User's News

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87

EXPLORING THE TREATMENT LANDSCAPE

NUAA

NSW USERS AND AIDS ASSOCIATION

HAVE YOU COMPLETED HEP C TREATMENT?

DO YOU WANT TO HELP OTHERS?

NUAA is recruiting interested PEERS who want to share their knowledge and stories to help and support other people along their hep C treatment journey.

For more information call NUAA on (02) 8354 7300 or 1800 644 413.

NUAA
NSW USERS AND AIDS ASSOCIATION

NUAA is your organisation. We are independent and community based. We aim to advance the health, rights and dignity of people who inject drugs. nuaa.org.au

USER'S NEWS 87

TREATMENT

CONTENTS

Editorial **4-5**
Guest Editorial **6-7**
Letters to the Editor **8-9**
The View from Rat Park **10**
Rat Park **11-14**
LHD Intake Lines **15**
Exploring the Treatment Landscape **16-23**
You Decide. Really. **24-25**
Koo's Story **26-27**
User's Tips on Detoxing at Home **28-29**
Overview of Detox **30-31**
So Why Rehab? Garth Popple **32-34**
Anita's Story **35-36**
William's Story **37-38**
Jin Hi's Story **39**
Kali's Story **40-41**
Pete's Story **42-43**
Danielle's Story **44-45**
NADA - Members **46-47**
48-49 *Too Many Rehabs*
50-51 *Road to Rome*
52-53 *OST at a Public Clinic*
54-55 *Overview of Treatment*
56-57 *Wanna Slide of the Ice*
58 *Edward's Story*
59 *Jacob's Story*
60 *We Deserve Treatments that Work*
61-62 *Emma's Story*
63-64 *Treatment by Injection*
65 *Gary's Story*
66-67 *Get Smart*
68-69 *George's Story*
70 *Doing it With Family Support*
71 *The Two of Us*
72-73 *Noff's Foundation*
74 *Counsellor Try-Outs*
75 *Stuff to Try*
76-77 *So You Inject Drugs*
78-81 *Eating Healthier after Icecapades*
82-85 *Dope*

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EDITORIAL

CHOICES, OPTIONS, AND PEER SUPPORT

Mary Ellen Harrod
NUAA CEO

It may seem trite, obvious, to say that people who use drugs are as diverse as people who drive cars or drink coffee or ride the train but it still needs to be said. Our issues and needs are diverse. We each have our own reasons for using and not using, each of us makes choices and sometimes we need treatment services to support our choices. There is one thing we all do have in common - the need for respect, support and community.

There is one thing we all do have in common - the need for respect, support and community.

The way to ensure that these basic principles are included in treatment is consumer participation and peer support. Consumer participation and peer support are basics for many types of health care but lag behind in drug and alcohol services.

Why? Because there is a prevailing belief in society that drug use is a moral evil. We are told, again and again, that drug users are depraved, degenerates, ice zombies, junkies, pot heads. Treatment models have historically echoed these beliefs with harsh and punitive services. Abstinence has been aggressively marketed as a one-size-fits-all approach, that the answer is "just say no". Abstinence is often justified through the "disease model" that argues that drug dependence is related to our (depraved) brain circuitry. Many, many millions of dollars have been spent finding the brain circuits responsible for "addiction". But what happens when and if we find them? What changes? The basics, peer support, person-centred care will still be the most effective way to help people with their choices.

This fundamental view that drugs are a moral evil, the assumption that people who use drugs cannot make their own choices, has limited treatment options and increased harms.

We may internalise this morality and take on the belief that we "should" be abstinent and that when treatment does not work we have failed. We are sometimes shamed by doctors and service providers and when we are, we don't return. We blame ourselves for our "weakness", we are ashamed of our using, we use alone, we hide, we die.

When morality is translated into policy, we are stripped of our choice and dignity. It ignores the complexity of drug use. In terms of public policy, it means we die. While the rate of overdose climbs around the world – last year more people died of overdose in the USA than through guns and overdoses in Australia are increasing, the response is muted. Naloxone is hard to get, it's expensive. There is no public outcry, no legislation requiring naloxone to be distributed with opiate scripts, no change to policy. Because we brought it on ourselves, we fucked up, we died.

We need to change the discourse, and the news is not all bad.

Many people are fighting for choice, for respect and to end the war on people who use drugs. Our allies include families, clinicians, politicians - they are widespread and their voices are becoming louder. Peers and peer support, and consumer engagement, having been written into public policy for years, is being taken up by many services. Treatment services are becoming more respectful and our choices are growing. At NUAA, we are fighting, daily, for peer expertise to be recognised and for consumers to have a voice in their health care.

This edition describes a number of treatment services and options, from resi rehab to harm reduction. There is no one-size-fits-all model that is going to work. The health and well-being of all users is important, and everyone should be supported at all stages of their lives, in all modes of using or not using. We need to keep all options open and remember that only by maintaining choices will we be able ensure the health and well-being of our community.

GUEST EDITORIAL

WE NEED TO BE HONEST AND OPEN TO BREAK DOWN STEREOTYPES

KAT ARMSTRONG

Kat Armstrong spent almost 10 years in prison. She co-founded the Women in Prison Advocacy Network (WIPAN) in April 2008 and is now its President & Public Officer. WIPAN works to advance the well-being and prospects of women and young girls affected by the criminal justice system. It is a grassroots NGO that employs women who are consistently knocked back from jobs due to a criminal record. Kat is about to complete a Graduate Practicing Diploma, the last hurdle to needed to apply for a practicing certificate as a lawyer in NSW.

When I first went to prison aged 19, I was very sick, withdrawing from heroin and concerned about being in jail. Being the survivor I am, I soon adapted and became good friends with some of the other women. I survived through the friendships I formed and I'm still close to some of those women. I went on to spend 24 more years of my life drug dependent, committing crime and wasting too many years in jail.

Today could not be more different. Having worked my arse off getting to where I am, I hope others can change their lives too if they can access the support I did. My driving focus is helping other women who need a hand to change their lives. I work as hard as I can to give back to my community and to help other women who have been in prison and become criminalised due to drug use.

The last time I got out, I was on a methadone program and I slowly reduced down from it over two years, and didn't use during that time. What made the difference was having someone who walked beside me and who believed in me, even though I didn't believe in myself. I did trauma counselling and healing sessions, and got rid of a lot of trauma I was carrying from my childhood and early teenage years that led me to use in the way I did in the first place. I had a couple of one-off uses, but I've mostly not used for over a decade.

I started channelling my negative, angry and traumatic self into positive, loving and selfless work for other women and youth that are and always will be my community. Having a passion helped me to not think about using. I threw myself into working 10-12 hour days and mentoring other women.

I plan over this next year to try to create a legal hub or social enterprise as a part of WIPAN's work. Even when women or girls are released from jail, they still have multiple legal issues, particularly family restoration, tenancy tribunal and debt issues. In many instances, it is because of these ongoing issues, and their inability to source legal assistance, that leads them back to self-medicating. They then re-offend to support their addiction and return to prison.

We need to educate our community about substance use. This is a health issue, although it leads to so many people becoming criminalised. I'm passionate about harm reduction.

I contracted hep C when I was in prison because I shared a syringe with others - the only time I shared injecting equipment. Later, I learnt about blood borne viruses through a NUAA peer education course, prompting me to get tested. I learned it was important to get tested and treated because with hep C you might not have symptoms early on, but it can be life threatening as you get older.

Thankfully, I'm one of those people that cleared the virus spontaneously - one of the lucky ones. But I keep spreading the message to people who inject drugs: don't share injecting equipment because it can mean your life. You can be an injecting drug user without putting your life and the lives of others at risk.

So many of the women that WIPAN walk beside without judgement or bias use illegal drugs to self medicate due to having experienced extreme trauma. These women deserve to become contributing members of our community. We need to be open and honest to break down the stereotypes. That's why I tell my story.

Dear Editor,

I have spent over 20 years in NSW jails. Over the last 10 years they have put measures in place to not only lock people up, but also to keep you locked up if you don't meet their strict punitive drug policies. From where I'm sitting, nothing much has changed over the last 30 years. It's crazy to still punish people for being dependent on drugs and using them. When you're in prison you are forced to do programmes, and being forced doesn't get results. You can't force people to stop using drugs.

More jails are being built, many inmates are in for drug-related crime. It's mass incarceration. There are jails going up everywhere.

In my case I was dependent on smack and as a result of my habit and the high price I committed crime. I was sentenced to 11 years. When I was released not only did I still love heroin but I had a new friend, institutionalisation. Yeah! I found it very hard to live life, I felt right out of my comfort zone, all I wanted to do was use. I was back in jail within a year and I was sentenced to 12 years.

When I was released the second time, having done all the drug courses I could, I still used. I didn't fit in anywhere, so I thought, so I used again on a daily basis. It wasn't long before I was back inside again.

I'm nearly 50 and I'm still in the jail system. I'm not saying "poor me" for being in jail; I did the crime and I'm doing the time. I know that I can't go around robbing people, that's unacceptable.

But I wonder what would have been if I was given prescription heroin. Who would have been hurt? There is an objection that goes along the lines that the Government would be sending the wrong message by allowing heroin on prescription. However, I'm sure they could easily market it in a way that would sound unappealing to young people.

We have to get people who don't use drugs to understand by talking and speaking out about this stupid war on us!

Let's keep the good fight going and let's work for good evidence-based drug policy.

Thank you guys and girls, love your work.

Aidan J

Let's work for good evidence based drug policy

Let's keep working towards systemic change that will allow all of us to live the lives of dignity we deserve.

Dear Aidan,

The war on drugs is certainly a war on people. Everyone suffers, not just people who use drugs. There are many casualties in wars including families and the victims of crime. Most policy makers, researchers and doctors working in drug services agree that the current system is not working for anyone and we need to move away from a criminal, punitive approach to drug use. Drug policy would benefit from a focus on human rights and improvements in health and well being for people who use drugs.

It would be useful to see drug policy focused on better outcomes for individuals who use drugs. A great place to start would be to increase choices in drug treatment, including things like heroin on prescription and replacement therapy for people using stimulants. I agree, Aidan, that your life would have been much better spent with a focus on nurturing your health.

We also need to change the system to nurture a better society for all citizens. Most people who use drugs feel great remorse for their criminal activities. We know that drugs are no excuse for doing crime and hurting other people. We know that drug law reform would result in a reduction of crime. Harm reduction methods such as methadone have been proven to significantly reduce the amount of money spent in the justice system. Let's keep working towards systemic change that will allow all of us to live the lives of dignity we deserve.

Best wishes,

Leah

THE VIEW FROM RAT PARK

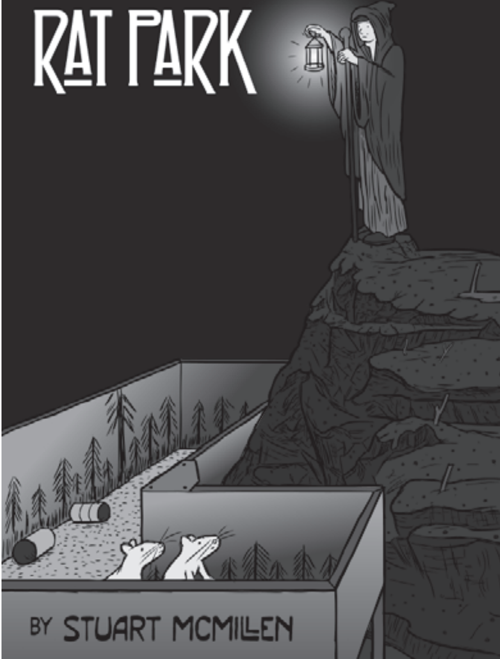
What is this thing called "addiction"? Do drugs really have the power to transform regular citizens into mouth-foaming demons?

This edition we bring you an awesome comic from the world of Stuart McMillen about a series of experiments in the 1970s called "Rat Park" that explores this very theme. This is an excerpt – you can find the whole on Stuart's website www.stuartmcmillen.com

Original models of drug "addiction" were based on experiments with rats. Rat Park tells the story of how a researcher found it was the environment and the way the rats were treated that determined their drug taking behaviour rather than the "addictive" properties of the drugs.

At NUAA, we do not use the terms "addiction" or "addict" - these are unhelpful and scientifically flawed labels that strip people who use drugs of our humanity. We have kept the terms in the comic here as the experiments were about whether or not the concept is valid. We are satisfied that Alexander turns "addiction" on its head!

Of course, some people do develop physical and emotional dependencies to drugs while others use drugs in a non-dependent way. Research has shown that drug use is a behaviour like any other behaviour and can be changed.



RAT PARK
BY STUART MCMILLEN

Our understanding of addiction...
...our understanding of **drugs** is built on many assumptions.

One of the biggest assumptions is that drugs are seductively addictive...
...with drug addiction caused by **mere exposure** to these bewitching substances.

In the 1950s and 60s, the scientific 'proof' of chemical addiction came from rat experiments.

The rats were surgically connected to self-injection apparatus...

...put into...
...isolated cages...

...and taught to self-administer drugs by pressing a lever inside the cage.

The researchers watched on as the caged rats self-injected powerful psychoactive drugs.

Dominated by their habits, some of the rats would choose drug injections in preference to food and water.
Killing themselves through neglect.

The implications were bleak and worrying.

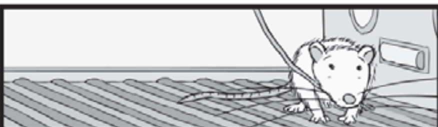
It seemed that drugs were capable of ruinous harm to individuals' self-control...
...and if drugs were available to people as freely as they were to the lab rats...
...mass-addiction and social crisis would be the certain result.

Professor Bruce Alexander thought differently.

He wondered how much insight into human addiction could be gathered by studying **rats**.

He wondered how much insight could be gathered by studying **rats in solitary confinement**.

Descended from wild Norway Rats, albino lab rats remain curious, gregarious social creatures...



...so the sensory deprivation of the classical drug experiments must have been akin to torture.

Alexander wondered if he too would retreat into a drugged haze, if locked in a box and given no other option.

