with a three prong spear and a hole in the ground beside the bank to put the

fish in. He did everything with a kangaroo skin around him. He hunted kangaroos for Nan to cook. Nan was a N- woman. When I was growing up, my Mum and Nan used to speak fluent N- language in the kitchen, late at night when all the neighbours were asleep, with just a candle. It was spooky, it made me scared. But I know now they

were frightened and they thought they would get us kids in trouble by speaking it. The government had told them, "you can't speak your own lingo" for fear of them planning things. People don't know what our elders went through. So frightened they couldn't speak when anyone might overhear them, and couldn't teach us



kids for fear of us being reprimanded, so they withheld it from us.

But I really think, the reconciliation thing, we need to work together. We all need one another to get through this. This isn't our land, it's everybody's land. We might have been the landlords at one stage but now we have everybody here to help take care of it as well, so we need to share the responsibility. In our neighbourhood, there are white women that are "auntie". Our kids call all older women "auntie", I love that respect they have. It does no good for a person to be angry inside all the time about other people's reactions. I don't want my children to waste their energy on bitterness. Because believe me I've been there, done it, and it wears you out. I think we have to try and love everyone equally and come together. It would be better if we all unite. We share problems and we need to work them out together.



INTERVIEW

Wanted: Drug user with experience of injecting in jail and hep C

Bill is one of those people you like instantly; he wears his heart on his sleeve and it is generous and gentle. Bill is bursting with experience and opinions, a man who finally knows who he is and owns it. A loving father and effective community member, Bill has used illicit drugs most of his life and is fiercely proud to be Aboriginal.

UN: Tell us something about yourself, your upbringing, your family.

Bill: I grew up in Western Sydney. My father was a white Kiwi, a sergeant in the army, one of those “strip you down to build you up” kind of people. My mother was Aboriginal, Stolen Generation. She had been denied her culture. She didn’t know any culture at all, nothing at all. I was raised as any other suburban kid. My parents were very close, but I didn’t get on with my father.

UN: When did you start taking drugs?

Bill: When I got kicked out of school at 14, my father kicked me out of home. I started smoking a lot of pot, it was there where I hung around, on the street, couch surfing. After some months I went into the city for a year or two, mixing with what they call “the wrong crowd”. I was barely 15 when I started using, my first shot was speed. I really was impressed by that, I loved it. I got into a fair bit of trouble. I begged my way back home at 16, but damage done. I had jobs but I left home again at 17 1/2 and really took off with the speed, all the while gently having a go at heroin. I ended up in a psych ward and decided to give speed a big miss. But I still had the feel for steel, so I started using smack, eventually getting a habit and robbing houses and people, scamming.

UN: How did your life progress?

Bill: Hard to put 25 or so years in a few words. I fell in love, had two children who I cared for when my wife left us and disappeared. When I let her back in our lives, she took them to the park one day and never came home. She had them taken from her by DOCS,

along with her children by her second marriage. Luckily my kids went to relatives so I kept in touch and made a point of seeing them regularly. All this time I was using and drinking too much. Eventually I was offered my son back, so I cleaned up my act, closed down my “business” (except I kept drinking too much) and he moved in with me. Then something happened while I was out of it that changed

all our lives. I went to jail, it was hard on my son particularly. Thank god for family who came to his rescue.

UN: I know you do a lot for your community, and in particular for Aboriginal people in jail, and who use illicit drugs. Tell me how that all happened.

Bill: I finished a run in jail about a year ago, I was in there for a very serious crime I supposedly committed while drunk and on Xanax R. I don’t remember a thing about it, just what I have been told. I was convicted on substantial evidence. My parole was coming up and I needed somewhere to go. An organisation was suggested, they organise housing, so I said “I’ll have some of that!”. They forwarded my name and a worker came and saw me in jail and has been my case worker ever since. Then at the organisation’s Xmas party, I met another worker and got involved in her project. That involved me talking a lot about jail and hep C. I went to meetings, gave advice, did some work for them. I had been a user representative years and years ago so I knew what was expected.





INTERVIEW

Wanted: Drug user with experience of injecting in jail and hep C

UN: So you've always been interested in this kind of thing?

Bill: I'm just the type of guy who, when I see a bureaucracy that's not working for people, I want to represent them, help them work through it. I want to represent those who can't necessarily communicate well and have trouble going through the system. I've been put in many a situation where I've had a mate or cousin or uncle needing help - like with Centrelink - and I've done the talking and interpreted what's required. Those organisations are really alienating from the outside, and the workers don't seem to realise it. You gotta find somebody in there who wants to help. Sometimes it's the liaison officer, but they are often jaded or snowed under, no real help at all.

UN: So as part of your work, I understand you have been talking to uni students about Hep C in jail.

Bill: Yeah, as part of their public health degree coursework. I went in as someone with personal experience. I told them what they wanted to know to make them aware of how it is. They had questions like are there safe using messages in jail, how to you get fits, how many times is a fit used, how do drugs get in jail, that sort of thing.

UN: Do you feel they go away with a greater understanding?

Bill: I hope they did. I tried to be as clear as I could. And now I've been offered some training to do some peer education as a former prisoner. That's great. And I'll get paid for it! Even better! I think I have a career in it. It's the first time since the 1980s I have seriously thought about getting employed - apart from working in jail.

UN: Tell me about what your Aboriginality means to you.

Bill: It means a lot to me. Especially because my mother was stolen away from it. Stolen away from her roots, stolen away from her country and had her country stolen away from her. It means a lot to me to see my daughter - her mother is also Aboriginal - to see what she's becoming. Not just a fine young woman

but a future Aboriginal educator. She's at uni doing education. How big does that make my head, it's a wonder I could get through that door! She's out there representing our people. My son is out there working a day's work, he's doing an apprenticeship. I'm very proud.

My kids are getting qualified and going on with their lives. It's about time I did something. I've come to that conclusion since I've got out of jail. It's not like I'm not capable of it, I've just been mouldering for years. Just drinking or using, not being constructive. I have a fucked liver, my kidneys are just about shot. I've got hepatitis B, a heart condition, my feet are numb because I have Diabetes type 2, I'm 50 kilos heavier than when I went to jail.... I'm dragging myself around. Before I fall to pieces completely, I need to get moving.

Apart from being extraordinarily proud of my children, being a Koori man, I wasn't brought up with any strong culture - but I know why that was, because my mother wasn't either through no fault of her own. So we didn't have language, we didn't have ritual, we didn't have ceremony, we didn't have land that we're connected to. I feel robbed, really fucking robbed. But I also have to acknowledge that my old man is white. It's almost a schizophrenia of "Where do I fit in?"

I only asked these deep and meaningful when I got to jail, when I had time to think, and I was sober and clear headed enough to think of these things and what it meant for me and my kids and for the community at large - my friends my relatives the people I associate with, the people I impact. I didn't think about the fact that I was a person who impacted on others til I went to jail, til I had experienced 12 months of clear headedness. I'd never had that - in the previous 25 years, I hadn't been straight for more than 2 or 3 months at the most.

I see a lot of tragedy around our community - health, drug and alcohol use, lack of education, lack of social opportunity - all these things I see happening every day. But I also see there's a part of us that is so beaten down we are marginalising ourselves. We have to get almost religious about not becoming the stereotypes that we are expected to be. We ourselves have got to be responsible for changing all that.

I lose sleep over the way the mining industry rips off Aboriginal communities and divides them, land that we will never get back. But it is difficult, because we

have a connection with land that is not understood - there are so many countries, so many tribes. It is not a matter of just getting up a treaty. It's a nice notion and it fits with white ideas of law and historical precedent, but it wouldn't work. You would need a different one with everybody, there are so many different circumstances. We aren't like the Maoris, one people.

UN: When did you start exploring your Aboriginal identity?

Bill: Since I was born. Because my Mum couldn't tell me I had to ask around. I guess I picked up my activism from my father, but I picked up my cause from my mother.

UN: What do you think about Aboriginal organisations that concern themselves with drug and alcohol issues. Do they have a place?

Bill: They need to focus not only on abstinence but on health. If you are going to do it, you have to look after your health, your family. Has abstinence ever worked

anywhere? When I first heard what they were going to do in NT with the dry communities, I just laughed "Oh, yeah, that'll work!" It's just an excuse to rip off people, white fellas over-charging to bring alcohol in illegally. Like any prohibition, it's about making more money out of it.

UN: Is there anything that would work?

Bill: Getting back to culture would work. Having pride in your culture and your people. Not just being miserable with your circumstances, but having pride in what you have got left, and that's you and your people and your country.

We need to believe that it doesn't have to be like this. We have to get out of that feeling of hopelessness, guilt and pain, that idea that gear is all we got left. We all need to think: what are we gifting the next generation? We need to think about how to pass culture and identity on to the next generation. For us, 90% of culture is lost to history. A lot of blackfellas have no land to steward any more. We have to hang onto what we have, fight tooth and nail to keep it.

JAILBREAK

Jailbreak's a weekly national half hour program for prisoners and families with music, stories and support broadcasting Tuesdays on Melbourne's 3CR 885 AM 9.30 am; Canberra's 2XX 98.3 FM 10.30am; Sydney's 2SER 107.3 FM 6.30pm, streaming, podcasting www.2ser.com/programs/shows/jailbreak

Write to:

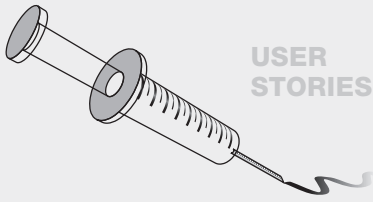
Jailbreak 2SER
PO Box 123
Broadway NSW 2007

**Families call 0420 946 709
or email: jailbreak@2ser.com**



Funded by NSW Health, the radio program forms part of the The Jailbreak Health Project based at Sydney's Community Restorative Centre (CRC) providing post release and family services in NSW and a help line 9288 8700.





Looking after each other:

Why freshies mean survival

Sharing tools happens far too often in the Aboriginal community. It happens for lots of reasons: you can't get a freshy because the police are hassling, you are trying not to use, you're worried about having them at home because of your kids and DOCS. Unfortunately

many people, Aboriginal and non-Aboriginal alike, think it is ok to share with their partner. But a lot of Aboriginal users are very concerned about this and urge their brothers and sisters: use a freshy for survival.

MINA SAYS:

I think we have to use freshies all the time. Aboriginal health is much worse than the rest of Australia. We have to work on that. We can fix up this thing [the rates of HIV and viral hepatitis among Aboriginal people who inject], we just have to make sure we use new tools. Freshies mean survival and that is where we gotta have our heads. So many sisters and brothers think what the fuck, you gotta die of something and because we're users we're already fucked up, what's the point. But just because we use drugs doesn't mean we're no hoppers. We have to look after ourselves for the future of the Aboriginal people. It's on us. We've got a role in the survival of the Aboriginal people too. We've gotta have pride.

FRED SAYS:

When you get the gear in your hand, all your sense goes. But you have to be careful and do things right.

PHILLIP SAYS:

It's the Aboriginal way to share. But we gotta look after each other too. That means share goom but not needles!

JACK SAYS:

You don't share a condom! So don't share needles! Years ago, we used to share condoms, but not now! Same with needles!