In 1977, Prof. Alexander assembled a team of Simon Fraser University researchers.
Bruce Alexander
Barry Beyerstein
Robert Coambs
Patricia Hadaway

The team decided to repeat the classical rat-drug studies...
B.A.
B.B.
R.C.
...but with some crucial differences.

Their experiment would test the power of drug addiction using morphine...

...a close cousin to the notoriously 'irresistible', 'life-destroying' heroin.

The team ventured bravely into the dark domain of addiction, wondering what they would find.

In one part of the room they placed an array of standard wire mesh cages (18 x 25 x 18cm).

The metal cage walls would isolate these rats, preventing them from touching or seeing each other.

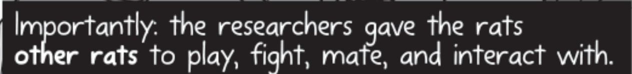
In the other part of the room, the researchers constructed a large plywood enclosure.

Measuring $8.8m^2$, the enclosure had over 200x the area of the standard laboratory cages.

The researchers painted the walls with scenes of woodlands, and natural environments.

They covered the floor with fragrant cedar shavings for the rats to nest in...

...and scattered boxes and cans for the rats to hide and play in.



Satisfied they had created a rodent paradise...

...they named the enclosure '**Rat Park**'...

...and began experimenting on the rats.

The researchers took 32 new rats...

(10 in isolation, 22 in Rat Park)

MHCl

H_2O

...and put them on a fluids regime designed to produce physical tolerance and physical dependence in each and every rat.

On most days, the rats were given no fluids besides drugged morphine-water.

MHCl

The team punctuated the experiment with nine 'choice days':

days where the rats could choose between water, or morphine-water.

Would the habituated rats choose the water, or the drugs?

The results showed clear trends across the 'choice days':

The isolated rats continued their morphine stupor and actually **increased** their intake over the 'choice days'.

The story across the room, in Rat Park was different.

Though physically dependent on morphine, the Rat Park rats **decreased** their drug use on 'choice days'.

Withdrawal symptoms were noted in the twitchy rats. Yet still the Rat Park rats avoided the morphine.

Prof. Alexander noted three common threads from the Rat Park experiments:

I: Despite the addictive 'demon drug' reputation of heroin...

...the researchers had to strongly coax the rats into taking drugs.

Far from it being an irresistible poison...

...sugar, forced-habituation and isolation were essential to make the rats **want** to drink the morphine.

II: Given the chance to live in a 'normal' society with comfortable housing and social contact...

...the rats living in Rat Park had little appetite for opiate drugs.

III: Chemical addiction was not the strongest factor influencing the rats' habits.

Rather than becoming identically spellbound by addiction...

...the rats' drug-taking varied with physical, mental and social setting.

While the caged rats seemed happy to drift into a drugged haze...

...the Rat Park rats resisted.

The freely-available morphine went largely untouched within Rat Park...

...with the rats seemingly preferring a social life uninterrupted by the morphine's effects.

Both groups of rats were physically dependent on the morphine, yet behaved in different ways.

To Alexander and team, the Rat Park rats were choosing to endure the morphine withdrawal symptoms...

...deliberately trying to return to a social life not disrupted by the drugs.

A 'normal' social life unavailable to the caged rats.

Bruce Alexander and his colleagues ran multiple experiments within Rat Park.

Together the team swept their searchbeams across dark corners at the foundations of drug addiction theory...

...trying to corner and confront the evidence at the heart of the arguments to criminalise drug use.

Trapped in the scrutinising glare of the researchers' spotlights...

...the basic fears behind drug prohibition arguments looked a lot less scary.

The Rat Park studies were part of a turning tide of evidence away from boogeyman tales of 'demonic drugs'...

...toward a more nuanced understanding of drugs and addiction.

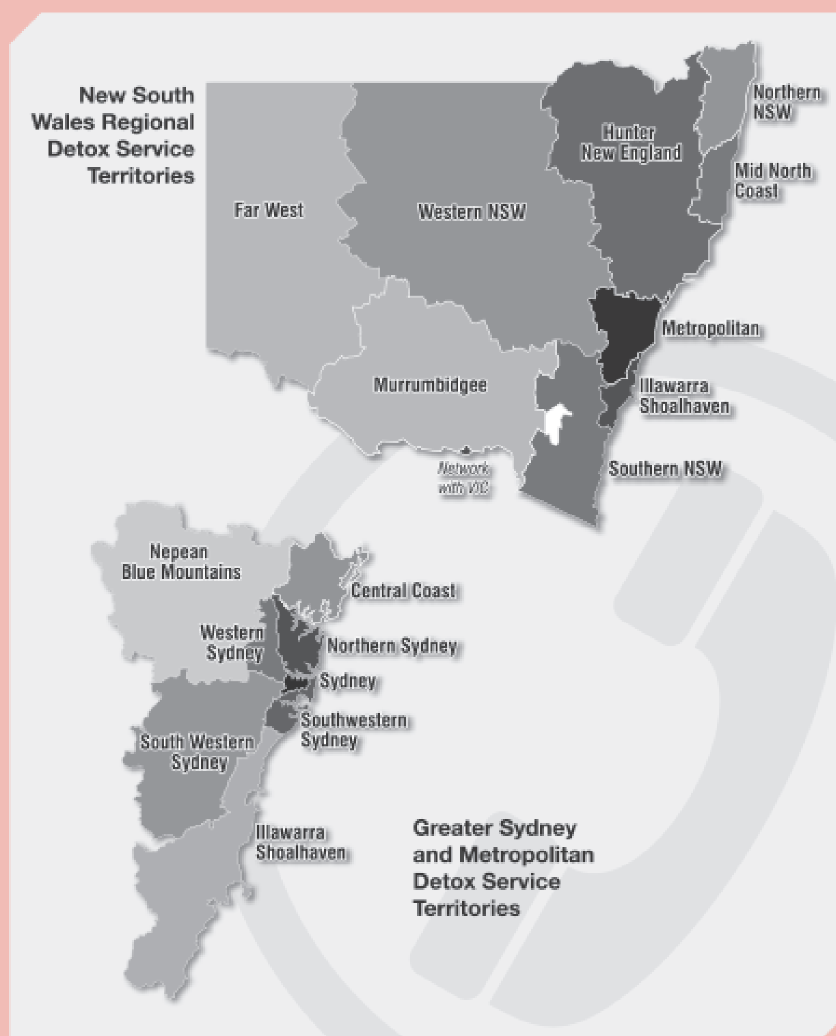
What if the difference between not being addicted and being addicted...

...was the difference between seeing the world as your park...

D.O.A.

...and seeing the world as your cage.

Local Health District Drug and Alcohol Intake Lines



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

EXPLORING THE TREATMENT LANDSCAPE

This piece takes you through the main types of treatment available for health issues related to drug and alcohol use and the approaches they use. We have outlined the primary forms of treatment available with a quick explanation of each to help you navigate the treatment landscape. Note that you might use several of these in combination.

AKA Detoxification AKA “Detox”

You can detox at home or in a hospital/clinical setting. The best setting for you depends on the substance you have been using, whether you have a safe and comfortable place where you can detox and the level of triggers and stresses where you’re living.

Detoxing off alcohol, GHB and ketamine is dangerous and you can fit. It is best to go to a residential detox unit. You should not jump off drugs like methadone, buprenorphine or benzodiazepines. You need to reduce with a doctor’s support.

Community Residential Detox Unit:

- A safe place to get through the physical symptoms of detox
- Round-the-clock care in a specialised unit
- Usually 4 to 10 days depending on your needs and unit policy
- Abstinence-based but may be medicated
- Can be stand-alone in the community or attached to a hospital, rehab or other multi-function service
- Support workers might do some Cognitive Behavioural Therapy
- May also offer things like “Relapse” Prevention and meditation /relaxation depending on the service and the drug.
- Detox unit are either publicly funded (via your local health district) or within a private hospital/clinic setting (expect to pay up to $2-3,000 per week if you are not insured).
- Detox programs should connect you with post-detox services like Opiate Substitution Treatment (OST), rehab, a day program or counsellor.

Non-Medicated Detox Unit:

- No medical staff but emergency access if necessary
- Staff cannot prescribe or dispense medication
- Most non-medicated detox units allow people to bring in symptom relief for nausea, cramps etc as well as benzos in the case of alcohol, ketamine or comparable detoxes and to access those meds as prescribed - but check first. You are expected to see a GP or other doctor to get your prescription then fill it at a chemist before you arrive at the detox centre. They may require a letter from your GP detailing when and how the meds are to be provided to you.

A Medicated Detox Unit:

- Has full-time medical staff and doctor's rounds
- Offer benzodiazepines, buprenorphine and/ or medications to relieve the symptoms of detox.
- May be able to start you on longer term bupe or methadone.

Inpatient Hospital Detox:

- Detox in a hospital bed in a regular hospital ward
- Might occur where 1) there is no medicated detox bed available and 2) your detox may be dangerous due to the type of drug/ alcohol you are withdrawing from or your personal medical history.

Ambulatory/Outpatient Withdrawal:

- "Ambulatory" just means "able to walk" and is a fancy name for outpatient
- Available from your local Alcohol and Drug Service
- Staff assist you to plan your home detox
- Offer resources and advice for staying on track
- Given take-home medication to help with withdrawal symptoms like diarrhoea, nausea, cramping and headaches
- phone-in service for extra support.

Home-Based Detox:

- Offered in the cases of complex withdrawals or for vulnerable people such as adolescents.
- All the elements of ambulatory detox plus…
- Daily home visits by a nurse
- Nurse can coordinate medical care and can offer counselling, nutritional advice, relaxation techniques, harm reduction advice.

Primary Care:

- Care offered by a GP in the community
- You can ask your GP to co-ordinate care and prescribe withdrawal medication
- Advantage is that your GP is familiar with your general health needs and can approach your health wholistically
- You need to involve a doctor for withdrawal from alcohol, GHB, or ketamine
- You will need a prescribed reduction regime to reduce from methadone, buprenorphine or benzodiazepines

PSYCHOSOCIAL COUNSELLING

Counsellors AKA Psychologists AKA Therapists

Counsellors are everywhere! In public Alcohol and Drug Services, in rehabs and in private practice. They usually have psychology (as opposed to psychiatry which is a doctors' specialty) or social work degrees. Check their qualifications and experience.

"Psychosocial" means the combination of individual thoughts and behaviours AND social factors and environment (things like education, where you live, how you grew up, cultural barriers, income).

Depending on their training, personal preference or their workplace philosophy counsellors use different types of therapies, sometimes in combination. They also may specialise in areas other than drug and alcohol such as grief and loss or domestic violence. Ask what they specialise in and what therapies they use to guide you.

The following therapies are approved in the NSW drug and alcohol counselling arena because they have been proven to get results (they are evidence-based).

Acceptance and Commitment Therapy:

- Long process - often used in rehab situations
- Identify unhelpful filters we put on our world
- Come to terms with our pasts and connect with the "now"
- Helps us recognise that we are all more than what we feel, think or do
- Work out the kind of person we want to be, set goals and learn how to act in new ways.

Cognitive Behaviour Therapy (CBT)

- Research shows CBT is one of the most effective tools we have in changing behaviours
- Helps us unpack the way we think and behave
- Have you ever thought the worst of a situation and ended up getting things way out of whack? CBT can give you the tools to act differently next time.

Dialectical Behaviour Therapy (DBT):

- A type of CBT that focuses on bringing opposite ideas together - in this case action and acceptance.
- All about enhancing capabilities and motivation
- Focuses on difficult situations that arise in our everyday lives.
- 4 key ideas - Mindfulness - living in the here and now; Distress Tolerance - sitting with pain rather than changing it; Interpersonal effectiveness - maintaining self-respect and good relationships with people while asking for what you need and saying no when you need to; and Emotion regulation - how to change emotions you want to change.

Cotingency Management:

• Gives actual rewards to reinforce behaviours like abstinence, e.g. a voucher for a clean urine
• Based on conditioning theory which argues that rewarding particular behaviour means that you will do it more frequently

Community Reinforcement Approach (CRT):

• Based on the idea that the environment plays a powerful role in encouraging or discouraging drug use
• Aims to make living without drugs more rewarding than living with drugs by finding healthier ways to be happy and avoid unhappiness
• Teaches life skills to increase participation in the community
• Involves significant others in treatment

Couples and Family Therapy (CFT):

• Positive family relationships are important for good mental health
• Works with families and couples to bring about change and development.
• Teaches better ways of being with our children, parents, partners
• Teaches our behaviour is not just about us - it affects all those who love us

Motivational Enhancement Therapy (EMT):

• Comes from Motivational Interviewing (MI)
• Designed to help people who are sitting on the fence
• Quick, over just a few sessions, to get people thinking about their drug use and building a plan for change
• Focus on imagining your life without drugs
• May ask people: What do you want out of life? Where is your life now? How do you jump the gap? Might changing your drug use help you reach your goals quicker?
• Helps people developing commitment to their end goals.

You will also hear these following terms used. Some are used as part of other techniques.

Mindfulness Training:

• Manage stress by learning to pay attention to the moment you are in through meditation then carry that into your life
• All about getting skills in living in the "here and now"

Strengths Based Approach:

• Empowers you by helping you identify strengths and assets
• List could include personal qualities like open-mindedness and empathy; partnerships with family, partner and communities; and supports like housing, work, education
• How to use your assets to get the results you want.

Case Management Approach:

• Each service user is under a specific drug and alcohol worker who helps them work out personal goals, links them with other services, writes letters of support for court, housing services and children's services, monitors treatment and generally goes in to bat for them when they need a bit of support.

Narrative Therapy:

• Movement away from blame and guilt and the idea that we are "bad people" because we have had difficult lives
• The motto? "The person is not the problem, the problem is the problem."
• This separation (called "externalisation") allows us to step out of our lives to look at how our problems affect us then work out an alternative way of being
• It's about finding new ways of being in the world

There are a number of other therapy types that are commonly employed but do not have a strong evidence base including gestalt, transactional, hypnotherapy and psychoanalysis.