TINA SAYS:

People are scared about being seen getting fits. If you're seen, you get searched. You get pegged. They know you. Then you end up searched every day. If it's the immediate thing of the police on your back and maybe losing your shot - and the fit - or the long term thing of you might get this thing, that might make you sick or might not, well you're gonna go for what means something now.

JIMBO SAYS:

Sometimes it's hard to get a new needle, like at night, when you live in the country. There's only one vending machine and it's at the hospital, a long way from where I live. I don't own a car. They need more vending machines. They should be where we live and they should be free.

MANDY'S STORY:

Last week my husband and I went and got on. A friend was right behind us. He dropped in to our place straight after to ask if we had a freshy. I only had two freshies, one for me and one for my husband. Brother boy went through our used fit bag and grabbed one of our old fits to use. I had to remind him that we're old school - we hold our heads up high at all times. So even though there were two freshies between three, I chose to give mine up so brother boy could have a clean shot and my husband and I shared a fresh one. The young brother is so smart and intelligent, a beautiful indigenous dancer, I wasn't going to let him give up his life like that. The sadness of the situation is the brother didn't have enough confidence in himself. When he picked that fit up, he thought "I already have hep C, what's another strain, or HIV?" He was on the verge of "what-the-fuck". I made him open his eyes and see the light.

LANA'S STORY:

Hi there my brothers and sisters out there in Koorie land! Normally sharing is caring in our community but I would like to share my concerns about sharing injecting equipment within our intravenous drug using community. Sharing is not caring when it comes to that! I wish everyone would think twice about using any equipment especially syringes (fits, needles...) after anybody else. Too often I have been asked for a freshy and all too often I haven't got one, so the next thing

I'm asked is "Have you got one of your old ones?". I tell them that I have hep C and if they have hep C too they say "That's ok sis, I have it too." I will still refuse to give it to them for fear of them getting another strain of the virus introduced in their system. But they will beg more or less for one and on many occasions I give in and give them one. Please think about the damage hep C can do to your health, mainly your liver! In time, the virus starts to take its toll on our body. My energy levels have gradually gotten worse, to the point where I'm waking up tired, and feeling depressed because I'm too tired to get up and attend appointments, or see my children (who are young adults now thank goodness) or just get up to go pick up my dose at the hospital every day.

I have recently started to look into getting treatment and it's then that you realise how big a part is played by what strain of hep C you have and if you have more than one type. Some genotypes are harder to treat than others. If you have more than one strain it could prolong your treatment. But your hep C can be treated, depending on the condition of your liver, so look into treatment and you could have a whole new outlook on your health.

JIM'S STORY:

We use in jail, and share, so people come out and think, "Well I used in there so it doesn't matter any more". But it does. You can't give up on yourself and on each other. Even if you just think, I've got to stay healthy because of my kids. Just because people look healthy doesn't mean they don't have HIV and hep C. I've known people in jail you'd never know. So you can't just look at someone and say, you look alright. People don't want to discriminate, because we get enough of that from everyone else, but you've got to look after yourself!

LANCE'S STORY:

I've been a troubled person all my life. Firstly alcohol then the needle and a lot of jail came with it. I started from the age of ten; I'm now 39. I started using needles in jail and caught hep C then. I got rid of it later, also in jail. Even though I got hep C in jail, I was fit and healthy in there. The hep C was the price of wanting a holiday, a break from over-thinking everything. Now I'm out, I ain't so fit and healthy...



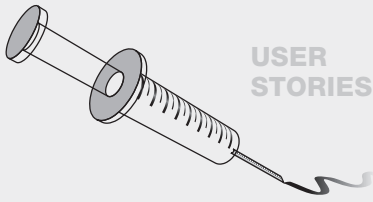
DINNY'S STORY:

When I was using on the Block there were elder women who would have boxes of 100 and give them out. Some people had boxes and would sell fits, but that was their earn and they

wouldn't give them to you if you didn't have money. But the elders thought "We don't want hep C and HIV in the community" so they started getting tools to give out after hours. They need to be acknowledged for that.

SOPHIA'S STORY:

I've used old needles heaps of time. I just got them off the ground. Sometimes I stashed them and sometimes I found other people's stashes. I used to sleep all over the place, all the parks, so I had to stash them, I couldn't carry them on me because of the police. Sometimes you're really sick and you just want to feel ok, you don't have time to worry about it. I get pulled up all the time by the police. If I have a needle on me they take it off me because it's an implement. Sometimes they say it's a weapon. Even if it's not used, wrapped up, they say that. And if you do have a needle on you, you're asking for trouble because the police really do you over, search you. Sometimes you have to wait for a woman cop and then if they have to do that they're going to really make it worth their while. I don't ever get a needle when I'm holding, because if the police see me going to get one, they'll stop me and search me. I just want to have my shot and not waste all that time and maybe lose it or get arrested for a weapon. It's not worth it.



**USER
STORIES**

Looking after each other:

Why freshies mean survival

NELL'S STORY:

It's difficult because where I live the coppers circle like sharks. They sit there and crash tackle everyone who gets a fit. It's a hard one. They just want to give you a hard time. They follow you from the NSP. I've been bashed and slapped for having needles on me. It would be good if people came to visit you with freshies, you could ring them, or get the concierge of the building to hold them. There are at least 12 drug dealers in each building where I live, and the concierge knows. I mean there are fits in the stairwells, so you'd be kidding yourself if you denied there was drug use going on. So I wonder if they would be down for it. The trick is, you have to get needles in to people under the radar.

TEENA'S STORY:

There is no way I could keep a box of a hundred at home. If the kids found them it would be awful. But the biggest worry is if DOCS came and saw that, it would be good bye to my kids straight away. It's hard. Because of the kids I try and do it as little as I can so I don't like to keep fits around anyway. That means that if I do use, I don't have a needle at all. If I have a shot, I have to ask for one off someone around, off someone else who is scoring. I try not to share if I can possibly help it. People are always asking me for freshies but I never have any.

LOTERIA'S STORY:

I use a new fit every time. The only person I share with is my partner, and if we do only have one, I let him go first because I have HIV. We've done that a few times. We have been having sex without condoms for three years now, and he was negative last time he got tested. I'm really careful about my fits. I've got morals. I wouldn't want anyone else getting HIV because I was careless. Once I have used a needle I get rid of it. I don't even reuse it for myself.

BRIANA'S STORY:

I've used fits other people used first, especially in jail. You have no choice. But then I bluffed a staff member into bringing me in some new syringes. I blackmailed her. I got three. I kept two and gave the other one for other people to use. No-one in there knows who has what, you don't know who has hep C or HIV or anything. People just don't think about getting something from a fit someone else has used. It spins me out, you have people in jail deny they have hep C, and you know they've been using a long time. They like to plead not guilty, they say I killed it off. But you know they're lying. Personally, me, I think if you use, you'll have hep C. It's just how it is, you get it somewhere along the line.

I don't know much about treatments, but I used to think inteferon was dangerous. I remember in jail two sheilas were on treatment, and they got really sick. I remember this sheila lost her hair, she was really worried about it but I told her not to worry about it. I think none of that matters if you've got your health. It can be worth it if it works. I wouldn't mind doing the treatment, I think it would be a good thing to do.

CAL'S STORY:

I've heard screws say "I wish you'd all just die, give each other AIDS so we don't have to put up with you, we should just let you all kill each other." It's so deadly that NUAA's trying to get needles in jails. I knew someone who died because he had HIV and didn't tell anyone. He was using someone's fit. Then someone went in to jail who knew him, and told the guy who owned the fit "Did you know he's got the dreaded?". So he started getting tested. It eventually showed up HIV positive, so he stabbed the bloke who gave it to him. That was a couple of years ago. Here's another story. My cuz went to use with someone with HIV and the tip broke, snapped when they were mixing up, because it was that old. He was pissed off, but it was a good thing, because he didn't get to share the shot. The guy with HIV ended up tipped out of the jail because everyone wanted to kill him. You often can't pick it because they don't look sick.

Having a safer hit

From best to worst

BEST.

Every hit a new fit

The very best thing to do is to always use a new, sterile fit and new equipment such as spoon and water for every single shot.

If you are using with other people, you have to be even more blood aware. This includes having your own tools - a sterile syringe, sterile water, swaps, clean spoons, filters and tourniquet. If you mark it, you will avoid mix ups. Try and mark an area that only you use on with a piece of newspaper.

2ND.

Try another way

If you don't have a clean fit, try snorting, smoking, swallowing or shelving [putting it up your bum] the drugs.

3RD.

Do the best you can with what you have

If you are sharing a deal with other people and only have one sterile syringe between you, that's the only one that can go into the spoon. You can then divide the other hits into clean spoons and people can draw up with their own fits.

4TH.

Keep it to yourself

If you think you might have to reuse your own syringe, you should rinse it immediately in clean cold tap water. Recap it, mark it and put it in a safe place.

LAST.

Bleach is the last resort

There are three stages to this: rinsing, bleaching and flushing. You'll need three containers: two with clean cool water and one with undiluted hospital grade bleach or Fincol®.

Rinsing - draw up water from the first container to fill up the syringe, squirt it out into your sink. Try to do this at least five times.

Bleaching - either take the syringe apart and soak in the straight bleach/Fincol (include the cap). keep it covered by the bleach and soak for two minutes, or, draw the bleach up and shake it for at least 30 seconds - with the cap on to prevent bleach splashing.

Flushing - draw up some clean water; you can give the syringe a shake while squirting it out. Repeat this process until bleach is gone.



**HARM
REDUCTION**

6 reasons for a freshy

why you should use new, sterile tools every time.

The best way to have a great shot without any worries is to use new tools every time. Remember, just because you can't see any blood on a used fit, spoon, tourniquet, doesn't

mean it isn't there. And just because a needle looks sharp to the naked eye, doesn't mean it is!



IT 'S ALL ABOUT SURVIVAL

The most obvious reason to make sure you have a freshy is so you don't get a blood borne virus (BBVs): hep B, hep C or HIV.

Given favourable conditions inside a syringe, hep C can last up to two months ; hep B can survive four weeks or more; and HIV can persist up to four weeks.

Remember there is more than one genotype of hepatitis and HIV. Even if you have one genotype, you can still get another - which means more symptoms and harder to treat.

Symptoms from BBVs are wide ranging and symptoms don't always appear instantly. You can't tell if someone has a BBV by looking at them. If you have HIV, you might experience flu-like symptoms, fever, chills, rashes, night sweats, fatigue, muscle aches and ulcers in the mouth. If you have Hep B, you might be jaundiced (go yellow), have nausea and vomiting, tiredness and abdominal pain. If you have Hep C, you could also jaundice, experience flu-like symptoms, fever, muscle or joint aches, fatigue, sleep disturbance, dry mouth, dry eyes, depression, anxiety and 'brain fog' that makes it hard to remember things or concentrate.

You can be immunized against hep B, so ask your doctor about this. You can't be immunized for hep C or HIV - however, there are effective treatments for these.

Get tested and if you have a BBV, get treated!



MORE PLEASURE, LESS PAIN

Dull needles hurt. Needles are only meant to be used once. After that they bend and blunt. You can't see it with the naked eye, but it's happening. And the more they are used, the worse it gets. You can feel it - you have to push harder and it hurts. New needles are sharp so they go in easily - which means more pleasure for you.



GETTING A VEIN FIRST TIME

The sharper the needle, the easier it will pierce your skin. That makes getting a vein easier. Using blunt fits can cause veins to roll - like stabbing a sausage with a bit of wood - and you may have to go in several times to get your shot away. If you have trouble finding a vein, your best chance is a freshy. Other top tips to getting a vein include plumping them up with heat and drinking water 15 minutes before injecting - and always place the sharpest part of the needle towards your skin (in other words the bevel/oval of the needle away from your body).



FLY UNDER THE RADAR

Blunt needles scar. All that pressure trying to poke a blunt instrument through your skin takes its toll. Scarred veins are often as much a sign as bad injecting technique like re-using equipment as being about a long term or high quantity use.

Scars, aka track marks, get noticed... by your boss, your partner, your family. That can result in stigma and discrimination. If you need to be discreet (and who doesn't), new sterile fits will help you avoid scars. Don't let track marks tell your story.

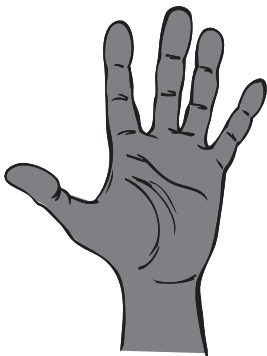


NO PUS, NO HEARTACHE

Using an unsterile fit can cause bacteria to enter your body. This bacterial infection results in abscesses - pus sores. Abscesses can impair blood flow to neighbouring areas, depriving them of nutrients. This can cause

a gangrenous condition if not treated early. Get abscesses looked at - they may need to be drained and you may need antibiotics. For relief, add heat and keep the site raised.

Infections can develop into endocarditis, an inflammation of the inner layer of the heart that can make you very ill and affect your health for the rest of your life. The infection causes bacteria to circulate in the blood and into the heart. Symptoms of endocarditis occur within a few weeks of infection, and can include fever and chills, lethargy, loss of appetite, rapid heart rate, heart murmur, increased breathing and a persistent cough. Some endocarditis is treated with one to two months of antibiotics, but others may need surgery and blood thinners. Once you've had it once, you can get it again.

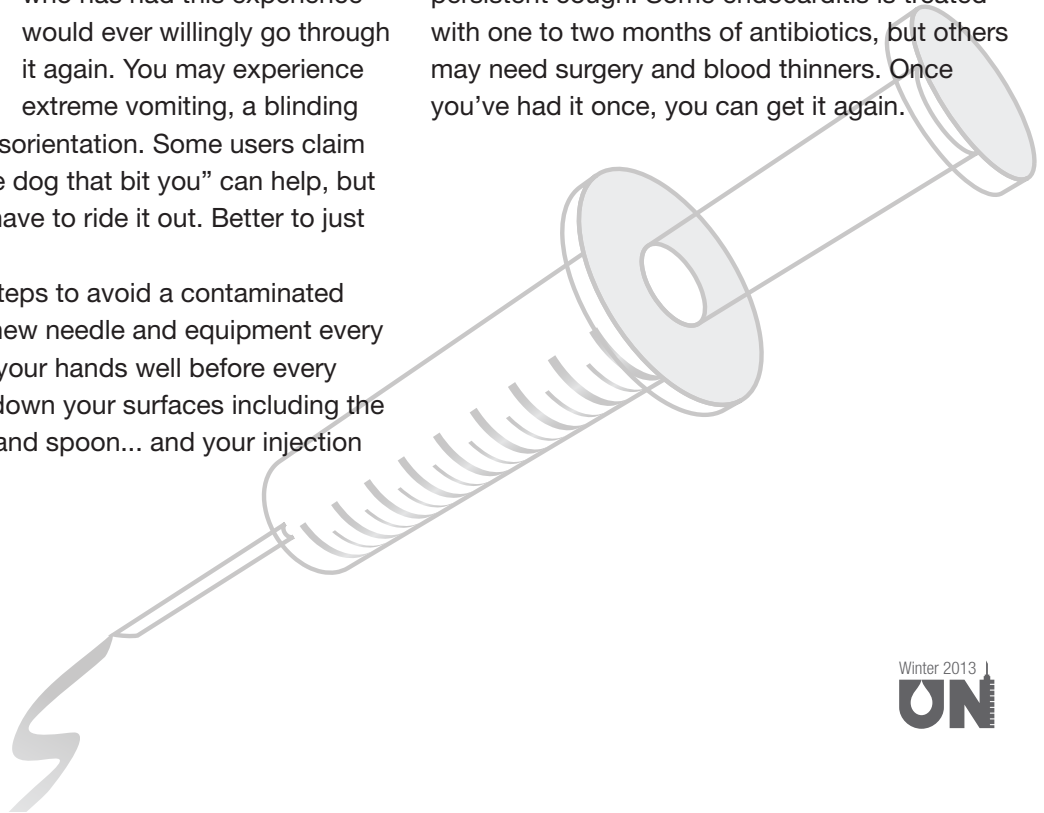


PARADISE IS UNPOLLUTED

Using a new sterile fit means far less risk of "dirty" hits. When your mix gets contaminated in the process of mixing and shooting up, you can get very sick. No-one who has had this experience would ever willingly go through it again. You may experience extreme vomiting, a blinding

headache and disorientation. Some users claim that a "hair of the dog that bit you" can help, but sometimes you have to ride it out. Better to just not go there.

You can take steps to avoid a contaminated shot by using a new needle and equipment every time. Also wash your hands well before every shot, and swab down your surfaces including the bench, scissors and spoon... and your injection site.



The debt repayment scheme:

how you can pay off your fines just by picking up your methadone

We have heard about a government scheme that combines paying fines with drug and alcohol treatment. Called Work and Development Orders (WDO), the new agreements are the idea of the NSW Office of State Revenue's State Debt Recovery Service. Under a WDO, certain people can pay off their fine debt through unpaid work, course attendance and treatment with approved organisations and health practitioners. Once available only to Parole and Probation clients, the new scheme is open to the general community, Aboriginal and non-Aboriginal alike.

Having a "serious addiction to drugs, alcohol or volatile substances" qualifies you to participate, as does being homeless, in acute economic hardship, or having a mental illness, intellectual disability or cognitive impairment.

This means that if you are on methadone or bupe or regularly attend groups like SMART, see a drug counsellor or attend a women's or men's healing group, you may be able to stop your current repayment arrangement yet still get up to \$1,000 a month taken off your fines. Different activities rate different hourly payments.

People who have lost their licence through fines are able to apply for a new licence immediately on registering for a WDO.

Shane is an Aboriginal drug and alcohol worker in rural NSW. "I was told about this by the Aboriginal Legal Service and I'm very passionate about it. It takes the stress from people in crisis. It puts dollars back in their pocket and food on the table. A lot of people in this area are on Centrelink payments. They can't afford to be paying \$50 or even \$20 a fortnight on fine repayments. That kind of stress only increases anxiety and depression and domestic violence. This scheme means people can stop those repayment arrangements, but are paying off their fines at a quicker rate!"

Already over \$96,000 in fines have been "repaid" in treatment over the 10 months Shane has been promoting the scheme in his area. Eight of Shane's clients have completely

finished paying off their fines.

Shane recently persuaded a local prescriber to be a sponsor of the scheme. Every month, that doctor calculates how much time his patients on the scheme spend in pharmacotherapy and related treatment. "I figure they spend an hour with me each month, and an hour getting dosed each time. That activity is valued at \$200 per hour, so I can get people to the threshold of \$1000 a month very easily. I think it is brilliant. They can get rid of the debt that is putting them in financial hardship, without putting their hands in their pockets, while they get treatment. I think all prescribers should sign up for the scheme. It's win/ win all round, I can't see a down side!"

RINA'S STORY:

It's really good to have this program, I was so worried about money before that. I have \$10,000 worth of fines and I was paying it off by myself. Then this program came along. I see my doctor once a month and when I see him, he calculates the money that can come off my loan. It keeps coming off every time I see him til it's paid off. It's made a big difference. It's really helpful financially, it gives me more money for the bills. I'm paying off a car as well, it was stressful. It's taken a load off my mind. And my doctor is really helpful, so it's great all round.

BRAD'S STORY:

It's a great program, it's awesome. It gives people like me the chance to get my licence back, get some independence. All mine were from offences from when I was young. I was already on suboxone, so when my doctor told me about it I was all for it. They should give more people this opportunity. I'm doing something with my life and I want to better it. It's great to have that matter. I'd still be paying \$20 a week for the next 15 years if it wasn't for this. My doctor's great, he's really good to see, non-judgemental. I'm really happy.

WANT TO BE INVOLVED?

Call the WDO hotline on 1300 478 879 to see if you are eligible and get a list of approved sponsors!

Encourage organisations and health practitioners to call the hotline to find out about becoming a sponsor!

Making culture Connections:

A woman's place for art and yarning

Every Monday from 10:00am to 2:00pm, in the inner Sydney suburb of Chippendale, you can find a group of around 20 Aboriginal women making artwork, talking, sharing community, connecting with culture.

The art therapy group was started ten years ago by local elders under the impetus of Aboriginal health worker, Kaylene Simon. Now employed by St Vincent's Hospital, she was then working for Redfern AMS when she saw the need for the group. In going out in the community, she saw that a lot of people needed to talk and couldn't do that at home, especially where there were family issues. She approached a group of elders with her ideas and they saw the need for a place where people with various challenges - using illicit drugs, with HIV, with mental health issues - could get together to yarn and to connect with culture. They gave the group its name, Connections, and its purpose: connecting to culture and spirituality. Kaylene asked for a venue and was given use of a building on the corner of Ivy and Shepherd Streets.

"The group focuses on identifying our gifts as Aboriginals and bringing them out", Kaylene explains. "Everyone has a gift - we just need to find it and bring it out."

The artwork is stunning, the women are clearly talented. Women can paint, draw, make jewellery, weave... whatever they choose. "When people first come here, they say 'I can't draw, I can't paint' and then they start and you can see how they develop!", Kaylene smiles. The women are very committed, coming week after week, from various communities. "They come from Redfern, Waterloo, Woolloomooloo, Surry Hills and even from La Perouse community to do the shellwork they are known for."

What goes on here is spiritual healing. "We have a longing to connect with community, with the elders, with culture," Kaylene explains. "Some women come with identity problems - mixed up in two worlds. This group brings them back to their roots. It's about belonging, journey, inner peace, healing. We call it our 'healing barn'."

Women can talk to elders and fellow sisters, discussing culture, life, family, health - things important to them. Kaylene shepherds the group, and provides referrals, counselling and advocacy as needed. There are only two simple rules in the group, Kaylene tells: "no politics and no gossip."

Connections is about to be registered as a non-profit charity. "The aim is to help the women self-motivate, so the elders can take it over completely and I can back out." Kaylene points out. She has designed the group to be a source of self-sufficient income for the women and their families. "Elders keep a lot of families, they look after a lot of people, and need a way to earn money." Connections has two exhibitions each year, the profits of which go to the artists. Other funds that come in (such as a payment from UN to print their artwork) go towards new art materials.

LISA SAYS:

Connections gets me out of the house and gives me something to look forward to. It makes me feel young. I don't think about bills, or pain, I just do my painting. I've taught a lot of girls here and I'm happy giving freely to the group.

JANE SAYS:

It's very healing for me, we can all yarn, everyone listens. We are here for one another. And it brings my art out.