RESIDENTIAL TREATMENT

AKA Rehabilitation Facility AKA "Rehab":

Rehab offers a live-in, extended and concentrated based program of change. Most rehabs are abstinence based. The main benefit is a safe drug-free environment where people can have some time away from triggers like day-to-day stresses and friends who are still using. Because people spend long stretches of time in rehab, there is space to look at issues behind their use and begin behavioural changes - see articles about rehab on pages 32-45

- A structured program using case management and group work
- There is a focus on wholistic care. Different rehabs will have different programs ranging from health care, living and social skills, parenting skills, physical fitness and accredited workplace skills training.
- Live-in for several weeks to several months
- Often in the country or semi-isolated area
- Regulated environment to build skills and self confidence
- Full-time staff on premises
- Some rehabs allow children and some focus on women who are under FACS direction
- Some rehabs have places for participants in various court diversion programs
- Some incorporate a stay in a community half way house in the city in the final stages

Ost Reduction:

- Residential program
- Goal of abstinence
- Allows reduction from OST safely

A Therapeutic Community (TC):

- A style of residential treatment where the community is not just where you live, it's how you make change.
- A group of people who share common treatment goals come together to work on changing behaviours.
- Therapeutic staff are part of this community, overseeing and directing the group, but the functioning of the group and therapeutic discussion are generally peer led.
- TCs can also work in Day Programs where members of the community are together each day but go home at night.

Supported Accomodation:

- Offer long-term residential accommodation in home-like environments
- People live semi-independently with support.
- Residents may suffer from a mental illness or need other ongoing support
- Support workers are available to help residents plan and refer to other services as required.

Opiate Substitution Treatment (OST) Stabilisation:

- Residential program
- Provides a safe and regulated environment for people on opiate substitution to become abstinent from other drugs or use their OST as prescribed
- No pressure to reduce from OST
- OST regarded as legitimate treatment

DAY PROGRAMS

You attend in the daytime but do your own thing at night. May only be Monday to Friday.

Support Programs:

• Offer an optional way to deliver the content of a residential program where a live-in program isn't wanted or isn't practical due to family, work or other commitments. Can be used as a bridge for people waiting to enter or leaving a residential program or getting ready to leave jail
• Often last several weeks
• Use group work, case management and one-on-one counselling
• Wholistic, psycho-social approach may include life skills training, vocational skills, health goals.
• Public programs through your local Drug and Alcohol Service (free), community programs through providers like the Ted Noffs Foundation and the Salvation Army (free) and programs attached to private clinics (fee for service)
• Supported by a team which may include psychiatrists, psychologists, nurses, social workers etc

Structured Therapeautic Groups:

• Group work led by a facilitator who directs activities, keeps the group focused on the primary purpose and offers a predictable format for discussion
• Groups may target specific populations, e.g. people recently leaving a residential program who need ongoing support or homeless people on OST or people with mental health issues or parents
• Focuses on abstinence and "relapse" prevention but may take a stepped approach towards abstinence

SELF-HELP GROUPS

Some people find support groups very useful – there are two main forms – "anonymous groups" and SMART Recovery. *See our section on page 64*

Narcotics Anonymous, Crystal Meth Anonymous and Alcoholics Anonymous:

• Meetings that run for up to 90 minutes followed by tea/coffee/biscuits
• Meeting format varies depending on setting but mostly consists of members telling their story
• The "Anonymous" groups favour the "disease model" which proposes that drug use is a "chronic, relapsing" medical condition like cancer. Some people treat this as fact while others use it as a metaphor to assist their personal development.
• Based on the 12 steps. Research on the effectiveness of the steps has not been completed and evidence of their effectiveness is completely word of mouth
• The steps describe a consecutive set of actions followed to maintain abstinence and a "spiritual awakening". The first step is to admit that "you are powerless over your addiction and your life has become unmanageable" with further steps about taking responsibility for the past, praying and meditating to be closer to your higher power and taking the message of the Steps to others. Some people find this valuable while others don't.
• If you're on OST, you are not considered "clean" by many people in NA although some groups will allow you to share if you are otherwise abstinent.

SUBSTITUTION TREATMENT

AKA Replacement Therapy AKA Pharmacotherapy AKA "On a Program"

Substitution Treatment involves replacing illegal drugs or drugs taken illegally with a replacement drug taken orally. The replacement is offered under very strict guidelines monitored by the NSW Ministry of Health.

OPIATE SUBSTITUTION TREATMENT(OST)

AKA "On methadone/'done/buprenorphine/bupe/Suboxone"

In NSW, we have methadone / Biodone (alcohol/sugar free version of methadone) and buprenorphine in the form of Suboxone strips (buprenorphine + naloxone). These are offered through a number of services. *Also see our OST section on page 52-55*

Community Chemist:

- Will usually dose whenever they are open
- Can charge what they want but usually prices level with other chemists; may be able to negotiate if you're unable to pay
- May only offer Biodone or methadone, not both
- Follow prescription of doctor

Community Prescriber:

- Doctor (may be GP or specialist) who has completed OST courses required by NSW Ministry of Health
- If a specialist in drug and alcohol, most will have FRACP FChAM after their name
- Have their own policies outside an institution so can negotiate with them re urine/blood testing, doses, takeaways and costs. May be willing to prescribe Suboxone so you can pick up a month's worth at a time from a chemist
- Some will co-ordinate other health care, others will only deal with your OST
- Can provide prescription to a private clinic or chemist for dosing
- May not bulk bill or may charge gap fee, but may be willing to negotiate
- NSW OST Guidelines open to interpretation by your prescriber but they must document their decisions
- Can determine how frequently you see them - your script may last a week or several months.

Public Clinics:

• One-stop shop with a team of doctors /prescribers, nurses / dosing staff, psychologists / counsellors, social workers, admin etc
• Offer Biodone and Suboxone (daily or every 2 days)
• Case management approach and access to a social worker
• Need to attend every day. Takeaways are rare - need a good reason and paperwork
• Free
• Require random urines
• Will co-ordinate relevant health care e.g. testing/treatment/immunisation/dosing around blood borne viruses (hep C, hep B, HIV) and mental health issues.

Private Clinics:

• Provide doctors /prescribers, nurses / dosing staff, administration.
• May offer Biodone and/or methadone. Offer Suboxone strips
• Offers takeaways
• Require random urines
• Highest charges of all options; start up fee; extra fees on takeaways.

Primary Care:

• GPs who have not completed training can prescribe OST for up to 5 people
• Can take over prescribing for stable patients but cannot start treatment

STIMULANT SUBSTITUTION TREATMENT(SST)

In NSW, there are only a few places that offer SST. Dexamphetamine (dex) is offered by clinics and less than 2 dozen people in NSW are on it at any one time. Modafinal can be prescribed by a doctor under certain conditions, however there is not adequate research on whether it's effective. *Also see our Stimulant Treatment Program (STP) section on page 54.*

Stimulant Treatment Programs:

• Offer a stepped approach to stimulant treatment with an emphasis on counselling
• Dosing with dexamphetamine (dex) is available for a very small percentage of people under very strict guidelines.
• Requires two psychiatrists/specialists to prescribe dex

Primary Care:

• Your GP may be willing to prescribe Modafinal for oral use.

YOU DECIDE. REALLY.

Most people that have been to a few "Alcohol and Other Drug" treatment services have a negative story about at least one of them. Choosing the type of help, support or treatment that will fit for you can be a case of suck-it-and-see. Before you contact a service, there are a few things that might be helpful to consider and hopefully make the experience a little easier.

Think About What Help You Want

Do you want treatment, a health check-up, support, medical assistance or advice? Something else?

Do you want a free service or can you afford to pay?

What are your obligations and how much time do you have?

Be Clear About What Outcome You Want

What are the changes you want to make in your life?

Do you want to stop using drugs and alcohol altogether?

Do you just want to stop using a certain drug?

Do you want some time out to get healthy?

Consider Why You Want it

What is going on in your life around substance use that has you considering treatments?

Do you want to deal with an issue or issues that are not about drugs or alcohol but related like family, trauma or financial matters?

Get Your Team Together

Once you are fairly clear on what you want and why you want it, enlist some help. Making change is a hell of a lot easier to do with a team behind you. Talk to peers, friends, family, your NSP worker, welfare workers, your GP, a counsellor on a phone service, NUAA staff... whoever is on your side! Research shows that when we have support from family and friends it's amazing what we can achieve. When we ask for help to make life change, it's amazing how many people step up.

Ask Questions

You can read a whole lot about different programs available, and mostly the information is presented in a way to make the service look attractive. The map is not the territory! Contacting a service with a list of questions is a fantastic way to get some idea of how they treat people. How they respond when you start asking them questions about their program, approach, qualifications of staff, restrictions and rules will certainly give you some idea of how you will be treated!

Why Are We Waiting?

You may feel like if you don't start NOW that the opportunity will be lost. But waiting is often part and parcel of getting help. To start with, there are not enough services so you may have to go onto a waiting list. As well, most services require phone assessments and other information before you even get in the door. Going on methadone or buprenorphine requires waiting for Ministry of Health approval. Just stay focused and in their face. It will speed things up if you find out what the service needs from you and doing it. This may mean getting your ID and other paperwork ready and ringing them every day.

Choices, Options and Alternatives

There is a variety of Drug and Alcohol treatment options available - have a look at our list on page 16-23 and throughout this magazine. Sometimes your first choice isn't available right now. Think about trying something else in the meantime, it might just be the thing that helps. Mixing it up can work too - try a combination of things. Remember just because something didn't work for you at one time in your life doesn't mean it won't work now. Just because it didn't work for your friend (or someone telling their story in this mag) doesn't mean it mightn't work for you. And if something isn't feeling right, change tack and try something else. If at first you don't succeed, try again! Go for things that are proven to work by a reputable research team. If you don't trust your own judgment, ask someone you admire for their opinion. But at the end of the day, it is your life and your choice.

Home or Away

The most common consideration for people is "Do I want to go and stay somewhere or do I want to stay at home?" This often hinges on whether you need to meet responsibilities around things like caring for children or elders, working and maintaining your housing. It also depends where you are in your life, what you want from the service and what you feel your best chance for success is. Talk to people, search the net, and look past the glossy brochures!

Tell Me More

Read up on treatment options in this edition of User's News. If you would like to learn more, you could call NUAA on 02 8354 7300 or 1800 644 413 and talk it through with our very knowledgeable and experienced staff. Or contact phone service ADIS (Alcohol and Drug Information Service) for some guidance. Not only do they have hundreds of services in their data base, they are skilled counsellors who can ask you some questions to help you make up your mind. Numbers below:

NSW - 02 9361 8000 /1800 422 599

ACT - 02 62054545

QLD - 07 3236 2414

NT - 08 8922 8399

WA 08 9442 5000

SA 08 8363 8618

TAS - 03 6233 6722

VIC - 1800 888 236

KOO'S STORY

IT'S WHERE YOUR HEAD IS

I started using heroin at 16. Around 21, I started to think about stopping. I was getting tired of the never ending cycle - thinking about getting on, finding the money, using and then repeating it all. I was over always looking over my shoulder and was worried about the impact on my small child.

My GP referred me to a Drug and Alcohol counsellor at the local hospital. I saw her a few times, but just couldn't connect. Mostly, she just reeled off facts.

Then my GP suggested the methadone program. Naively, I thought it would be an instant fix, not realising it's just a tool that can provide space to restructure your life for work and taking part in the community. I didn't know how to do those things. So I just got depressed because I couldn't get stoned anymore! Throughout the next 9 years I jumped on and off methadone, including a live-in program where I lasted a week. I told myself I couldn't handle the structure and strict rules. The truth is, I still wanted to use.

I kept trying to find easy ways to stop including moving interstate. During this time, my best support was my NSP worker. Always a great listener and never judgmental, he kept me going.

Eventually I got to a point where I realised that if I didn't accept help soon, I was not going to live much longer. I thought a remote residential rehab in an unknown area, away from familiar places and faces, was my best bet.

Years earlier, I couldn't have given up my house and couldn't have handled being away from my daughter. But I had already lost both as my using and lifestyle became chaotic. I was homeless, my daughter was staying with my parents, and I had wasted away to nothing (outside and inside).

There was a lot wrong with the rehab, like being expected to do unpaid work picking fruit. It was exploitative, but I didn't care. I just did everything asked of me.

After 8 months, I left and spent a few years learning to live without drugs. I had to rebuild my life as a non-drug user. Moving to a new place where I didn't know anyone was one of the most helpful things I did.

My life slowly stabilised. I repaid debts. My daughter returned to live with me. I got qualifications in Drug and Alcohol, Counselling and Mental Health work. I started work, was able to save money and bought a house.

What I learned from all this is that it isn't really the type of help we get, but where our heads are at. Sometimes it is simply where we are when we are ready and we make that work for us.

I also think we need all sorts of treatments available. Some things work for some but not others, and things that didn't work at one point of your life can work at another.

The rehab I went to was recently forced to close due to a lack of funding. This is not helpful, as this type of facility can be very useful. They provide a break from everything we know and some of us need that to change our behaviours, learn new routines and restructure our days.

I believe if people who use drugs really want a change - whether it's a reduction or abstinence - we will make it. Because the people that society labels "addicts" are the strongest, most determined, resilient and resourceful people around!

What I learned is that it isn't really the type of help we get, but where our heads are at... we make it work for us.

USER'S TIPS ON DETOXING AT HOME

Lee – Heroin User

I know it will be one long week. I also know that I'll probably score once in that time.

I go for valium to relax the muscles and I find quinine good for cramps. I get all the usual prescriptions the clinics or doctors offer for symptom relief. I make sure I have plenty of fluids.

I know I'll be upset and depressed, and just want to cocoon. I don't want any contact with anybody. I know it will pass. I remind myself it's all in my head, and I stop myself thinking negative thoughts.

Michael – Ice User

My top tip is sleep. Sleep lots. Lots. The lethargy is incredible. The detox takes about 7 days and I sleep most of that. I find I need to use an antidepressant such as endep, to help with sleeping. I also use clonadine to help with discomfort – some of the ice around now can hit you like a heroin detox.

I really think if you are stopping from quite a spell and you are looking at staying stopped that it's worth getting a psych assessment, as sometimes that can help sorting out the right meds.