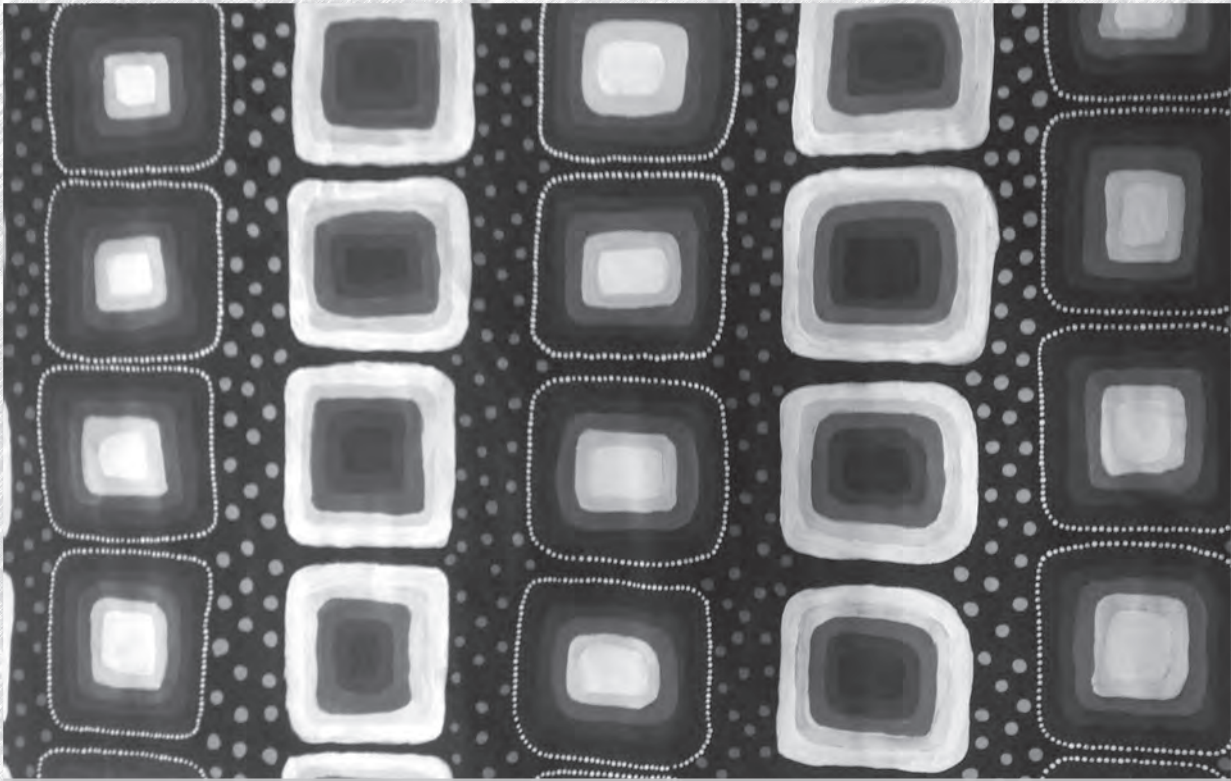
MARIA SAYS:

Since I started with Connections it has helped me to heal myself with art. It opens new doors with social aspects of life and opportunities that I wouldn't have had before.

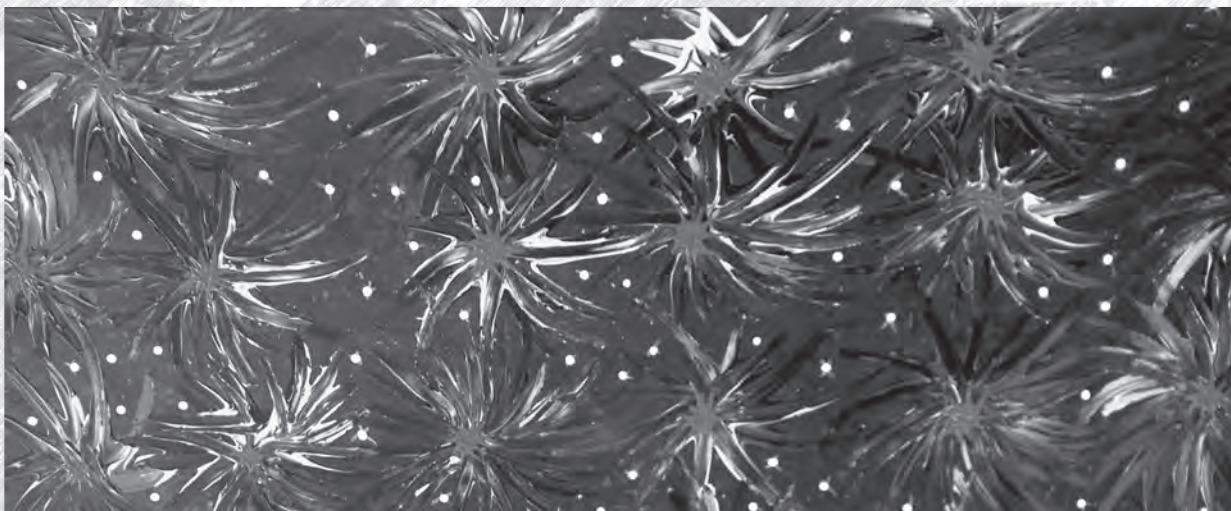
LYNN SAYS:

It has helped not just with art but with life issues too. We can talk about anything here.

Making culture Connections: A woman's place for art and yarning

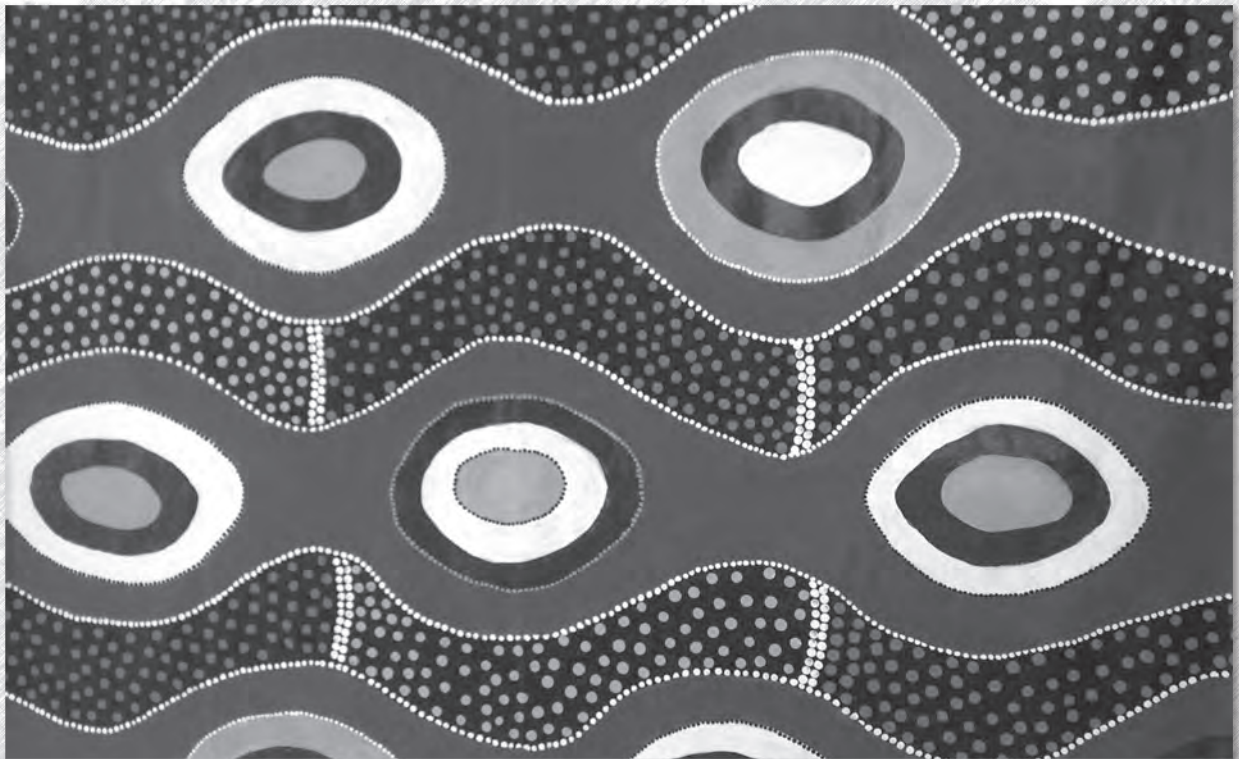


A group piece called *Journey in many ways*. This is about ceremony and dancing. The squares represents different tribes and clans of nations, with all their colours of initiations with different decorations like paint and feathers.

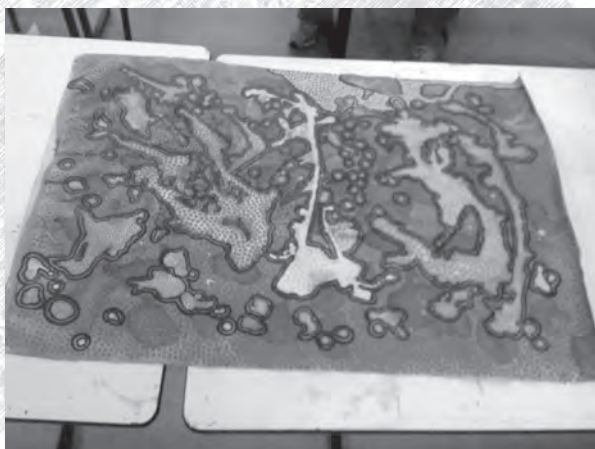


This is a native flower, the dilly lily flower. You eat the centre, it has a lot of vitamins. It is a women's gathering story.
Artist: Linda Jackson

Many thanks to the women of Connections who kindly agreed that their artwork should grace the pages of UN's Blackout Edition. Every page a new wonder!



Also a group piece called *Our journey*. This is the Block in Redfern/Waterloo, with different urban communities of Aboriginal peoples working together, coming together and being healed by the water. A lot of people round the Block were Stolen Generation. This is about healing by being together as Aboriginal people.



Painting in progress: This is a map; it's about global warming and the effect of pollution on nature.
Artist: Amanda Tunstall



Work in progress: A woven base for a basket, made with ordinary string dyed with food colouring and raffia ribbon. *Artist: Amanda Tunstall*

Inspiring people:

Aboriginal workers are deadly!

NATALIE BECKETT

*Aboriginal Hepatitis C Liaison Officer
South Eastern Sydney Illawarra Area
Health Service*

Natalie is a long time resident of the Shoalhaven region. Following in the strong footsteps of her mother and grandmother, who both worked in health, Natalie continues to blaze the trail for Aboriginal workers in both the Illawarra and the Shoalhaven. She kicked off her career at Oolong Aboriginal Corp Inc Men's Residential Drug & Alcohol Rehabilitation Centre. She has spent many years of fruitful collaboration with key partners in the area. Natalie's current position is funded by NSW Health as one of nine designated positions to deliver a four year program of activity to improve the health of Aboriginal people with hepatitis C across NSW. Natalie has been a significant motivator for the Aboriginal Sexual Health Blood Borne Infections network in the Shoalhaven serving as chairperson up until 2010. Her particular gift is in the strong partnerships she weaves between government, organisations and community members, that result in better health outcomes for Aboriginal people. Because of her commitment to her work and wonderful personal attributes, Natalie has a reputation as a mentor; people are always seeking her out as a 'go to' person.