I get very anxious, paranoid and irritable. I get anxiety from cravings, but valium (or any benzo I can get) definitely helps me control that. I want calm surroundings, music I like. My advice is to not be around anyone who will aggravate you. If you are still in psychosis you will want to be on your own. You can get angry and aggressive from anything, you know, just from the toilet door not opening.

It's also really important to drink heaps of water. Rehydrate continually. Water will clear it out, wash it all out.

You really need to let your body recover. You've probably run your body pretty hard while you've been using, so be nice to yourself. Remember to eat because you may not have done that for a while. I can really eat a lot. I eat lots of fruit and make sure I top up with vitamins. Also I find I need a good laxative because it builds up when you're using. I once had an x-ray and it showed the stool all impacted and backed up from using. You need to clear all that in your detox.

Another thing is that you get really horny on ice and you have lots of sex. I know some guys who end up with red raw penises after an ice binge. So let all that settle down, be calm, be good to yourself.

I make sure I don't give myself a hard time, that I am gentle and do all the things that relax me and make me happy.

Nathan – Ice User

I can go up to a couple of weeks on ice, but I can feel when the psychosis is coming on. When the cash is running out, the realisation sets in that I have to pull up. I do it to get a break, and I know that I have to do it if I want to have another big pig out later!

My trick is to make sure I have plenty of sleeping tablets and heaps and heaps of cold drinks ready. I know I'll be crashed for at least two or three days to properly get over it. I always feel completely drained and really short tempered. For me, I don't want any support from others; I just want to be left alone to get over it.

Chanti – Ice User

I bomb for three or four days, but the dump is the easy part. I find day four/five is when it starts hurting for me. The real detox. I get so depressed. It's really hard to get through it. I give myself pep talks: "It's just a feeling, you big drama queen! You'll feel differently soon". The amount of times I have felt nothing would ever feel ok again is legion. But I do eventually feel ok and I have a better chance of it if I see the detox through.

It's always best if I get out of bed and out of my head. I make appointments I can't get out of, like with family. Yeah, I'm not at my best, but I need a distraction where I can't easily leave and use. Just watching a DVD with someone safe can help. A laugh makes all the difference. I do all sorts of delaying and distracting projects - things I've been putting off like sewing buttons back on or using that craft kit I got given for Xmas. I keep myself busy at things that make me feel better about myself.

Milla – Heroin User

Sometimes a girl's gotta do what a girl's gotta do. I try to get my head right by telling myself it hurts, but it will end. I think it is a lot worse than flu, because the muscle thing is really bad and my head is awful. I have a real problem with running over bad moments in history and making myself feel bad about things I did or failed to do. I try to get out of my head by reading and watching TV and DVDs although my concentration can be a bit shaky.

If I can, I buy a little bit of methadone just for symptom relief. Because I'm not on a program, I find I only need a tiny bit, just a couple of mls, only ever by mouth, and just for the first three days. I also use good old Aspro Clear, which I find really helps, believe it or not. Other than that, I get anti-nausea tablets from my doctor, which I try to take as soon as I reach consciousness on the first two days, to maximise the chance of keeping them down.

I also drink copious liquids, long hot showers really help, especially when your muscles are screaming and you want to punch a wall. I get in there and really stretch my muscles around. Hot water bottles can help too in winter (the best season for detoxing). I make sure I have heaps of clean towels, sheets and trackies ready because I sweat a lot. I always feel very low energy and can barely walk, so need to be stocked up on food – like dry crispbreads and fruit – so I don't have to go out.

The other thing that really helps me is masturbating – a lot. The orgasm really relaxes the body and I always seem to feel horny when I detox. I don't want actual sex, and even if I am detoxing with my boyfriend we will masturbate together rather than have sex.

If I'm really serious I will turn off my phone and only turn it back on if I want to make a call and never look at the missed calls or messages. I have been derailed too many times by contact from the outside world.

OVERVIEW OF DETOX

DRUG	TIME IT TAKES	SYMPTONS/EFFECTS
Stimulants: Speed and ice/meth	One week	"Crash" (exhaustion) typically commences 12–24 hours after last use, and subsides by days 2–4 – you may experience exhaustion, fatigue, sleep disturbances (typically increased sleep, although insomnia or restless sleep may occur), flat mood, anxiety or agitation, generalised aches and pains, some cravings. Physical withdrawal typically starts 2–4 days after last use and peaks in severity over 7–10 days and lasts up to 2–4 weeks. In withdrawal, you may experience strong cravings, changing moods - irritability, restlessness, anxiety, and agitation, depression. Your energy may be disturbed and you can experience fatigue and low energy, disturbed sleep including vivid dreams, insomnia, general aches and pains. Other symptoms like headaches, muscle tension, increased appetite, poor concentration, disturbances of thought (paranoid ideation, strange beliefs) and perception (misperceptions, hallucinations) can re-emerge during withdrawal phase after having been masked during crash. Day four is reported to be the hardest
Dissociative: GHB	Lasts 10-14 days	Agitation and irritability, psychosis, hypertension, increased heart rate, delirium, profuse perspiration, nausea. Avoid stopping abruptly. Seek medical help. Detox under medical supervision with medication

DRUG	TIME IT TAKES	SYMPTONS/EFFECTS
Opiates: Heroin, Oxys, Fentanyl etc.	For most people, it peaks in 2 to 3 days, clearing by 5 to 6 days and mostly gone by 14 days. May take 3-4 weeks before you have a full night's sleep.	Irritability, restlessness, anxiety, physical and nervous tension, depression, sweating, runny nose, yawning, tears, sneezing, goose pimples, insomnia, stomach cramps and pain, nausea, vomiting, diarrhoea, muscle cramps especially legs and arms, back pain, pains in joints and bones, headache, cravings, sleeplessness, nightmares and disturbed sleep, fatigue.
Opiates: Methadone	Mild symptoms start at 24 hours, and peak in 2 weeks. Getting your sleep patterns back may take six or more months.	Like other opioids (above). Poor sleep including weird dreams for some months. Symptoms will get more severe as your dose decreases. It takes 3-4 days to fully experience the effects of a dose reduction. Some people transfer to bupe first, then off that, as withdrawal symptoms may be shorter and milder. Don't stop suddenly; work with your prescriber to reduce over time. A slow detox means fewer and less harsh symptoms and a better chance of staying opiate free long term (if that's your goal).
Stimulants : Cocaine and MDMA.	2 weeks up to 6 months	Symptoms include anxiety, insomnia, restlessness, agitation, irritability, poor concentration and memory, muscle tension aches and twitches, depression. Rarely some people can have severe effects including seizures and confusion. No users of benzos, similar sleeping pills and tranquilisers should stop using suddenly as this could be dangerous. A gradual reduction in dose over a period of time is usually necessary. Specialist advice should be obtained.
Dissociative: Ketamine	Takes between 2-4 days for ketamine to leave the body. At this time the symptoms are most severe. Most symptoms should pass in 7 days.	While it may be different for different people, common symptoms include rapid breathing, double vision, hearing loss, loss of coordination, loss of motor skills, bladder dysfunction, muscle twitching, tremors, increased heart beat, depression. Serious cravings can occur. You may feel aggressive. Detox under medical supervision as you can fit and may require medication during detox.

SO WHY REHAB?

Interview with Garth Popple

Rehabs, where you go and stay for a period of time - anything from a few weeks to several months - have been one of the main treatment choices offered to people who use drugs to make changes to their drug use. Rehabs offer intensive self-reflection and learning away from the usual triggers, responsibilities and stresses.

We Help Ourselves is an innovative service that offers treatment choice including abstinence and opioid substitution stabilisation. Each program includes harm reduction and hepatitis C treatment. WHOS has services in Sydney, Cessnock and Nambour (Queensland). The main site at Rozelle, in Sydney's Inner West, is set in beautiful grounds and is calm and relaxed. People who go to WHOS describe it as a respectful and loving service that changes lives. To get started, you need to decide which program suits you. Information is available at http://whos.com.au/getting-admitted/ or you can ring ADIS or NUAA for support. You will then need to do an admission assessment by ringing the appropriate service.

UN interviewed WHOS' Executive Director, Garth Popple about the service. We were also privileged to go into WHOS Rozelle so we could bring to you interviews with WHOS residents about their experience.

UN: You are a rehab service. What does that mean?

GP: We are run as Therapeutic Communities (TC). "We Help Ourselves" (WHOS) sums up the TC model; peers support each other in their goals, while our well-qualified staff direct the programs and offer various health and learning opportunities. We offer stabilisation, harm reduction and abstinence - to attend you need to respect each others peoples treatment goals and live and work alongside each other.

UN: I always thought WHOS was 12-step based.

GP: We do offer access to Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings but only as part of our aftercare. We also offer SMART Recovery. People need access to a peer group after they leave. Isolation is the biggest hurdle. You can take some solid friendships away from your time in a TC. But self-help groups are great for quickly getting a new peer group and learning how to make friends.

UN: So how does it work?

GP: At the Rozelle community we currently have 128 people in separate therapeutic communities (TC). We have men's and women's abstinence programs and mixed gender Opiate Substitution Treatment (OST) stabilisation and withdrawal programs. We also have regional TC's in the Hunter and in Nambour, Queensland.
Programs run for 90 days followed by an optional 4-week commitment stage where people put back into the TC by supporting newer people.

We want to make sure that everyone takes something from their time here.

We have a day program in Newcastle for people who are on OST and are doing it tough - sleeping rough. It works well and we need more day programs. In Western Sydney we run an assessment and referral service for Nepean Hospital.

UN: People often get to rehab in poor health. How do you help people get their health improved?

GP: As part of a "living skills" program, we focus on self-care - good food, sleep and an exercise program - and we are linked into Medicare bulk bill services for things like dental and optical. Importantly, we have Liver Clinics in all our TCs. At Rozelle we have on site testing including fibroscans and specialist appointments to make it easy for people to go on hep C treatment. In our regional TCs we have helped grow access to hep C treatment in the local hospitals.

We hold fortnightly overdose training in all the programs that includes how to use naloxone. We also do Infection Control groups where people learn about preventing blood borne viruses, Post Exposure Prophylaxis (PEP) for HIV and the new hep C treatments.

er injecting supplies and condoms are available and that people leave educated in harm reduction including overdose care.

We offer new injecting equipment when people leave. Fits and condoms are in each bathroom for use by residents. There are three main rules - no drugs, no sex, no violence. I say "don't break our rules but if you do, do it safely".

UN: So what's the "success rate" like?

GP: We find that most people who leave will go in the first 7 to 14 days. It's not a case of not finishing, it's a case of never really getting started. Those who make 30 days usually last the program. About 60% complete our OST programs. Around 40% see the abstinence programs through.

We want to make sure that everyone takes something from their time here. There is no pressure when you leave. But we want you to take a safe injecting message and new equipment when you go. I want people to feel there is no shame in leaving, nor is there any shame in coming back, as many times as you need. It's about doing what is right for you. Use the services, learn what you can, it's your call - no stigma, no judgement.

UN: A lot of people have kids and some of the family stuff might be tricky. How do you deal with that?

GP: We have found that family support is really important to getting a successful outcome for people. We have Family Support Workers to get families together. Among other things they offer support for child restoration and parenting courses.

Children can visit their parents in the TCs twice a week and every afternoon parents can Skype their children. We support reunion with parents, siblings and so on. We refer the families of our clients to Family Drug Support.

UN: How do you help people back into the community?

GP: We don't cotton ball people to start with. We support them to stay connected with the wider community throughout their stay. We also focus on living skills - you can even can earn TAFE certificates while you're in the TC.

Our Gateway team helps people transition back into the general community. After care is vital in staying committed to a life change.

To support this we have 7 or 8 transition houses in Sydney - around 30 beds - where people can continue to do WHOS training, for example life skills and budgeting; do external courses; perhaps do paid or voluntary work; sort accommodation; get job ready.

UN: You are a secondary Needle and Syringe Program. That sounds contradictory?

GP: In every TC we employ a Harm Reduction Worker who is responsible for ensuring saf-

ANITA

Anita is in her early 50s. She came to WHOS to do the Residential Treatment for Opioid Dependence (RTOD) program to stabilise on her Opiate Substitution Treatment (OST) then transferred to OSTAR (Opioid Substitution to Abstinence Residential) program to come off her Suboxone. All up, she has been here for 9 months and is nearly off her dose.

A: I've been a drug user for 34 years and on OST for 20. I was on methadone for 16 years, then transferred to Suboxone for 4 years to get more takeaways. But I was using ice on top. I don't even like ice but the heroin had no effect. I would sleep all day and then have ice on pay day so I could get the housework done and get to the doctor and actually socialise with people. I was so isolated.

I also came because I needed to be somewhere safe as I was being stalked by my violent ex. I had high anxiety and sought help from the psychiatric profession. But they didn't believe me, just put me on anti-psychotics for my "delusions". So when I came in here I shuffled like a zombie. I was totally shut down, disassociated. I didn't talk to anyone.

I came in here to stabilise but after I finished the RTOD program I just felt so much more confident and alive and I thought, I can do this, I can come off. So I've nearly done that now and I feel great. It's a very slow process, but just right.

UN: Going from years on OST to abstinence, have you had to change your thinking about how you see your drug use?

A: I saw myself as "clean" when I was on Suboxone but now my view has changed on that. But I do still believe that methadone saved my life. I was stable and employed. I see its value. Not once was I told I should be abstinent nor was anything ever implied that there was anything wrong with being on a program. It was all me. I just felt confident enough to try coming off.

At first I didn't think I could do it, that the cravings would be too strong. Now I am nearly off and feeling comfortable. However, I will definitely go back on if I feel I am going to use again.

UN: How has being in a therapeutic community helped you?

A: You see people ahead of you change, so you feel you can do it. There is a real unity here, a sense of community. I know I can't do it on my own. I need support and peer support is like none other. It's about people who want to change their behaviour helping others to change their behaviour.

Because it is a therapeutic community it is run by the residents. The staff give us direction but we have a say in everything that affects us.

UN: How have the violence issues impacted on your treatment?

A: I have had huge support from the women in here. When I first told a worker she just accepted it as truth which was amazing for me. That acceptance started me on the path to change. They have Post Traumatic Stress Disorder (PTSD) groups in here, there is a big acknowledgement that many of need help with that.

UN: Would you recommend WHOS?

A: It's the best thing I 've ever done for myself. I had to wait 3 months, calling twice a week, to get in here. I am so glad I did it.

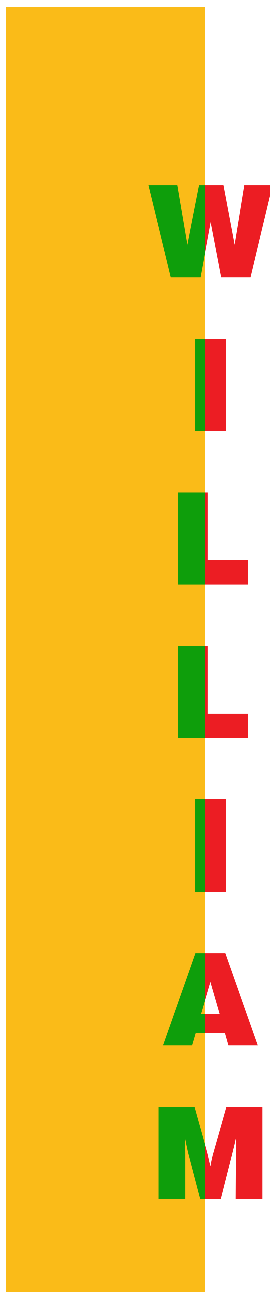
I did McKinnon (a former unit in Rozelle Hospital) in the 1980s. I was scared coming back, I thought I'd be scrubbing halls with a toothbrush. Things have really changed. It's so much more compassionate now. It used to be degrading. You would be constantly attacked. Now you are encouraged to use your rights.

UN: I can't believe you shuffled in here! You seem so connected and lively!

A: I am off all my psych medications. I feel so much better for it, I have so much clarity. I have moved onto anti-depressants. I resisted that at first, but it's been the right thing. I had a lot of self-doubt, a lack of confidence. I used to just put up with stuff. That has changed.

I had a hep C test while in here. I knew I have been living with hep C for 30 years but I just couldn't get to a clinic. I was living in a rural area and the clinic was over an hour away, it was too hard. I did the treatment in here. I had a bit of tiredness but no side effects I couldn't manage. It was so easy, it was all arranged for me. They even have a fibroscan that comes in and Paul Haber from RPA comes in once a month. I just have to go to the hospital for the final test. Clearing my hep C after such a long time has been a huge thing for me.

I was scared, I thought I'd be scrubbing halls with a toothbrush. But things have really changed since the 1980s!



In his late 40s, William is very focused on his program in the Gunyah Men's abstinence program. This is his fourth time at WHOS.

UN: So why rehab?

W: I have been an ice user for a number of years. I had stopped using but was drinking a lot of alcohol. One day I got really drunk and thought, I can't go home this drunk to my missus. Someone offered me some ice and I thought it would straighten me up so I had it. I thought I would get away with it. But she doesn't use, the fit fell out of my pocket and of course it caused a problem. I went downhill pretty quick from there on a binge and got really sick - the emergency ward and the whole bit. I knew I had to sort myself out so I came here to deal with the ice and the alcohol.

This is my fourth time at WHOS. This time I'm doing things differently. My motto is slowly but surely.

UN: They weren't hassled about you coming in again?

W: Not for a minute. They are really welcoming here. If you muck about you can't come back, but if you want it, they want you here. It doesn't matter how often you need to come. They will help you if you ask for help.

UN: What do you like about WHOS?

W: It's all about change in behaviour. I like how it's about a 24 to 48 period. It's just about how you are going in that period of time. You don't have to worry about the past or the future, just that period of time.

I also like that we run the program ourselves. It's WHOS - it stands for We Help Our Selves. We check up on each other, sort each other out, ask each other "how are you going?". If there are problems we take them to the group as "concerns". it might be something like the way someone is talking about other people when they are not there. We'll say, we don't like that, you should take a look at it. We also look at each other's "fronts" - the way people present to the group that isn't quite real. It could be a happy front or a counsellor front for example.

I also like that it's the same program no matter what, whether you use heroin or ice or whatever.

UN: Are there other benefits in being here?

W: They come at things from a lot of angles here. For example, I'm doing a TAFE course at the moment. I'm working in the kitchen as a storeman and at the same time doing the 3 months certificate.

I also like that we do harm minimisation - we talk about safe sex, hep C, HIV, all that stuff. Looking after our health.

Another thing that is really great is that I'm on week 7 of my hep C treatment. It knocked me around the first week, but now I have more energy than ever. I feel more alive. I was so tired all the time. It's fantastic how different I already feel.

UN: How do you feel about the fact that there are people on Opiate Substitution Treatment (OST) here?

W: I have a lot of time for people on OST. They can be really solid, staunch. The guys on the program here are awesome. I don't have a problem with people being on medication they need. I'm on medication for being bipolar and I'm on antidepressants. I don't think people should judge you for your medication.

UN: Do you think it works having the men's and women's programs separated?

W: Yes, you focus better. Some people can't help but get side tracked. It only takes one couple and it can put everyone off. I think men can call each other out on stuff more easily if women aren't around.

UN: What's your best tip for someone who wants to change their drug use?

W: Don't pick up. Just don't use. A day at a time, don't pick up. Tomorrow's a different day. Call someone. Don't use on a feeling. Put it off. Talk to someone about how you feel and just don't use. There's a better life there for you if you want it, if you just don't use, one day at a time.

I lost a mate yesterday. He used and overdosed. Really sad. It taught me never to use on a feeling and especially not to use by yourself. You have to tell someone.

UN: Would you recommend the program?

W: Yes I would; for me it's a place to get grounded and focused. I feel really lucky to be here.

JIN HI

Jin Hi has been at WHOS for 4 months now in the Residential Opioid Treatment Stabilisation Program (RTOD) - a program designed to help people stabilise on their methadone or buprenorphine and stop other drug use.

UN: So, why rehab?

JH: I heard about it through my dosing clinic. I wanted to get off methadone at first, but I realised I needed stabilisation. I have been using for about 18 years and on methadone on and off for 10 years, but I was still using. I came to the realisation that I couldn't change that behaviour on my own. I have two children, a 12 year old and a 7 month old and I wanted to do it for them. It's more than just physically stopping using. I have never dealt with why I used in the first place and I felt I needed to do that.

UN: How does RTOD help with that?

JH: We learn relapse prevention and do behavioural change with Cognitive Behavioural Therapy. We do these groups over and over so it really gets in. We learn how to deal with triggers. It's all about replacing negative behaviour with positive behaviour.

UN: What's your best tip for someone wanting to change their behaviour?

JH: Just take one day at a time. It's no good beating yourself up with what you've done in the past. That's done. It's no good worrying about what might happen in the future. It might never happen. Just stay in the now. Take it slowly, a step at a time. I'm learning not to react out of impulse. I get frustrated with the little things sometimes, but I think that is true of a lot of people here. I think we all get more worried about the small stuff rather than the big stuff in here! I'm learning to just stay in today.

UN: What else has been useful?

JH: I really like the routine. I like it's quite rigid. It feels like getting control back, learning to live on life's terms again and take responsibility for myself. I can't change the past.

UN: Do you think there is any discrimination from the people in the abstinence based programs?

JH: There is a little bit. I have always been sensitive around the stigma around Opiate Substitution Therapy (OST), I have always worried about how people in the wider community view me because it's not regarded as a real treatment. There definitely is judgement from other users too. For instance, we go to Alcoholics Anonymous (AA) meetings instead of Narcotics Anonymous (NA) meetings because we are on maintenance and NA is abstinence based and don't accept it's a legitimate medication.

UN: Do you get to see your children?

JH: Yes, they have a good family focus here. My partner is not a user. He brings the kids in. We've been together 15 years. Children can come in twice a week and I also get day leave now. We also get child calls every afternoon - video calls. It was so hard to leave them. My eldest started high school and I wasn't there, that was difficult. And I worried the baby wouldn't remember me. But really it's a short amount of time to take out of life to make big changes. The skills I am learning are worth it. I want to do more of the program - the commitment and transition phases - so I feel ready when I leave.

UN: Would you recommend the program?

JH: Definitely. It's made me more focused and I am learning how to get rid of the chaos from my life. I really like that it's based on behaviours. I'm learning a lot of useful life skills.

KALI

Kali is an Aboriginal mum in her early 30s. She has been at WHOS in the women's program New Beginnings for five months.

UN: So, why rehab?

K: I have struggled with alcohol, speed and ice all my adult life. Ice brought me here. I was totally out of control but the big hit came when I lost my daughter. That was a really big motivator to make some major changes in my life. This is my first crack at "recovery". I was abstinent while I was pregnant, then I broke up with her father because of domestic violence and I turned to ice. It was really isolating. I just changed all my priorities to using. I was severely depressed when my daughter was removed. Any time I was straight I would just feel devastated by what my life had become and I felt I had to use again.

I was desperate and I wanted to try anything other than my way, because that wasn't working. Once I was here I didn't know it was going to work but it has. I am passionate about this place. The staff know what they are doing. I did look at another rehab but this place just felt more welcoming.

I want my daughter back so much and next week I go to court for restoration. I can't express how grateful I am, how relieved I feel. Everything is worth it for that.

UN: What have you found here?

K: It's changed my life. I have gained so much since I've been here. It's going to be hard to leave. It's such a loving, caring environment in the women's community. I have started to find myself, to find my own voice.

You wouldn't think a group of strangers living together and sharing this level of intimacy would work, but it does. It can be confronting but that's how I am learning the skills that will keep me abstinent. For example we have these things called "concerns", when we talk in a group about something that bothering us about some-one else. You learn to frame things along the model of "I feel ... When... Because... I prefer...". It has been a way for me to learn confidence around telling people what I feel and what I need. Rather than sitting with resentments and feeling misunderstood, I have learnt how to say my piece respectfully and lovingly. For the first time ever I was able to tell my mother that something she said really upset me and she actually apologised. That's a huge step forward for us.

There are so many aspects that work here for me. I had no routine, so that structure has really helped. And I like that as you go through the program your responsibility increases. I also like the space I found to look after my health. I got tested for hep C and I found that I had had it but cleared it spontaneously. If I had been positive I would have gone on treatment here, because the space is made for that.

I am applying the principles of the place to my life. I feel the potential unlocking in myself. And I am having fun. I had my first real belly laugh here.

I mean I laughed til I cried. It hasn't happened for a very long time.

UN: Do you think having a women's program and a men's program works?

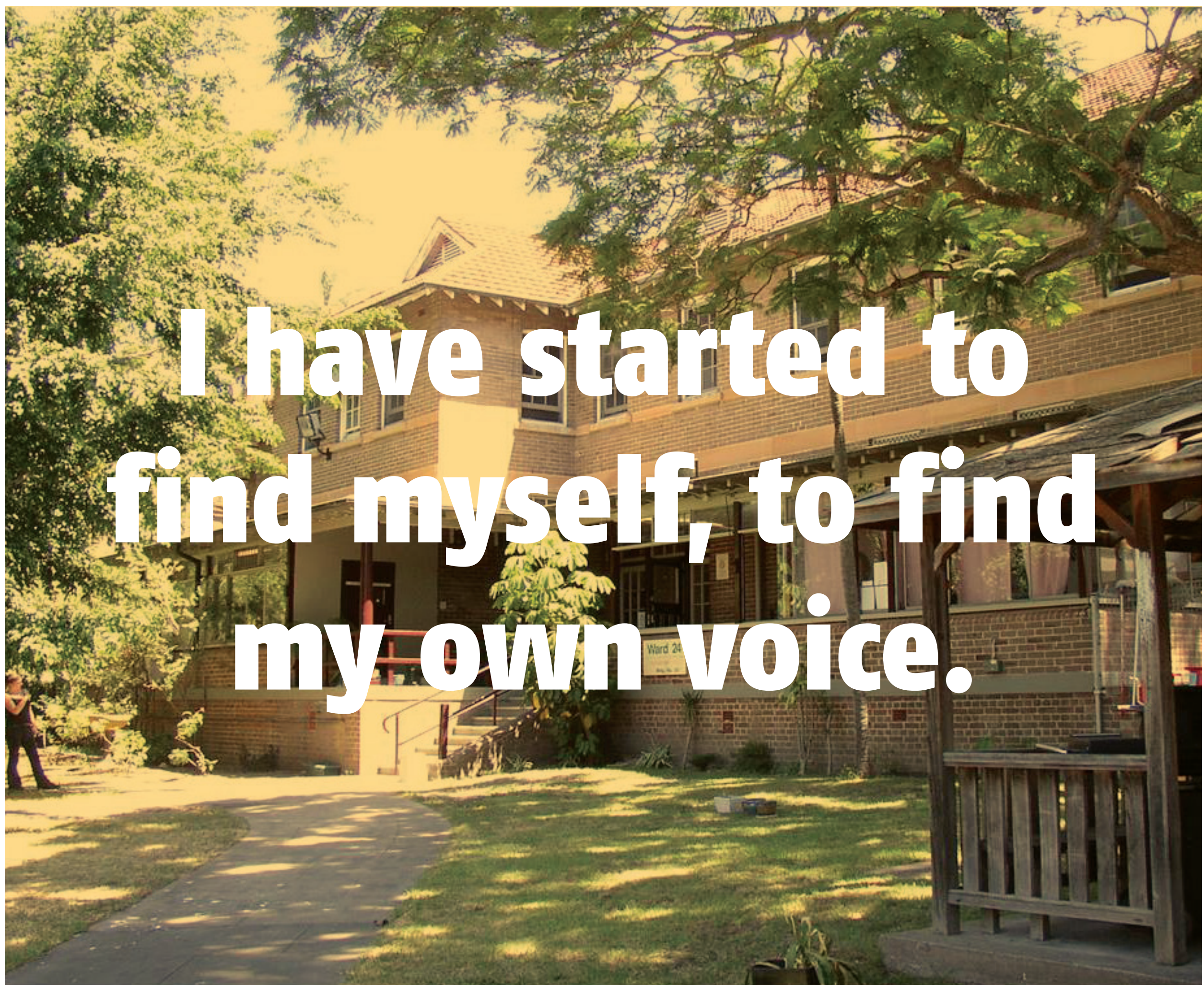
K: At first I thought "Oh no, a group of bitchy girls all together!"; I didn't think I could get along with a group of women. But I have actually found a lot of strength in it. From the beginning you get a personal carer to welcome you and show you the ropes. That meant a lot during the first confusing days. And then I have felt a lot of love from the women here since. I think for me it is easier to stay focused by separating out the women from the men.