"I wouldn't have a job if there weren't people in need"

JOANNE BROWN

*Aboriginal Project Worker
Sex Workers Outreach Project (SWOP)*

Jo began working with Aboriginal people who use illicit drugs as a peer for the Australian Injecting and Illicit Drug Users League (AIVL) talking to various

audiences about the prevention of blood borne viruses. She went on to work for the SWOP, doing outreach for Aboriginal people doing sex work. Jo informs sex workers about SWOP; offers condoms, dams and lube; talks to them about safe sex and harm reduction; and provides information about the law and sex work.

"I tell them I am there to support them. I care about whether they are looking after their health and that they're being looked after properly by the law and regulations. We don't have a lot of Aboriginal people in sex work, but a lot are doing sexual favours and that's a different power situation. They have to stand up for themselves and practice safe sex. There is a lot of shame among my people about sex work, and I really try to get across that there is no need for that, there is nothing to be ashamed about. Sex work has been going on for generations, it's a professional industry. And it's about surviving."

BRIAN DOYLE

*Aboriginal Health Projects Officer
Kirketon Road Centre (KRC)*

Brian is a proud Bardi man from the Djarindjin community of the West Kimberley region of far north Western Australia; his tribal name is Barnagood. He has worked in the interests of Aboriginal communities since he first commenced work as an Aboriginal health worker in the Djarindjin community in 2000. He continued this work in Perth before switching to the drug & alcohol field in 2002. In 2003 he moved to Sydney working in Redfern/Waterloo as an outreach Drug & Alcohol worker before joining KRC in 2006. As Aboriginal Health Projects Officer at KRC, he works very closely with Aboriginal clients, facilitating KRC's Itha Mari Aboriginal Health and Healing

Group, which has trebled the access of Aboriginal clients to KRC doctors, nurses and counsellors.

"I am passionate with the desire to close the gap, to work constructively and creatively towards that."

MONIQUE MCEWAN

*Campaign Coordinator
Aboriginal Health and Medical Research
Council*

Monique is a Wiradjuri woman from Warren central News South Wales. Monique is currently employed as the Campaigns Coordinator in the Public Health Team, where she manages two large state wide community arts campaigns. Prior to this position, Monique was the Harm Minimisation Project Officer and she has worked at the AH&MRC for over 4 years.

Monique gained a Graduate Diploma in Indigenous Health Substance Use from University of Sydney in May 2012.

"I have had the privilege of working with different Aboriginal communities across NSW. Having worked in the harm minimisation field for 4 plus years has been challenging and rewarding."

ANNETTE SLATER

*Aboriginal Sexual Health Officer
HARP Unit, Population Health*

Annette has had many years working within the NSW Sexual Health & Blood Borne Virus Aboriginal Network, first starting in the March of 1995. She has proudly worked beside many strong and deadly Aboriginal & non - Aboriginal people in the vision to Close the Gap on access to treatment, care and support services for Murri / Koori people in relation to Blood borne virus prevention education and treatment services.

She tries to make sure Murri people know where they can have access and support with choice to services and at their comfort level.

"I am not part of the User's circle, but you could say part of my role in the community is to keep an eye out for those who are. Our people still have a notion of 'inbuilt fatalism' Gotta die of something one day. People still believe that because they still look and feel the same on the outside that nothing 'serious' could be happening with their health on the inside. And there are even people still out there who believe they are not worthy of good health care support because for too long they have been stigmatised and discriminated against due to their chosen lifestyle. I encourage you to stay strong & connected and remember your rights to have good health care happen for you."

KAYLENE SIMON

*Aboriginal Mental Health Professional
St Vincent's Hospital*

Kaylene has been working in Aboriginal health for over 20 years. She has always worked in healing. First she healed herself from a childhood of domestic violence and trauma. An enrolled nurse with a degree in mental health, her first position was as an educator in a community health service in Newcastle. She also worked in nursing homes. She then moved to Sydney, where she worked for the AMS in Redfern. A lot of her work was women with cervical cancer. Her pap smear workshops increased the number of Aboriginal women being tested for cervical cancer. Seven years ago she moved to St Vincent's. She works mostly with mental health patients.

Part of her role includes working with Aboriginal inpatients and supporting their families. Kaylene's Connections project came from a desire to help women connect with their Aboriginality.

"My people are on a healing journey and I'm there with them. This is what my life is about. I try to stay out of organisational politics, I'm there to help my people and that's what I focus on. The users I connect with are beautiful people, I think harm reduction and peer education is really important."

KERRY WALKER

*Aboriginal Project Officer – Education
and Community Support Team
Hepatitis NSW*

Kerry was the first Aboriginal person to be employed in her organisation, over 3 years ago. Much of her work involves educating community, through the delivery of hepatitis C awareness campaigns. She also educates people who work with people who have or are at risk of contracting hep C. She focuses on what it's like for people from a grass roots perspective. Her work also involves taking Helpline calls and Prison Helpline calls.

"I work with some great people and I love the work I do. I find it very rewarding to assist people with their hepatitis B and C enquiries, because I don't judge people on how they contracted the virus. I have personal experience in my family. I've come to understand that Aboriginal people make up 8% of all people that have hep C, yet we constitute only 2.3% of the population. Of course it makes complete sense when we consider the incarceration rates of Aboriginal people and the prevalence of hep C in prisons. Even though I'm the only Aboriginal

worker here I feel I make a difference in the work I do and I know I have the full backing and support of all the other people I work with here. "

JAMES WARD

*Senior Researcher
Baker Institute*

James is a health researcher of Pitjantjatjara and Nurrunga descent from Central and South Australia. With more than 20 years of experience working with Aboriginal health in remote and urban communities, he has held positions as Program Head of Aboriginal and Torres Strait Islander Health, at the Kirby Institute and Head of the Aboriginal research program at the National Centre in HIV Epidemiology and Clinical Research. He is currently at the Baker Institute in Alice Springs leading over 20 national research projects. These include the first national cross sectional survey of young Indigenous people regarding STI and BBV knowledge and risk behaviour, as well as a peer led and respondent driven sampling study of people who inject drugs in Queensland. He is partnering NUAA for the RISE project.

"For me, the biggest barrier to achieving human rights and equality for all... is the unacceptable predicament of STI and BBV rates and their outcomes within Aboriginal and Torres Strait Islander communities.... I, like many other Aboriginal people have never felt more in a space where we have seen such a big commitment certainly in monetary terms to improving our people's health. I like many of our mob sincerely hope that this transpires to real improvements in all conditions for our people."



HARM
REDUCTION

Overcoming Overdose: Getting Naloxone

Four Aboriginal people who inject opiates went along to KRC to learn about overdose, rescue breathing and administering naloxone (Narcan®). They left the course with their own naloxone kit to use in case of overdose. Here they share

their experiences with overdose and their endorsement for the course. Any opiate user can do the course and be prescribed naloxone to help in case of overdose.

LILLY'S STORY:

Last time I overdosed I had just got out of jail. My tolerance was way down and I had too much and I dropped. I was with a friend, she was freaking out and an older woman was walking by, a woman who used to come into the jail. She recognised us and she took charge, she knew what to do, she called the ambulance and sat with me the whole afternoon. She was wonderful. I've been around lots of overdoses, but never known what to do apart from call an ambulance.

I think the naloxone course is wonderful. I am so glad I did it, I learned a lot of things I didn't know before and I feel a lot more confident around overdoses now. I think I could help someone now, I know what to do. I feel a bit shy, a bit nervous still, but definitely more reassured that I could do it. It was really helpful. I would definitely try and help someone if they were down. It is good to feel like you could help someone, especially before the ambulance comes. I really enjoyed learning all about it. I didn't realise that naloxone doesn't work for tablets, like Xanax R, I thought it worked for everything. In the course I learned it only works for opiates, and I also learned which drugs are in the opiate family. We didn't only learn about giving naloxone, we also learned about what to look for in an overdose, how to put someone in the recovery position and mouth-to-mouth and how to give it. I couldn't believe where the time went. I think you should learn it especially if you live somewhere far from an ambulance, like in the bush. I also learned it's better to have someone with you all the time when you are injecting drugs. I definitely think if you use or are around drugs that you should come and do this course and get signed up for the naloxone.

JEFFREY'S STORY:

I've overdosed a few times. Every time I have overdosed it has been because I have had a period of time when I haven't used for a long time, trying to stay clean or whatever, trying to get off it, then have a shot. The last time was when I came out of jail, I went over. If someone hadn't been there, I would have died. A lot of times I have been a bystander, at the Block, in squats, in Cabramatta, a lot of overdoses. I've seen a lot of deaths, people close to me, people not so close to me. I've seen people die from overdose.

I really enjoyed coming to the naloxone class. I learned a lot about what to look for in an overdose and how to help people. It really got rid of a lot of old wives' tales for me. I learned not to put people under a shower or give them a kick, that doesn't work. That this kind of overdose is about breathing, you don't need to worry about the heart. The naloxone helps them breathe, and you help them breathe with mouth-to-mouth til it starts working. There were a lot of things I didn't know. This is something that is really close to my heart because I am a user, you know. We really need a good support system around us and this is part of that. If I had to I would help anyone in trouble, dying in front of me. It was really great doing this. I'll tell other people about it. I was worried at first that someone might sue me, but you get a certificate to say you're allowed to give the naloxone and under the Good Samaritan Act no-one can sue you because you are trying to help them. That was good to know.

PENNY'S STORY:

I have never overdosed myself, but I've had it around me. My brothers and sister have overdosed a lot, my sister especially, many times. One time there was a guy who bought heroin, he didn't know he bought heroin, he thought it was speed. He came down the stairs all purple. And I saved this poor guy, called the ambulance, and lucky it came fairly quickly.

I never thought something like this naloxone course would happen, where we would be trusted with it. It really is so good to be trusted with it. I learned a lot on this course, it was really good. I didn't realise that naloxone is for opiates only, and can't help someone on tablets. I didn't know that. I learnt how to do mouth-to-mouth, that was really good. I feel confident that I could help someone. It's good to do a course like this, to be learning important things. It was really interesting.

“Get your own Narcan to try and stop you or your mates from overdosing”

Come to KRC for overdose and Narcan training and leave with your own supply of Narcan

Every MONDAY 11am

Where: Kirketon Road Centre, CNR Victoria Street & Darlingurst Road, Kings Cross

In the KRC group room - sessions last 1 - 2 hours

More information: Speak to Kim, Dr John or Phil

KALE'S STORY:

I've seen lots of overdoses. When I first came to Sydney, I was living on the Block. My brother was the only one who had a phone then and he was well-known around the community as a youth leader in the local church. A lot of the people knew we had a phone and when good batches of heroin would come through, or people came out of jail, there would be a lot of drops. Their family members would run to our house to call an ambulance. Most of the time the users would be in a laneway or in empties [vacant houses used for injecting]. After ringing the ambulance and giving them directions, we would go out to see if we could assist, because we knew some first aid and were good at calming people down. Most of them lived. It was really sad when you would wake up in the morning to hear someone had died. You would have seen them go out that night to go drinking or whatever, then they would come home around 3:00 am, have a shot and OD. One of my best mates that I met when I first came to Sydney was a staunch person who didn't believe in injecting. But he finally succumbed to the scene. One night he had a shot and ODeD. What was really sad was he was laying up against the fence at the local child care centre for more than 24 hours before he was discovered. People thought he was just having a sleep, but he was actually dead.