UN: There must be conflict sometimes living with any group of people!

K: Yes, but prejudice is really jumped on here. One of the women said something about the sexual preference of one of the staff and I brought it to the group. That sort of thing is not ok, same with racism. You have to speak up because it is about making it a safe environment for everyone.

UN: What about all the different programs rubbing along together - men's, women's, people on methadone and so on?

K: I think the choices here are great. This place gives you more than you could imagine. It's a beautiful place. I have learned that the opposite of "addiction" is connection. I love the respect of the peer groups, being supported by someone with the same goals as me is amazing, no matter what program they are in. We each have our own individual journeys but we are caring for each other as only peers can. I really hope I stay in touch with all these people.



Pete is in his 30s and has been at WHOS for 4 months in the Residential Opioid Treatment Stabilisation Program (RTOD) - a program designed to help people stabilise on their methadone or buprenorphine and stop other drug use.

UN: So why rehab?

P: I went to rehab because I felt I had to get off my Opiate Substitution Treatment (OST) and I couldn't do it on my own.

I actually first went to another place in northern NSW. It was an abstinence based rehab that had a program to get off OST. I went there to get off buprenorphine and other drugs I was using on top of my dose. I stayed abstinent there for 9 months. It wasn't hard because I was locked away in the country in cotton wool with no contact with anyone except other people in the program.

But when I got out I freaked out. I couldn't remember any of my pin numbers. I jumped every time someone came up behind me. There were no after services, no integration back into the community. So I did the only thing I knew how to do. I used.

Then I got on methadone, but I was still using on top and injecting my methadone. I am from Melbourne and they mix it with cordial there and there were times I even injected it with the cordial in it. You do what you have to do. But that is not what I wanted.

UN: Has WHOS helped?

P: I feel different, back into life. I am a lot more positive. I think this saved my life. I am in transition, which is the last part of the program. It means I live on site but can come and go. It's great that it is in the city - so much better than being locked away and then having the shock of reconnecting with the world.

UN: Do you feel discrimination around being on OST, that it's not a legitimate treatment?

P: I have always felt that OST was considered using, not treatment. I remember a girlfriend finding out. You know, she clutched her handbag close and basically saw me as a thieving drug user. I lost a job as I had to tell my boss because I was having trouble getting dosed and getting to work. All of a sudden the work dried up. It was like it was as good as using.

That discrimination nearly killed me. I felt I had to go and get off OST but I couldn't do abstinence. So I ended up using again.

UN: How about in here? Is there discrimination in WHOS?

P: There's the odd person who see you as having a free ride, just here on the nod. I mean we are separated from the other programs. But I don't feel looked down upon as a person.

UN: What have you learned in here?

P: The big thing I've learned is that there is a way to live on treatment and blend in. You can still have a bit of fun. It's so great to have a bit of money to spend on fun stuff. Go-karting, hobbies, clothes, going out. I was always broke. I was a pay day user while on my OST but it was enough to keep me broke and isolated. I could never go out with my work mates, I was always making excuses as to why I couldn't go out after work. I couldn't go because all my money went up my arm. It made me a loner. Using can be really isolating.

I have learned how to manage my money before I get it. You learn a lot of practical life skills in here. I have learned how to be on a stable dose, how to keep my mind level. I don't have those extreme highs but nor do I have the extreme lows. But I've learned that's how people live.

UN: Are there other benefits of being here?

P: One fantastic side benefit is being tested for hep C here; luckily I was negative. But they have the new treatments here which is fantastic. At least 10 of my friends have been tested, treated and cleared it while they have been in here. It's great.

UN: Would you recommend the RTOD program?

P: Yes, I would - it teaches you how to live. I have been treated like a person and my treatment choice is respected. OST is the right thing for me but I needed to push past the stigma so I could choose for myself what was right for me. When I am on a stable dose and not fucking around - not using on top or injecting my dose - then it works for me. It's been really important for me to learn and accept that.

OST is the right thing for me but I needed to push past the stigma so I could choose for myself.

DANIELLE

Danielle is in her early 30s. She has been at WHOS for 70 days in New Beginnings, the women's program with a goal of total abstinence.

UN: So, why rehab?

D: I came here because it was time, because I was broken. After 14 years of using I had pushed everyone that cared about me to the brink. My parents, who love me very much, had nothing left to give me. I had lost a career in the financial market and the things I earned from that. I was not only using heroin and other drugs, I was drinking a lot. I overdosed several times. I had done lots of short detoxes, thinking they would change things for me overnight, but of course they didn't. I did some out-patient programs but they always became about me getting away with using. I never realised I was just cheating myself.

At first I came here for my family. The deal I cut was that I would stay 3 weeks and then on Xmas eve they would pick me up and take me home. I've been here 10 weeks now.

UN: What happened to make the change?

D: Rehab is nothing like I expected. I thought it would be strait jackets and padded walls but there are beautiful gardens here. I thought it would be judgement but it's a very loving environment. I thought I knew everything. Turns out I knew fuck all.

I have a love / hate relationship with WHOs. It's changing my life day by day, but it's hard

UN: What sort of things are changing?

D: So much about me has changed since I have been here. My self-loathing is lessening. My will to go and use is lessening. My triggers are fading. I'm realising what my triggers are, and there are so many. A song. A memory. A dream. Even getting a blood test can do it because I am waiting for the feeling of drugs in my system and when it doesn't come I feel angry and restless.

My mindset is really changing. I see the talk in my head now, I know that feelings are just feelings, and they will pass, I don't have to act on them.

I'm learning a lot about my drug use. Since I've been here, I've come to learn some concepts that are really helpful to me in not using. We go to Narcotics Anonymous (NA) meetings to build support for when we leave. At first I was like "why are we listening to all these sob stories?" but I have learned to listen, not to be judgmental, to respect other people's stories and needs. I've learned about being part of a community.

UN: Tell me about being in a community.

D: This place is run on a peer model. It's a Therapeutic Community. That means peer support is all important. The staff are here to keep things even, to oversee things, but we sort the groups and support each other to cope with not using, to stay here and learn.

I couldn't have made it without the women here.

When I got here, I was made feel so welcome. Everyone new is assigned a support person

who is a senior in the program. They look after you, show you around, and make you feel accepted and wanted. I'm at the stage where I am giving back to the WHOs community; I'm a senior in the house now. That means I get to peer people to appointments - taking them to the doctor, the optometrist - that sort of thing. It means a lot to me to be able to do that.

UN: I'm sure it's not sweetness and light all the time. What happens if people aren't getting on?

D: There are processes to follow - "awarenesses" and conflict resolution - that actually work. With an awareness, you can raise in a group something that you are finding difficult about someone else. Anything from not wiping the bench down when they make a coffee to disrespecting someone. The conflict resolution process is where two people who aren't getting on together talk it out with 2 senior members of the house present. It does work.

One thing is, they don't take any shit here. Any violence and you're out. It's not OK to be violent here.

UN: Do you think a women-only program works?

D: I do. I have a history of meeting boyfriends in detox. For me it's less distracting to just have women. Also it's very loving, a lot of hugging. At first I found it awkward, but I know these people really want to help me. I'm really grateful for it.

THIS EDITION OF USERS NEWS WAS SUPPORTED BY NADA

THE NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES

NADA
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SERVICE NAME	SERVICE TYPE
Kamira	Resi Rehab for women with or without children
SA Dooralong Transformation Centre	Resi Rehab for drug, alcohol, gambling and dual diagnosis
The Glen Centre	Aboriginal controlled Resi Rehab for men (open to non-Indige
Calvary Newcastle AOD Service	Calvary Mater Newcastle
Drug and Alcohol Health Services Inc	Public AOD service with a broad range of support available
Freeman House	Resi and community based services with focus on homelessn
Maayu Mali (Moree Aboriginal RRS)	Aboriginal controlled Resi Rehab
McAuley Outreach Service	Drug and alcohol counselling for parents with young children
WHOS Hunter	Resi Rehab
Kedesh Rehabilitation Services	Resi Rehab, counselling, case management, SMART recovery
MA Triple Care Farm	Resi Rehab for young people
Oolong House	Resi Rehab for men
SA Shoalhaven Bridge Program	Out patient care program
Watershed drug and alcohol recovery and education centre	Resi Rehab
Adele House	Resi Rehab for men
Benelong's Haven Aboriginal Family Residential Drug & Alcohol Centre	Resi Rehab for Aboriginal people and families
MA Junaa Buwa	Resi Rehab for young people
Calvary Riverina Drug and Alcohol Centre	Detox and Resi rehab for people with mental health issues
Directions Health Services	Counselling, Harm reduction services
Family Drug Support	Counselling and programs for family members of people who
One80TC	Resi Rehab
Namatjira Haven Drug and Alcohol Healing Centre	Resi Rehab - Aboriginal community controlled
The Buttery	Resi rehab including OST reduction, outreach.
SDECC Sydney Drug Education & Counselling Centre	Counselling services.
Haymarket Foundation	Health and referral service
Jarrah House	Woman & children detox service. 2 training courses
Phoebe House	Woman & children Alcohol & drug rehab
SA Oasis Youth Drug and Alcohol Program/Choices	Accommodation service ,youth male/female, & has outreach
SA William Booth House and Alf Dawkins Detox Unit	Long term Alcohol & Drug rehab 18+
SMSIC (Sydney Medically Supervised Injecting Centre)	Harm reduction service; health and referral to treatment se
St Vincent's Hospital AOD Service	Referral service for people who inject drugs
The Ted Noffs Foundation	Range of programs focussed on supporting young people
Waverley Drug and Alcohol Centre	Assessment, counselling and referral for young people
Drug Arm Australasia	Community and family support program
GROW Residential Rehabilitation Program	Resi rehab
MA South West Youth Services	Counselling and life skills to marginalised youth 12 - 24yo
Odyssey House	Resi Rehab. Parenting program
SA FYRST	Youth focus rehab
Directions Health Services: Pathways Goulburn	Harm reduction, support groups, day programs
ACON Substance Support Service	Counselling, health and referrals for gay, transgender comm
Co.As.It. Drug and Alcohol Program	Counselling and referrals, focus on Italian community
Community Restorative Centre	Counselling, referrals and support for people transitioning f
DAMEC	Counselling, referrals, education and research for people fr
Detour House	15 month Resi rehab program for women
Foundation House	28 day Resi program based on 12 steps men and women
Glebe House	Therapeutic community for men transitioning from criminal
Guthrie House	Resi rehab for women transitioning from the criminal justic
Holyoake Family AOD Program	Education, counselling and support programs
Kathleen York House	Resi rehab for women. Children under 12 can accompany.
NSW Users and AIDS Association (NUAA)	Harm reduction and advice for people who use drugs or are
SA The Salvation Army - Recovery Services	Detox, Resi rehab, day programs
WEAVE	Community centre with counselling services, focus on youn
WHOS Sydney	Resi rehab, day programs, Abstinence, OST stabilisation, O
Lyndon	Detox and Resi rehab
MA Mac River	Resi rehab for teenagers using ice
Orana Haven Aboriginal Corporation	Aboriginal community controlled Resi rehab
Weigelli Centre	Resi rehab for Aboriginal people
Bridges	Counselling
Dunlea AOD Youth Service	Day program with a focus on 13-19 yo
Wayback Committee	OST based Resi rehab

A and it's members (listed below) are committed ...rvice improvement and community partnership

	CITY/SUBURB	PHONE
	Wyong	02 4392 1341
	Dooralong	02 4355 8000
...nous people)	Chittaway Bay	02 4388 6360
	Newcastle	02 4921 1211
	Muswellbrook	02 6543 2677
...ess	Armidale	02 6776 8113
	Moree	02 6752 5036
	Tighes Hill	02 4940 2361
	Rozelle	02 8572 7411
	Berkeley	02 4260 7105
	Robertson	02 4860 7401
	Nowra	02 4422 0644
	Nowra	02 4422 4604
	Berkeley	02 4272 9785
	Moonee Beach	0411 091 866
	Kinchela	02 6567 4880
	Coffs Harbour	02 6651 3418
	Wagga Wagga	02 6932 6811
	Woden	02 6132 4800
... use drugs	Leura	02 4782 9222
	Richmond	1800 679 657
	Alstonville	02 6628 1098
	Bangalow	02 6687 1111
	Manly	02 9977 0711
	East Sydney	02 9380 9166
	Malabar	02 9661 6555
	Arncliffe	02 9005 1570
... services.	Darlinghurst	02 8353 9413
	Surry Hills	02 9212 2322
...rvices	Kings Cross	02 9360 1191
	Darlinghurst	02 8382 1519
	Randwick	02 9305 6611
	Bondi Junction	02 9387 6788
	Fairfield	1300 656 800
	Austral	02 9606 0579
	Campbelltown	02 4621 7416
	Campbelltown	02 9820 9999
	Doonside	02 9622 1823
	Woden	02 6132 4816
...unity	Surry Hills	02 9206 2018
	Leichhardt	02 9564 0744
...rom prison	Broadway	02 9288 8724
...om culturally & linguistically diverse communities	Strawberry Hills	02 8113 1302
	Glebe	02 9660 4137
	Rozelle	02 9810 3117
... justice system	Glebe	02 9566 4630
...e system and accompanying children	Enmore	02 9564 5977
	Summer Hill	02 9509 1134
	Glebe	02 9660 5818
... on OST	Surry Hills	1 800 644 413
	Sydney South	02 9212 4000
...g people	Strawberry Hills	02 9318 0539
...ST reduction	Rozelle	02 8572 7411
	Orange East	02 6361 2300
	Dubbo	02 6809 9420
	Brewarrina	02 6874 4983
	Cowra	02 6345 1803
	Blacktown	02 9622 7511
	Merrylands	02 9721 5750
	Harris Park	02 9633 4800

CHRISSIE

TOO MANY REHABS FOR LITTLE RESULT

UN: How many times have you been to rehab?

C: Six times to 5 different rehabs in 4 States over 10 years, starting when I was 17. I'm 30 now.

UN: Why rehab?

C: I never had any belief I could stop using on my own. I hear that word "recovery". To me, that means to get something back, but I have nothing to recover. My life was shit before I started using drugs. I was raised around drugs; they have always been a big part of my life. So I felt I needed to be taken away into someone else's drug-free world.

UN: Was it always your own free will to go to rehab?

C: It was usually my choice; I really wanted to change my drug use.

On one occasion Child Protection said if I went to rehab for 3 months they would close their file; they kept their word. I had come to their attention because I felt suicidal after a traumatic incident. I asked Mum to mind 2 year old Sam while I tried to get into a psych ward. They told me to get off drugs and come back in 2 weeks. Obviously that didn't work and I ended up on a bender...

UN: How would you sum up your rehab experience?

C: All the rehabs I have been to ran on the philosophy of "break you down to build you back up". Except they were all brilliant at the "break you down" stuff but failed miserably on the "build you back up". I think rehabs can be very blame driven and very down on drug use. They present drug use as having no positive aspects. Everything bad that has happened in your life is because you used drugs and is therefore your own fault. You should feel shame about your use and that should motivate you to stop. I believed this for a long time.

UN: What bothered you most?

C: I went to some rehabs that had unqualified workers, their only experience was that they had done the program themselves. I respect peer-based education but I don't want someone unqualified messing with my head. I particularly disliked the group sessions, that you are expected to talk about extreme trauma with a group of people you don't know.

There were some stupid rules too. I remember getting two weeks of restrictions because someone "stole" a drink from the kitchen and didn't admit it. Restriction meant no TV, no radio, no phone calls, no shopping... and get this: no counselling sessions. You just clean all day. Not sure what that is supposed to teach you.

UN: Did you see the programs through?

C: The longest I have stayed is five months.

Rehabs take all your money. You sign over your Centrelink payment and get a small amount for cigarettes and toiletries, personal items. So you

are often somewhere in the middle of nowhere with no money to get out. So you stay.

The last rehab I did I wanted to leave but had nowhere to go. One of the workers told me I could stay with him if I lasted 3 months. I was so desperate to get out yet still so messed up I did it against my better judgement - knowing he expected sex. It became a domestic violence situation and he used stuff from my file to bind my silence. Luckily I am out of that situation but it was scary for a while.

UN: Did you go to rehabs with your child?

C: Yes, but there aren't enough quality services for people with kids. At one rehab they wanted me to leave my child with another resident that I didn't know while I went to an NA meeting. When I refused, they told me in no uncertain terms how difficult I was being. It wasn't long after that that their funders came down on them for having people care for kids who hadn't had a Working With Children check.

UN: Would you recommend rehab?

C: Let's put it this way, if you want to go somewhere to get away from drugs and sort your drug use out, my advice is to get private health insurance, because the public rehabs I have been to were sub-standard. In fact, save up and go to a health retreat in somewhere like Bali.

After trying for so long, I realised I can't do the abstinence thing so I have had to come to terms with my use. That way I have found not only peace and self-worth but some control over my drug use.

After trying for so long, I realised I can't do the abstinence thing so I have had to come to terms with my use.

THERE'S MORE THAN 1 ROAD TO ROME – NO

TRY TAKING YOUR DRUGS ANOTHER WAY TO REDUCE RISKS AROUND INJECTING

EATING OR (STIRRED IN

Oral – Swallowin
Can come on str
a longer time, e
drugs made to b
like benzos

INHALING SMOKE VIA PIPES, FOIL, CIGS/ROLLIES ETC

Puffing – Smoking – Spotting – Chasing the dragon – Choofing – Can be stronger and quicker, especially with stimulants

INSIDE THE VAGINA

Booty bumping
Shelving – It wo
because of all th
and it's safe, ev
that have fillers

WHETHER YOU SMOKE, SWALLOW, SHAFT OR II

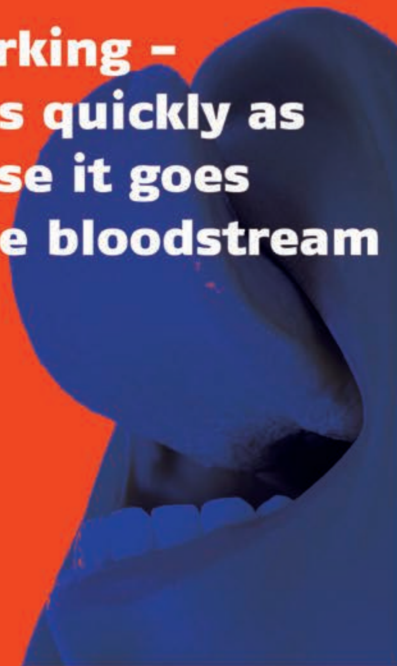
MATTER HOW YOU TAKE IT, IT ALL HITS HOME

DRINKING (N LIQUID)

ng – Dropping –
onger and last
specially with
be swallowed

UNDER THE TONGUE

Sublingual – Parking –
Works almost as quickly as
injecting because it goes
straight into the bloodstream



ANUS OR

– Shafting –
rks very quickly
he capillaries
ven with pills
.

UP THE NOSTRIL

Snorting – Bumping – Can
increase the length of the
rush

NJECT – YOU'LL ALWAYS GET THE FULL EFFECT

FINDING YOUR WAY OST AT A PUBLIC CLINIC

Tony has been on Opiate Substitution Treatment (OST) for several years and as an experienced Peer Support Worker at a public OST clinic, he has helped people navigate the system for over two years. Here are his Top Tips for getting the most out of your public OST clinic.

Nobody can tell you what's right for you, only what worked for them. This is your life.

1. GETTING STARTED

Make a plan

What are your goals? Are you looking for eventual abstinence, a break or a safety net? You will need to decide whether to go onto methadone (or Biodone) or buprenorphine (Suboxone or Subutex).

Speak to people who have been on or are on different types of OST. Don't make up your mind until you've heard a range of views. You definitely need more than the opinion of someone who's finger-wagged you to "Never get the liquid handcuffs!" There is so much more to OST than that. Do a Google search. Call NUAA and talk to someone. Just don't go onto OST blind.

Work with your doctor

Let your doctor know your needs and why you would like to go down either the 'done or bupe route. If you have no plan, they'll often take the decision for you and pick what's easiest for them. If they're trying to push you in a particular direction, ask why. Start a two-way conversation with your doctor.

2. GETTING CONNECTED

Find out what other services your clinic offers

Your opiate habit may just be at the top of things you need to work through. OST can give you access to other tools that can make a difference in your life. But if you don't ask, you won't necessarily be told about available services.

Get healthy, get hep C free

All public OST clinics in NSW offer hepatitis C testing and treatment on site, so you can get this sorted easily. Because public clinics are connected to hospitals, you can also have other medical issues looked at, and your hep C treatment and mental health meds dispensed with your dose.

Find supports

Your allocated caseworker can coordinate services for you. For example, you should be able to see a counsellor to help with things like grief or trauma, or a social worker to support you around housing or income security.

3. USE YOUR OST HOW YOU WANT

However you use your OST is totally valid. Nobody else can decide what's best for you. My biggest piece of advice is to use OST the way it works for you. If you find it's not working the way you planned, try another way.

OST can be a long-term safety net

Many people, including me, go in with a vague intention to get onto methadone for a couple of months and then come off. Months can turn into years and then decades.

If maintenance - staying on methadone and occasionally using (or not) - is what you decide you want to do that's perfectly valid! OST is a tool to make our lives more manageable. I think of it as a safety net. Not everybody wants to remain abstinent, but neither do they want the chaos and desperation a heroin habit can bring.

If you are on OST, you won't wake up hanging out every morning and this simple change can give you time to improve your life. Getting onto OST takes courage and commitment. Be proud of yourself for making that step.

OST can be a step to abstinence

You might want to find a dose that makes you feel comfortable and gives you some space away from heroin and injecting so that you can get away from the obsession and craving, then start coming down until you are OST- and heroin-free. Suboxone seems to work best for this.

Support can make all the difference. A counsellor can be someone to talk to and make plans with, and discussion groups attached to your service can provide two-way peer support.

OST can be what you want

OST can also be used as a 'gap year' to get your head together and work out what you want out of life. You can do OST in combination with counselling, SMART or a 12 step program. If you want to be on a program and not use on the side, you can go to rehab and stabilise. You can also go to rehab and come off your OST when you're ready.

It's your choice. Nobody can tell you what's right for you, only what worked for them. This is your life.

Overview of Treatment - For further information, visit the Harm Reduction VIC

Name	Delivery	Action
Methadone; Biodone	Methadone is a syrup; Biodone is a liquid	Opioid agonist (stimulated opioid receptors - reduces or eliminates craving for black market opioids and withdrawal, central nervous system depressant).
Physeptone	Tablets	Opioid agonist
Buprenorphine (Subutex)	Tablets	Partial opioid agonist (binds to the opioid receptors like other opiates, but stimulates them only weakly, producing a reduced opiate effect).
Buprenorphine and naloxone (Suboxone)	Tablets and sublingual film	Partial opioid antagonist and opioid antagonist (binds to opioid receptors without stimulating then, blocking the effect of opioids)

Settings	Advantages
Public Clinics	Free, specialised services th health and social needs.
Private Clinics	Can be more flexible, quick can get take-aways.
Prescriber in Private Practice (GP or Specialist) - Pharmacy	Closer to home, more choic take-aways more available,
Prison	Using in prison is risky – the equipment and HCV transmi

website: http://hrvic.org.au/pharmacotherapy/pharmocatherapy-available/

Advantages	Disadvantages
Less expensive or free than black market drugs, provides stability to help to get your life together, stops withdrawal and cravings.	You may be treated poorly depending on your service provider, may result in discrimination from employers, may have to attend clinic daily for a period, costly, can be hard to get take-aways, complicated to transfer; can overdose if using other substances like alcohol, benzos and other opiates, dry mouth.
Given as take-away if travelling (generally overseas if travelling locally, prescription will be transferred).	As above for methadone.
Past a certain point, increasing the dose results in a longer duration of action and no increased opiate effect meaning your dose lasts two days instead of one. Makes it easier if you do not live near your dosing point, reduced need for takeaways.	Risk precipitated withdrawal if taken with other opiates; take-aways are often restricted; other disadvantages as per methadone; costly; may experience stigma and discrimination; only accessed through GPs who may be reluctant to prescribe over Suboxone
If Suboxone is taken as recommended, the naloxone should have no effect. Any small amount that is absorbed will leave the body within one hour of dosing. Can be easier to get take aways.	Naloxone will cause withdrawal if other opioid are injected.

	Disadvantages
an can look after other	No weekly take-aways, opening hours can be limited, may be long waiting lists, clinic atmosphere can be dreadful, can have long waiting times, urine testing may be supervised.
er to get on the program,	Can be expensive, can be asked to have unnecessary appointments and urine and blood tests.
e of GP and pharmacists, transfers may be easier.	Can be high dispensing fees and prescriber fees, can be fortnightly visits and regular testing.
re is no sterile ssion rates are high.	Long waiting periods, risk of being stood over for your methadone and assaulted.

WANNA SLIDE OFF THE ICE?

Services for stimulant users remain thin on the ground, however since we did the ice edition, there have been some new money for stimulant treatment. However there are still only 3 services that identify as being specific Stimulant Treatment Programs (STP).
There are other services which have been allocated specific funding for stimulant treatment but don't run as specific STPs. These include in Sydney's West at Mt Druitt, on the mid-north coast in Tamworth and in Northern NSW. So always ask your local Alcohol and Drug Service: what support can you offer me as an ice user? Let them know if you like the sound of specific services offered - like the health check, or discussion group or and ask them if they would consider offering them.

1. St Vincent's Hospital (SVH) in Sydney's inner east offers a stimulant treatment program. It is an innovative and high-quality service offering a range of services.
Level 2, O'Brien Centre, on the corner of Victoria and Burton Streets, Darlinghurst. Phone 02 9361 8078 office hours

Get an "S-Check", a health and wellbeing check for stimulant users. Call for appointment 02 9361 8079 also available at ACON at Monday arvos, call 02 9206 2000 or go to www.stimcheck.org.au.

Attend "The Link Group", a strengths-based group discussion meeting based on Cognitive Behavioural Therapy held at SVH each Wednesday night 5:00PM to 7:30PM.

Call the **24 hour Stimulant Treatment Line**, a NSW wide phone help line that operates out of St Vincent's Hospital.
Call **02 9361 8088** or **1800 101 188**

Drop in for a free half hour counselling session, no appointment, no ID, Mondays, Tuesdays, Thursdays and Fridays from 8:30AM to 12:00PM. After several sessions, you will be appointed a permanent counsellor who can help you with next steps.

This STP offers dexamphetamine, a replacement therapy that works for ice users in a similar way that methadone works for heroin users. However, it's extremely hard to get onto this treatment.

2. Wesley Newcastle City Mission building, Ground Level, 14 Wood St, Newcastle West
Phone 02 4923 6776 has a stimulant treatment program that is part of Hunter New England Health.

The Newcastle service is open Mondays to Fridays, 9:00AM to 4:30PM for assessment and counselling. It offers dex to a small group of people and has a special focus on people who have mental health issues and support for parents of people who use stimulants.

3. Burelli Centre, Suite 3, Diamond Plaza, 65-67 Burelli St, Wollongong Call 1300 652 226 office hours.

and

Crossroads Youth Health Services, 49 Worrigee St Nowra
Call 02 44 231 784 Tuesdays and Thursdays

These are newly funded sites in the Illawarra Shoalhaven Local Health District.