I enjoyed the naloxone course. I've never done a course that has been so practical. The course has given me the confidence and skills so if I'm in that situation I can help. I didn't know that you could keep somebody alive through mouth to mouth after giving them naloxone, keep them alive by breathing for them. If this course had been provided to the Aboriginal community at the height of the drug use on the Block, many of our brothers and sisters would be alive today.

Family is everything: Love and sorrow

Many of the Aboriginal users who contributed to this UN Blackout spoke about family. Family is considered central to a fulfilling life. The love felt for children and the respect held for elders came across clearly and loudly. People said they loved that their family reflected their own Aboriginality back at them. The issue of the Department of Community

Services (DOCS) intervention and having children taken by the State was a source of sorrow. This was tied closely to fears about the survival of the Aboriginal people through dispersal of family members and the depression the whole community experiences when families are broken up. Here are just a few stories.

JACK SAYS:

I came back to the country to be with family. Mum taught me family is everything. Mum helped so many in our family.

JALINA SAYS:

My dad went to work six days a week. We got what we wanted for Xmas. Me and my Dad are really close. He was over my place last night. I really love him. I've got "Dad" tattooed on me.

JANE SAYS:

When our girls have babies, their greatest worry is DOCS. It should be the greatest day of their lives, instead it's a day of fear. This is Stolen Generation Part 2. Why did they apologise when they are going to keep on with the same behaviour? DOCS are too intrusive. They are just alienating the community. And not just for using. If you are Aboriginal, that is enough. When girls have their babies, they're in there watching all the time.

JENNY SAYS:

I feel like I have a file somewhere, and it's stamped "Never to be a mother" and "Never to be helped".

BELLA SAYS:

People do change, especially when they have a baby, but DOCS don't recognise that. If you have one baby taken, chances are they will take them all. You keep having them, hoping you get to keep one.

AMANDA'S STORY:

The nurses are in on it. My daughter's baby was breastfeeding well, and they took him off her and put him in the nursery on formula. My daughter got really depressed, she was denied access to her baby, she had milk but was not allowed to feed him. The thing is, she doesn't even take drugs, never has. I was so worried they were going to say she is too depressed to have the baby, even though they caused it. The Aboriginal worker ended up fixing it, we owe her everything. When my daughter saw her son being wheeled towards her, her whole mannerism changed. My other daughter was too scared to go into hospital under her real name, she went in under an alias to have her baby. Another daughter had her child taken from her, even though she was on the methadone and doing everything they asked of her, doing really well, they took her child from her. I was very worried she was going to kill herself. They're not helping us at all. Not at all.

SALLY'S STORY:

My mother had my eldest son. He was 5 at the time. She was living on a mission about 5 miles from the nearest town. When I was visiting, I said to him, do you want to live with me? and he said yes. So we walked to town. I had a friend waiting with a car, two vegemite sandwiches and a Nescafe jar full of cordial. I had a bus ticket in someone else's name and \$30. I said take me as far towards Sydney as you can with that. Mum got the federal police involved. I had my son in hiding in a hotel. When the day came for him to go, I remember it was a cold day and he had a skivvy on and I was buttoning up his chequered shirt to keep him warm. I see these white fellas walking up the steps and I knew they were coppers. They said "We've come to get Paul". Mum wasn't in the car and that was really upsetting for me, you teach your kids not to get in cars with strangers and here my son was going off on his own with these two white strangers. I hated my mother for doing it, but I love her because she's my Mum. After 20 years we have healed some of that, but it took a while.

JESS'S STORY:

DOCS need to realise they didn't just take the kids from me, they took me from my kids. I cry for all the lies we're told and my kids are told. On visits to my girls, they would say, crying "Please pay the rent Mum! They say we can't come home until you pay the rent, they say it's all going on drugs". This has never been true, my rent has always gone straight out of my money, direct deposit. I have always made sure there were warm beds, food. I never denied my use but have always taken care of them. They have no right to tear a family apart. Once the bond is lost, it's so hard to get it back. The damage cannot be undone, can't be mended.

LISA'S STORY:

I saw my kids in care the other day. They were telling me they were being hit by the woman in charge of them, hit in the head. My four year old said "but we didn't killed her yet". What is it when a child is saying this stuff? And no-one believes them, but I do. I know they tell the truth. I just felt a kick in the guts, that I can't change it.

JASON AND LENA'S STORY:

Our kids mean so much to us, they are the most important thing. We have been nine months on the list for methadone and still waiting (in rural NSW). We just want to get our kids back and they won't even let us get started. The AMS here doesn't support methadone, they think we should just stop. We only get to see our kids every two months. It's hard. It makes us so depressed and then we use more because we can't stand it and there's nothing else to do every day and it all gets harder and harder.

CILLA'S STORY:

Our young are not happy anymore. They are dead inside. And of course they forget about the kids, coping without their parents, without their community. I can't help thinking there is a conspiracy. It is happening too much, with too many children going for no reason at all and their parents not being told where they are, or allowed to see them. The mothers are just left bewildered. There must be corruption in DOCS, that's all I can think about, rich people without kids offering money. Why else would it be happening so much?

Family is everything:

Love and sorrow

KARINA'S STORY:

It's another stolen generation, but it's just called DOCS now. I've had two babies taken off me. I remember at 2:00 am, I had just finished screaming, legs still up, the baby had just been put on my chest. The doctor walked out, and DOCS walked in. I don't know where they are, I wasn't told. I can't remember their birthdays because I don't want to. I know that seems really cold, but I can't think about it. It cuts me up inside. I hate thinking that those kids might grow up thinking I didn't want them, because I really did. I wish they could know how much I love them, how I cry for them.

I was in hospital a while ago, and there was a young Koori girl in there, I knew her mother. I'd be out having a cigarette and I'd see she was being followed around by a nurse. I kept wondering why, and then the penny dropped! She was about ready to have her baby. I said to her, "Darling, I'm going to tell you straight, they're going to take your baby." She was like, "No, they can't Aunt!". Then a few days later, she was out the front crying. I've gone "Darling, what's up?" and she said "Auntie, they took my baby!". I gave her a cuddle and I said, "Sweetie I didn't say that to be mean, I told you that because they did it to me too."

NATHAN'S STORY:

When my wife and I were taking our baby home, they made us wait for hours. The baby had to be checked before we could go. We're waiting ages, we got served last like usual [for Aboriginal people]. They weighed her and then they were asking us why she had gone down in weight. They were really accusing. It was like they were trying to find a reason to take our baby off us. They were talking like she was really low in weight, but it was like 100 grams she was under. But because we are Aboriginal and on methadone, they made out it was a big deal. I got really angry, because if they'd served us straight after her feed there wouldn't have been a problem. Then they called the coppers to remove me because I got angry about it! The coppers felt really bad. They asked if they could help me, they drove me home. My partner was home with the baby that afternoon. But I was really angry and worried on a day I should be have been so happy.

JILLY'S STORY:

I just had a baby, but they said I couldn't have her. I gave her to my family. I named her after my Aunties because my family is everything to me. I didn't get any antenatal care until about six months, they said that was child abuse so they took her. I had a lot going on, I didn't even realise I was pregnant for ages. I'm glad my kids are with family who will treat them properly.

KYM'S STORY:

When I was using a lot, I really worried about DOCS. If people come to the door, I would tell them to come in quickly so no-one could see inside. I would always tell doctors and others that my daughter was living with my mother. Now that I'm on methadone I know I am doing the right thing by her. I can get up, get her ready for school, and not have to worry about anything. I tell her all the time she is beautiful and smart, I want her to be confident. Education is the key. I want her to do well in life, get a good job, be happy. I read with her at night and want to get her in dance and martial arts too. I don't want her on the streets, like I was, smoking drugs. I want her happy. A neighbour came by early this morning on the way to the dealer to ask if I "wanted anything". It felt good to say no and mean it.

MATTHEW'S STORY:

My parents had no time for us. They were drinking. My mother was living with this fella, and he abused me. I started running away. DOCS kept sending me back. I kept running away and they kept sending me back. They never sat me

down and talked to me. I just got sent back to the same old shit. When I started taking drugs they just thought I was a junkie, no-one sat me down and asked me what the problem was. They thought I was just a cheeky Aboriginal kid. They just want to condemn me for taking drugs but it

blocks out the sadness in my life. If I had my way I would be on drugs all the time. It's good, my way of escaping reality. When you're drying out, going to detox, reality hits you, and all you do is just break down, crying. When I was young, I

didn't know I would get addicted to it. It just took over my life when I was young but the older I got the more wise I got about drugs. I've been on methadone since I was 17. The people I used with, doing sex work, they were my new family. Cause they were all in the same situation I was and we all had to be a family together. I've got a lot of friends that I've known for 20 years and they spin out that I'm alive still. Most of them passed on. I always think about them though, the people I used to hang around with and take drugs with, because they were good. They were good people and they are in my heart.



Recipes from Auntie Jean's Kitchen

Here are some great recipes that you can make fairly cheaply but are nourishing and yummy. Aboriginal people are always feeding a mob! These recipes serve a couple of people, but they can all easily be made bigger, just by chucking in more of the basics. It's amazing what you can do with a couple of extra potatoes or carrots!



Filling mains

PUMPKIN SOUP

What you need:

- Stick of celery
- 1/2 onion
- 2 potatoes
- 2 pieces butter pumpkin
- 2 pieces blue pumpkin
- 1 carrot
- 1/3 of small pkt butter (about 80 g)

How to make it:

Cut the veges up then throw them all together into a large pot. Put it on the stove on low, with the lid on. When the veges are soft, use the blender stick to mash them. If the soup is too thick, thin it down by adding some stock - you can buy it liquid form in a tetra pack or mix 2 stock cubes with hot water.

Mix it up:

1. If you want to increase the amount, just add more veges, always making sure that there is more pumpkin than anything else.
2. Season as you like. You can use salt and pepper, or add herbs (fresh or dried) or even add some curry powder or paste. Make it restaurant quality by giving each bowl a good dollop of sour cream or plain yoghurt and some ground pepper, then serve with some warm damper.

STIR FRY

What you need:

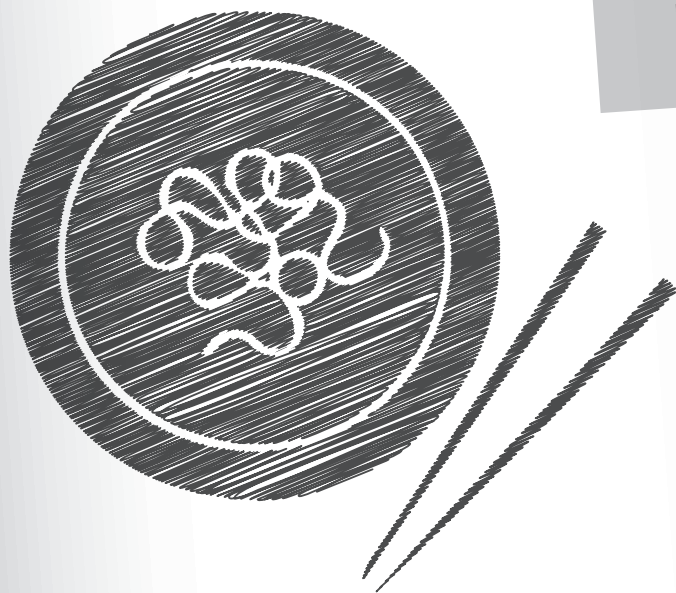
- 1 packet of steak (about 500g) - diced or in strips
- 3 cloves garlic
- 1 onion
- 1 piece ginger
- 2 carrots
- 20 green beans
- 1 packet of noodles
- 1/3 cup soya sauce
- oil to cook

How to make it:

Put the meat into a bowl with the soya sauce and leave to marinate. Peel and chop your veges. Add a small amount of oil in a deep pan. Put in the garlic and ginger to warm then add the meat. Allow to cook. Add the onion, carrots and green beans. When half cooked, add in the pre-cooked noodles. Mix together and finish cooking.

Mix it up:

1. You can replace the steak with chicken if you like. Breast or thigh fillets work well, or try the pre-marinated chicken skewers available from the supermarket deli; they are often on special. If you are vegetarian, put in some tofu or leave out the meat altogether.
2. You can use packaged Chinese style noodles - thick or thin according to your taste - or even 2 minute noodles. Some need cooking first and some don't - check the pack. If using 2 minute noodles, just soften with boiling water - don't add the flavour sachet. You can also substitute or add cooked rice if you like to make it go further.
3. Use whatever veges you have and as many as you like. Broccoli, mushrooms, mung bean sprouts and tinned baby corn work well. There are some great packs of frozen stir-fry veges for sale that include a good range of vege types and can be great value - especially if you're the kind of person that buys fresh with good intentions but ends up throwing out more than you eat. Add more or less garlic and ginger to taste - remember the smaller you cut or crush them the stronger the flavour.



Recipes from Auntie Jean's Kitchen

Bakery items

DAMPER

What you need:

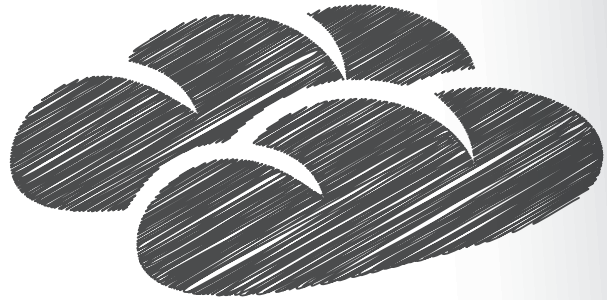
- 5 or 6 cups self-raising flour plus extra
- A pinch of salt
- 1 cup warm water

How to make it:

Pour the flour into a bowl and add the pinch of table salt. Add the warm water into the mix. Use your hands to make a dough, adding more flour if it is too sticky or more water if it is too dry. Keep mixing until the dough doesn't stick to your hands. Throw it onto a flat surface and knead it, thumping into it with your knuckles, turning it over, pressing it some more. Really get that aggression out. Work it until it is firm, warm, soft and smooth. Heat the oven up to 180 degrees centigrade. Place the ball of dough on a flat tray. Put it in the oven for 45 minutes until it is golden brown.

Mix it up:

You can make this as a loaf or smaller buns - but remember a smaller amount is cooked for a shorter time. Some recipes suggest you rub a tablespoon of butter into the flour, and substitute milk for the water. But this recipe is an oldie and a goodie. You could go crazy and put in some sultanas if you like. If you want to make it look pretty, you can cut a cross on to the top of the damper. Yummy with lots of butter. Another great variation is to make Johnny Cakes (see below)



JOHNNY CAKES

What you need:

- 5 cups self-raising flour plus extra
- A pinch of salt
- 1/2 to 1 cup warm water
- Oil for frying

How to make it:

Pour the 5 cups of flour into a bowl and add the pinch of table salt. Add the warm water slowly until all the mixture is combined and not sticky on your fingers. If it is too wet and sticky, add more flour. You must knead the dough, working it with your fists til it is soft and smooth. If it sticks to your knuckles as you knead it, add more flour. Roll out the dough on a flat surface that you have dusted with flour so the dough doesn't stick. Cut out shapes. Round is traditional. Add oil to a frying pan and heat. Place the Johnny Cakes in the pan carefully. Once they are golden, turn them over and cook the other side to golden.

Mix it up:

1. Great plain or with lots of butter. Add syrup or honey if you have a sweet tooth. Cinnamon sugar sprinkled on top can be yummy too.

Sweets

CARAMEL TART / SLICE

What you need:

- 1 tin caramel filling (Nestle makes a good one)
- 1 packet choc chip or shortbread (try Scotch Finger R) biscuits
- 4 tablespoons margarine
- 1 small carton of fresh cream

How to make it:

Crush the biscuits into crumbs. Melt the marg in a pan or microwave, then add gradually to the biscuit crumbs til they stick together. Put the mixture into a cake tin, pressing it to cover the bottom evenly. Put the tin in the freezer and allow to freeze. Lay the caramel filling onto the base. Whip the cream then put it on top.

Mix it up:

1. You can make this in a round tin and serve like a tart or cake, or in a rectangular tin and cut it up like a slice.

This is great to make with kids. They love getting creative with toppings. Try breaking up a chocolate bar like a Flake®, or experiment with crushed nuts and chocolate chips - get them to make their initials!

EASIEST BISCUITS EVER

What you need:

- A no-name / home brand cake mix
- 2 tablespoons of butter or margarine
- 2 teaspoons of milk

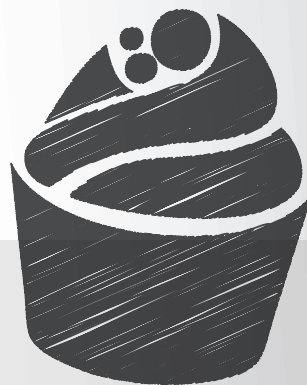
How to make it:

Pour the cake mix into a bowl. Slowly add the butter or margarine, using your fingers to rub it into the cake mix. You want the mix to hold together. Add the milk and mix it through. Roll the mix into little balls. Lay baking paper on a flat tray, then place the balls as you would any other biscuit, allowing for spreading as they cook. Use a fork to flatten down the biscuits.

Mix it up:

1. You can use any cake mix. Often the cheapest ones need eggs and lots of butter to make it a cake, so this can be a great way to get a treat if you have the mix but not the other ingredients. If you want to fancy it up, you can add things like choc chips or nuts, or make some icing out of icing sugar and a little butter to decorate the top.

If you don't have baking paper, you can still stop the bikkies sticking. Rub a little butter, marg or oil on the tray. It works best if you then cover with flour, shaking off the excess, leaving a thin layer attached to the butter. But even adding either the butter OR the flour on their own can work.



Help Lines

Service	Description	Hours	Phone N°
ACON: AIDS Council of NSW	Health promotion. Based in the gay, lesbian, bisexual and transgender communities with a focus on HIV/AIDS.	Mon – Fri 10am – 6pm	1800 063 060 Sydney callers: 9206 2000
ADIS: Alcohol & Drug Information Service	General drug and alcohol advice, referrals & info. NSP locations and services etc.	24 hours	1800 422 599 Sydney callers: 9361 8000
CreditLine	Financial advice and referral.		1800 808 488
NSW Hepatitis Helpline [www.hep.org.au]	Info, support and referral to anyone affected. Call-backs and messages offered outside hours. Email questions answered.	Mon – Fri 9am – 5pm	1800 803 990
HIV/AIDS Infoline		Mon – Fri 8am – 6.30pm	1800 451 600 Sydney callers: 9332 9700
Homeless Persons Info Centre	Phone info and referral service for homeless or at-risk people.	Mon – Fri 9am – 5pm	(02) 9265 9081 or (02) 9265 9087
Karitane Careline [www.karitane.com.au]	Parents info and counselling.	Mon – Fri	1300 227 464 Sydney callers: 9794 2300
Lifeline	Counseling & info on social support options.	24 hours	13 11 14
MACS: Methadone Advice & Conciliation Service	Info, advice and referrals for people with concerns about methadone treatment. List of prescribers.	Mon – Fri 9.30am – 5pm	1800 642 428
Multicultural HIV/AIDS & Hepatitis C Service	Support and advocacy for people of non English speaking background living with HIV/AIDS, using bilingual/bicultural co-workers.		1800 108 098 Sydney callers: 9515 5030
NSW Prisons HepC Helpline	Free call from inmate phone for info and support.	Mon – Fri 9am – 5pm	Enter MIN number and PIN, press 2 for Common List Calls, then press 3 to connect.
St. Vincent De Paul Society	Accommodation, financial assistance, family support, food & clothing.	Mon – Fri 9am – 5pm	Head Office: 9560 8666
Salvo Care Line	Welfare and counselling.	24 hours	1300 363 622 Sydney callers: 9331 6000
SWOP: Sex Workers Outreach Project	Health, legal, employment, safety, counseling and education for people working in the sex industry.		1800 622 902 Sydney callers: 9206 2166

Self-help and Complaints

Service	Description	Hours	Phone N°
NA: Narcotics Anonymous	Peer support for those seeking a drug-free lifestyle.	24 hours statewide	(02) 9519 6200
CMA: Crystal Meth Anonymous [www.crystalmeth.org.au]	Regular meetings around Sydney. Call for times and locations.		0439 714 143
SMART Recovery: Self-Management & Recovery Therapy	Self-help group working with cognitive behavioural therapy.		(02) 9361 8020
Family Drug Support Hotline	Support for families of people with dependency.	24 hours	1300 368 186
NAR-ANON	Support group for people affected by another's drug use.	24 hours	(02) 8004 1214
Women's Information & Referral Service	Phone info and referral service for homeless or at-risk people.		1800 817 227
Anti-Discrimination Board of NSW		Mon – Fri 9am – 5pm	1800 670 812 Sydney callers: 9268 5555
Health Care Complaints Commission	Discrimination, privacy and breaches of confidentiality in the health sector.		1800 043 159
NSW Ombudsman	Investigates complaints against the decisions and actions of local government and NSW police.		1800 451 524 Sydney callers: 9286 1000

Legal Services

Service	Description	Phone N°
CRC: Court Support Scheme	Available to assist people through the court process.	(02) 9288 8700
Disability Discrimination Legal Centre	Provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.	(02) 9310 7722
HIV/AIDS Legal Centre	Provides free legal advice to people living with or affected by HIV/AIDS.	(02) 9206 2060
Legal Aid Youth Hotline	For under 18s. Criminal matters only. Open 9am – midnight on weekdays, 24 hours on weekends	1800 10 18 10
Legal Aid Commission	May be able to provide free legal advice and representation. The Legal Aid Central office can also put you in contact with local branches.	(02) 9219 5000
The Shopfront Youth Legal Centre	Legal service for homeless and disadvantaged people under 25.	(02) 9322 4808
ASK!: Advice Service Knowledge	A free fortnightly legal service for Youth, run by the Ted Noffs Foundation (Randwick & South Sydney) in Partnership with TNF & Mallesons and Stephen Jaques Lawyers.	(02) 8383 6629
The Buttery, Bangalow	Health, legal, employment, safety, counseling & education for people working in the sex industry.	(02) 6687 1111

Medical Services

Service	Description	Phone N°
Aboriginal Medical Service, Redfern		(02) 9319 5823
Albion Street Centre, Surry Hills	Free testing for HIV/hep C and other. Medical care, nutritional info and psychological support for people living with HIV and hep C.	1800 451 600 or (02) 9332 9600
Haymarket Foundation Clinic, Darlinghurst	Walk-in homeless clinic at 165B Palmer St Darlinghurst. No Medicare card required.	(02) 9331 1969
Mission Australia, Surry Hills	Dentist, optometrist, chiropractor, mental health. Medicare card and income statement required.	(02) 9356 0600
KRC: Kirketon Road Centre, Kings Cross	For 'at risk' youth, sex workers, transgender and injecting drug users. Medical, counseling and social welfare service. Methadone and NSP from K1. No Medicare required.	(02) 9360 2766
MSIC: Medically Supervised Injecting Centre, Kings Cross	A safe supervised place to inject. 66 Darlinghurst Road, Kings Cross opposite train station.	(02) 9360 1191
South Court, Penrith	Medical service, sexual health and nurses. Vaccinations, blood screens, safe injecting and general vein care. No Medicare required.	1800 354 589
Youthblock, Camperdown	12-24 years. Medical and dental available. No Medicare required.	(02) 9114 4100

Treatment Centres

Service	Description	Phone N°
Detour House, Glebe	For women only. AoD service, crisis accommodation.	(02) 9660 4137
Fairfield Drug Health Service, Prairiewood		(02) 9616 8800
Gorman House Detox, Darlinghurst		(02) 9361 8080 or (02) 9361 8082
Hadleigh Lodge, Leura		(02) 4782 7392
Inpatient Treatment Unit, Ward 64, Concord Hospital		(02) 9767 8600
Jarraah House, Maroubra for women and children		(02) 9661 6555
Kathleen York House, Glebe for women with children		(02) 9660 5818
Kedesh House Rehabilitation Service, Berkeley		(02) 4271 2606
Kedesh Phoenix Rehabilitation Unit, Manly		(02) 4222 1800
Lakeview Non-Medical Detox Unit, Belmont		4923 2060 or 1800 422 599
Lorna House, Wallsend	Appointment required.	(02) 4921 1825
Langton Centre, Surry Hills	Outpatient Service via Sydney Hospital selective process only.	(02) 9332 8777
Lyndon Withdrawal Unit, Orange		(02) 6362 5444
Miracle Haven Bridge Program, Morrisset		(02) 4973 1495 or (02) 4973 1644
Nepean Hospital, Penrith		(02) 4734 1333
O'Connor House, Wagga Wagga		(02) 6925 4744 Emergencies only: 1800 800 944
Odyssey House, Eagle Vale		(02) 9820 9999

Service	Description	Phone N°
Odyssey House, Minto		Referral: (02) 9603 2157
Orana Outpatient Withdrawal Management Service, Wollongong		(02) 4254 2700
Phoebe House, Arncliffe	Maintenance for women with children under 5 years.	(02) 9005 1570
Riverlands Drug & Alcohol Centre, Lismore		(02) 6620 7608
Royal North Shore Hospital NSP and Clinic, St Leonards		(02) 9462 9040
St George Opioid Treatment Service, Kogarah		(02) 9113 2055
St. John of God, Burwood		(02) 9715 9200 or 1300 656 273
St. John of God, North Richmond		(02) 4570 6100 or 1800 808 339
The Salvation Army Bridge Program, Nowra		(02) 4422 4604 or 1300 363 622
South Pacific Private Hospital, Curl Curl		(02) 9905 3667
The Ted Noffs Foundation, Randwick		(02) 9305 6600 or 1800 151 045
The Ted Noffs Foundation, ACT		(02) 6123 2400
WHOS: We Help Ourselves		(02) 8572 7444
William Booth Institute, Surry Hills		(02) 9212 2322
Wollongong Crisis Centre, Berkeley		(02) 4272 3000
Ward 65, Concord Hospital		(02) 9767 8640

This list includes detoxes, rehabs and counselling services. This is not a comprehensive list. Ring ADIS on (02) 9361 8000 for more.

Where to Score Fits



SHOOT CLEAN!

NSP Location	Daytime N°	Alternative N°
Albury	(02) 6058 1800	
Armidale/Inverell	0427 851 011	
Auburn Community Health	(02) 8759 4000	
Bankstown	(02) 9780 2777	
Ballina	(02) 6686 8977	0467 809 250
Bathurst	(02) 6330 5850	
Bega	(02) 6492 9620	(02) 6492 9125
Blacktown	(02) 9831 4037	1800 255 244
Bowral	ADM at back of Hospital on Ascot Road	
Byron Bay	(02) 6639 6635	0428 406 829
Camden	(02) 4634 3000	
Campbelltown (MMU)	(02) 4634 3000	
Canterbury (REPIDU)	(02) 9718 2636	
Caringbah	(02) 9522 1046	0411 404 907
Coffs Harbour		0408 661 723
Cooma	(02) 6455 3201	
Dubbo	(02) 6885 8999	
Goulburn S.East	(02) 4827 3913	(02) 4827 3111
Grafton	0417 062 265	0429 919 889
Gosford Hospital	(02) 4320 2753	
Hornsby Hospital	(02) 9477 9530	
Ingleburn	(02) 8788 4200	
Katoomba/Blue Mountains	(02) 4782 2133	
Kempsey	(02) 6562 6022	0418 204 970
Kings Cross (KRC)	(02) 9360 2766	(02) 9357 1299
Kings Cross (Clinic 180)	(02) 9357 1299	
Lismore	(02) 6622 2222	0417 062 265
Lismore - Shades	(02) 6620 2980	
Liverpool	(02) 9616 4807	
Manly	(02) 9977 2666	0412 266 226
Merrylands	(02) 9682 9801	
Moree	0427 851 011	
Moruya	(02) 4474 1561	
Mt Druitt	(02) 9881 1334	
Murwillimbah/Tweed Valley	(02) 6670 9400	

NSP Location	Daytime N°	Alternative N°
Narellan	(02) 4640 3500	
Narooma	(02) 4476 2344	
Newcastle/Hunter	(02) 4016 4519	0438 928 719
New England North	(02) 6686 8977	0428 406 829
Regional Area (referral service)	0427 851 011	
Nimbin	0429 362 176	
Nowra	(02) 42751529	0411 408 719
Orange	(02) 6392 8600	
Parramatta	(02) 9687 5326	
Penrith/St Marys	(02) 4734 3996	
Wollongong	(02) 4275 1529	0411 408 726
Port Macquarie	0417 062 265	0437 886 910
Queanbeyan	(02) 6298 9233	
Redfern Harm Minimisation Unit	(02) 9395 0400	0408 661 723
Rosemeadow	(02) 4633 4100	
St George	(02) 9113 2943	0412 479 201
St Leonards (Royal North Shore)	(02) 9462 9040	
Surry Hills (Albion St Centre)	(02) 9332 9600	
Surry Hills (ACON)	(02) 9206 2052	
Surry Hills (NUAA)	(02) 8354 7300	
Sydney (Sydney Hospital Sex Health Centre, CBD)	(02) 9382 7440	
Tahmoor (Wollondilly)	(02) 4683 6000	
Tamworth	0427 851 011	
Taree	(02) 6592 9315	
Tumut	(02) 6947 0904	
Tweed Heads	(07) 5506 7556	0417 062 265
Wagga	(02) 6938 6411	
Windsor	(02) 4560 5714	
Woy Woy Hospital	(02) 4344 8472	
Wyong Hospital	(02) 4394 8472	
Wyong Community Centre	(02) 4356 9370	
Yass	(02) 6226 3833	
Young	(02) 6382 8888	

nuaa
NSW USERS & AIDS ASSOCIATION INC

This is not a comprehensive list. If you can't contact the number above or don't know the nearest NSP in your area, ring ADIS on (02) 9361 8000 or 1800 422 599. ADIS also has a state-wide list of chemists that provide fitpacks.

LONG'S STORY

"People were using and dealing everywhere."

That's how Long remembers the 90s when his family first moved to Cabramatta.

With little experience or interest in drugs, he resisted for nearly three years. But the pressure, and the opportunity, was always there. Eventually it proved too great. **"A lot was happening in my life at the time,"** Long reflects. **"Both my brothers were using, and many of my friends. It just seemed like the thing to do."**

Within weeks Long was smoking heroin regularly. **"The first time became a second time, then a third, then a fourth... it was very social, and so easy to get hold of."**


Harder times lay ahead. A stint in prison resulted in a forced detox, plunging Long into withdrawal for the first time in his life. Within months of release he was using again, injecting this time, and it was several more years before he seriously considered treatment. **"Eventually, I just became tired of the lifestyle, chasing every day,"** he says.

Long's initial choice was rehab. But he left on the first night. **"I was basically locked away. They gave me something, but didn't prepare me. They didn't care."** Undeterred, he went to a clinic the next day and began a replacement therapy which he's still on today.

Long knows treatment is a very personal thing, and success isn't always easy. But with the support of his family and doctors, his current program is working for him. **"I really like it. It's brought stability back to my life."**

Everyone's story is different.

To know more about opiate dependency treatment options ask your healthcare provider for an Options Pack or visit www.mytreatmentmychoice.com.au



*I just became tired
of the lifestyle.
Chasing
every day.
Long.
Cabramatta*



PO Box 1069 Surry Hills NSW 2010 Australia
345 Crown Street Surry Hills NSW 2010
t 02 8354 7300 or 1800 644 413 f 02 8354 7350
e nuaa@nuaa.org.au w www.nuaa.org.au

Monday – Friday 10:00 am – 5:30 pm
except Tuesday 2:00 – 5:30 pm

The New South Wales Users & AIDS Association (NUAA) is an independent, user-driven, community-based organisation funded by NSW Health. NUAA aims to advance the health, rights and dignity of people who use drugs illicitly; provide information, education, and support for drug users; promote the development of legislation and policies to improve drug users' social and economic well-being; and improve the quality and standards of services available to drug users.

NUAA relies on a strong & active membership - people who support the work & aims of the organisation. NUAA membership is free, confidential, and open to anyone interested in the issues affecting people who choose to use drugs illicitly. You can become a member of the association (receive voting rights, stand for election, and receive *User's News*) by sending a completed form (below) to NUAA. You can use the same form to be placed on the *User's News* mailing list. Copies of *User's News* are posted free of charge in a plain envelope.

To join NUAA – or just receive *User's News* – complete this form and post it to NUAA:

I am already a member of NUAA / on the mailing list, but am updating my details.

I want to be a member of NUAA.
I support NUAA's aims and objectives.

I do not want to be a member of NUAA. I want to receive *User's News* only.

Inmates, please give MIN number:.....

Name:

Address:.....

City / Suburb:..... Postcode:.....

Phone:..... Mobile:.....

Email:.....

Mail Preferences:

- I want to receive *User's News*.
- I want to be emailed NUAA's monthly newsletters.
- I want to receive news and information about NUAA events and activities.
- I do not want to receive any mail from NUAA.

I am allowing NUAA to hold the above information until I want it changed or deleted.

Signature..... Date:.....

Personal Information Statement:

We collect this information to add you to our database and/or notify you of information and events relating to NUAA. We store this information either in hard copy or electronically or both. Access to your information is strictly limited to staff who need it to act on your behalf. Your information will not be passed on to any other organisation. You can access and correct your personal information by contacting our Privacy Officer on (02) 8354 7300 or freecall 1800 644 413.