This service is a standalone STP like the SVH model. Counsellors available but no dex offered. Emphasis is on young people and people who identify as Aboriginal.

EDWARD AND JACOB TOLD UN ABOUT THEIR EXPERIENCE AT ST VINCENT'S STP, INCLUDING WHAT DEX SUBSTITUTION TREATMENT IS LIKE.

STEPPING STONES TO STOPPING: EDWARD'S STORY

I've been struggling with my ice use for a long time and I am ready to stop. I have legal problems and I really, really do NOT want to go back to jail. I have health issues including collapsed veins. I was attracting desperate people. All in all, I realised I deserve a better life than I was having.

I think when you believe in yourself there is hope. People will gravitate towards you and want to help you.

This is my fourth time on the STP but my first time on dex and it's making all the difference. I still use ice every day but about 1/3 to 1/4 less. I've even paid off a large debt hanging over my head.

I didn't start using ice til my late 30s, but I became dependent on ice very quickly. I couldn't see a way out even after the party ended.

Even when I was desperate to stop, I couldn't just go from a large dependency to total abstinence. The STP's gentle, harm reduction angle works for me. I need a substitute and gradual change. The STP team are realistic; they talk about stepping stones to stopping. They know it's a big deal for me to reduce as much as I have. They make me feel like I am winning and that builds my self-confidence. I now see that light at the end of the tunnel people talk about and it's getting brighter every day I stay on the STP.

The counselling is a necessary part of the STP and my session is my safe place where there is no judgement. I vent about things to my counsellor that I don't talk about to anyone else. I think everyone should do it. I unload my week, get challenged, work out what I want and generally feel supported. You can talk about anything you want. One day totally out of the blue I talked about my mother for the whole session. Things came up I hadn't even realised were important.

Your counselling session is also where they work out if you need dex or not, because not everyone needs it or will benefit from it. And it's where they work out how else they can help you, because there is nothing "one size fits all" about the STP. It's all custom fit!

Dex is not a cure or a silver bullet. It's not like having ice. It's oral so it's slow release. The dex just gives me that bit of energy I need and takes away the edge of nastiness I get when I am coming down from ice. I pick up my dex around lunch time and I get four or five hours free of ice cravings. The highest dose is 80 mg a day - that's 16 pills. I think if they could increase that cap and make it last longer I could become abstinent from ice more quickly. Being dosed twice a day might be a solution, but having to go to the clinic twice would be hard because it takes about 40 minutes to get dosed apart from travelling time. Dosing at a chemist might be a good solution if they don't trust us with takeaways and would open dex up to people who work.

I realised I deserve a better life than I was having.

I've been reducing my ice use for a few months now and my biggest hurdle is dealing with an outpouring of grief. Ice masked my emotions for a long time but dex doesn't do that for me. I'm at the stage where I cry easily. I have never been one to share my emotions. I might cry on my own or in front of my partner but never in public, so I am finding it really embarrassing. I have no control at the moment but I have to work out what is at the core of it, what larger grief I am hiding or I feel that I won't get any control over my drug use in the long term.

I really believe the whole STP combo should be made available to everyone struggling with their ice use. It makes sense to offer it at all hospital Drug and Alcohol programs. Dex should be extended by tweaking the current OST networks including private clinics and chemists.

GETTING THE RESULT I WANT: JACOB'S STORY

I came to the STP as a poly drug user and it saved my life. I had the desire to change but I just didn't have the tools to do it. The STP has given me time out and a way of learning about myself.

When you first come to the STP you usually have to spend 6 weeks or so doing counselling at the drop-in clinic, I was fast tracked into detox because I had a K dependency on top of my ice dependency and was drinking alcohol as well. K withdrawals are very similar to alcohol withdrawals - you get tremors and need a medicated detox. In fact alcohol can stop the K tremors long enough so you can get a shot away - one of the main reasons I drank every day.

After my K detox, I got allocated a regular counsellor and put on dex for my ice use. Things have really changed for me. I am using K rarely and only a quarter of the ice I used to use. I am not drinking alcohol at all. I have even had abstinent days. That is huge for me.

You ask me if I would recommend the STP. Of course I would. This is the only thing out there for people on ice. I know, I've looked. Even if you don't go on dex, the counselling part is great.

I feel really lucky to be one of the few people on dex. It isn't a high but it takes the edge off, takes the craving away and does block ice if you use it. I had tried Modafinal but it didn't work for me. But I do know people it has worked for, so I think it needs to be available as an option for people. We are not all alike and we need lots of different tools to help us make changes to our drug use.

I pick up my dex in the late mornings. The doctor told me to try and not use before I get my dex and I have been pretty good at sticking to that. If I am going to use I will do it in the evenings, after the dex has worn off. To not use, I try and go to bed really early. That works for me some days. It would be great if I could have another dose of dex in the early evenings though.

I had the desire to change but I just didn't have the tools to do it.

It can be hard work, picking up the dose every day when you have no energy, but it's worth it. If I worked I couldn't do it. I do think they need to work out how to make the STP right for people who are working. Being able to go to a chemist would make a lot of difference. I think most chemists who do methadone would probably be willing to take on dex.

I still haven't worked out what I am confronting in myself or what I use the drugs to mask. I have a mental health diagnosis and that muddies the waters a bit but the STP staff are great - they say no rush, it will all come. What I do know is that I have the desire to change. I don't want to be using. And with the STP I am getting the result I want.

WE DESERVE TREATMENTS THAT WORK AND ARE SAFE!

We are always calling for more treatment choices. We want innovation, we want convenience but most of all we want effectiveness.

In 1997 the media were full of a new product, naltrexone implants which promised a cure for dependency on all drugs and alcohol, as well as behaviours like gambling, sex and shopping.

Naltrexone is a narcotic antagonist that attaches to opiate receptors in the brain and blocks the euphoric effect. Perth gynaecologist George O'Neill developed implants that are surgically inserted under the skin in the lower abdomen to supply a continual slow stream of naltrexone for up to several months.

Naltrexone implants are not approved for use in Australia except as an experimental drug. Russia is the only country in the world where they are approved. Coroner's Courts have found practitioners responsible for a number of deaths from the implant procedure (which may require rapid withdrawal) and clinics have been closed by the authorities. There is now only one clinic that does the procedure, in WA. Serious events and complications arising from use of the implants include overdose; home removal; natural rejection; seeping, infected sites; and severe depression.

Regardless, many desperate people are forced by courts, family and their circumstances to get implants, including meth users. Stigma and discrimination allows us to be treated this way.

O'Neill's consistent public claim is that the implants have an 85% success rate. So, of course, if this medical miracle fails to work for you, it must be your fault.

EMMA'S STORY 'I NEEDED TO BELIEVE IN A MIRACLE CURE'

I was extremely depressed about losing custody of my daughter. I was vulnerable. I needed to do something quick.

I saw a story on a current affair show about magical implants that could "cure any addiction". They featured lots of success stories. Inventor Dr George O'Neil explained that the implants didn't have government approval because they were so miraculous, big pharma were scared of going out of business.

This was exactly what I needed: an instant way out. I was injecting ice in 8-day binges, sleeping for a day or two, then doing it all over again.

The $5000 cost seemed a lot, but my family persuaded me it was a fraction of what I injected. So I made an appointment, asking if it would work for ice. I was told it worked for everything. This is a lie.

The clinic psychologist told me the implant would change my life. He said some people experience depression, but because I had a positive attitude and wanted my daughter back, I would be fine - despite my history of depression and suicide attempts.

Dr O'Neill told me 85% of people with implants stop using their drug of choice and half never use a substance again. He said 2 years of implants would completely cure me. Given no-one I know was ever followed up I am not sure where the figures came from.

He said naltrexone implants made you very fertile and wanted to give me a contraceptive implant. I refused but he asked again after I was given a relaxant. I refused again and my wishes were respected but a friend woke up with one even though she said no.

They were about to cut into my stomach when I freaked out and said I'd changed my mind. The nurses held me down as I screamed over and over for them to stop. The procedure was done as I begged. I made a formal complaint which was overturned on the grounds that I had consented when I signed my name.

Before I left, a doctor gave me bottles of Serapax and Valium saying "Can I trust you with these?". The website says the implants cure benzo dependency. Not true. I'd never used them before but this prescription started me on a benzo dependency. When I complained, I was told I was lying, that as a user my word didn't mean anything.

After the surgery, I had only 1 follow-up call from the clinic. I said I was extremely depressed and was told "at least you're not on heroin". I hadn't been on heroin before!

I was told the implants would last 6 months in the body and dissolve by 12 months.

I thought I was getting one implant - turns out I got 3, each the size of a tampon. After 18 months, 2 still hadn't dissolved.

I rang the clinic and they insisted the implants could not be there, arguing it was an STI from my time in the adult industry. I knew it wasn't - I was regularly tested. It got so if I coughed or sneezed, it hurt. Then it started hurting regardless.

Eventually, 2 years on, a GP cut out the implants. I was lucky. Most doctors in Perth won't touch the implants, but refer you back to the clinic. This includes the hospitals. Even when a girlfriend had one pushing out of her stomach and a friend had complications after he tried to remove an implant himself, both out of hours, the Emergency Department refused to help, stating that only the clinic could assist.

I have now dealt with my drug use and my daughter is back with me. But not because of the implants.

You know what I think the worse thing was about my experience with naltrexone implants? Worse than the lies, the way I was treated and the implants not dissolving? It was that because I had believed it was a miracle cure, when it didn't work, I felt robbed of hope. I asked myself "What is wrong with me? Why does this work for everyone else but not for me?". They insist it works, so if it doesn't work for you, you feel beyond redemption.

The trouble with being in treatment for drug use, is that if it doesn't work they don't blame the treatment, they blame the person who uses drugs. You didn't try hard enough, you were not honest enough with yourself, you didn't want it badly enough. That's ridiculous. We wouldn't have done such a radical thing if we didn't really want it to work.

The one thing I want to say to people who work in drug and alcohol treatment: if we are there in front of you, we want things to change. Please help us with things that are safe and have some evidence base to them, because we are really relying on you.

Basically, he told me everything I wanted to hear: that I was different, that it would work for me, that my life would change.

TREATMENT BY INJECTION

Imagine only having to deal with your Opiate Substitution Therapy (OST) once a month.
The Langton Centre in Surry Hills is part of an international trial of a new, long-acting depot buprenorphine product that can be given with a single subcutaneous injection once a month. No more queues, no more dealing with the daily grind.

Professor Nick Lintzeris who heads up Drug Health Services in South East Sydney Local Health District told UN: "This product will totally change the face of OST in Australia. It's the biggest thing to happen since buprenorphine was introduced here nearly 20 years ago."

Prof Lintzeris tells us "These monthly injections will not be for everyone. Patients who need regular support and care or take daily mental health medications with their OST may be better off with a closer relationship to their clinic or pharmacy. But for part of the OST community, the choice to be dosed with buprenorphine only once a month will be a very useful and welcome addition to the range of treatments available for opiate use. Once this new product is approved, there will be a freer life waiting for those who want it."

The idea of only being dosed once a month certainly unlocks those "liquid handcuffs". You can now take that job that requires travel, be it airline steward or truckie, without worrying about your dose. If you want to go on holidays there is no fussing with takeaway approvals or transfers. You could even go to countries that frown on OST for as long as a month without having to declare any medications. And for those looking towards abstinence, getting out of the habit of daily dosing helps put their drug use "out of sight out of mind".

It is also possible the monthly injections may become popular in jail settings, solving some of the issues that limit the number of inmates who are granted OST.

The buprenorphine injection has no naloxone added. Those who choose to inject illicit drugs on top of their monthly injection will find it similar to injecting on top of methadone: they will feel a blunted effect but will not go into precipitated withdrawal.

Prof Lintzeris thinks it will still be 12 to 24 months before the product is on the standard menu here. The approval processes are strict - just as we want them to be. There are two companies 'neck and neck' in the race to have their product approved in the US, after which we hope they will tackle the Australian regulations.

Neither product has a market name yet, but for trial purposes are known as CAM2038 (from Braeburn Pharmaceuticals and Camurus) and RB6000 (from Indivior, makers of Subutex and Suboxone).

CAM2038 looks to be more flexible with four different dose strengths for either weekly or monthly injections. By contrast, RB6000 comes in only two doses: high (aiming for blockade effects) and low doses with only a monthly option. Unfortunately, it's not simply a matter of choosing the best fit – as with many innovations one of these product will probably become standard and corner the market.

At this stage both products have had "double blind" tests (where the product is compared to a placebo or active control group of people on sublingual buprenorphine) with good results, although these studies are yet to be published. Langton is currently one of 4 Australian sites trialling CAM2038 as part of a year-long international trial of 20 sites to ensure the product is safe and workable. Professor Lintzeris reports that clinically all is going well with the trial at Langton. The product is easy to use, it's flexible, no serious side effects and there appears to be high levels of consumer and staff satisfaction with the product.

The new injections bring advantages, but also challenges for its users. For example as we would not handle the product we wouldn't be able to share with a needy partner or friend or put any aside for a rainy day. We also need to watch out that this new format is an addition and not a replacement to the current OST menu.

Right now, Australians can be prescribed an entire month's worth of Suboxone film, yet this option is rarely taken up. This may be because few prescribing doctors or people who use drugs are aware of the option. Prof Lintzeris said "We need better continuing education so that doctors are up on new developments in OST."

Those people prescribed monthly Suboxone often face costs out of proportion with the service they receive. Many pharmacists charging the same for a single monthly box of medication as for monthly daily dosing. "Section 85" prescribing would allow for a PBS listing, allowing users to pay a monthly cost of just over $6.20 for Health Care Card holders and $38.80 for the waged. It is the responsibility of the pharmaceutical company to apply for recategorising, however we are still waiting.

An additional reason few doctors write monthly prescriptions of Suboxone lies in stigma and discrimination. Doctors often do not trust their patients with a month of medication, believing it may be diverted or lost.

Monthly injections may solve some of these issues - but not if the cost is that we lose other choices. The control we gain by being free from day to day dosing hassles must be weighed carefully against the lack of control we lose by not being able to manage our medication ourselves. And because we are all different, with different needs, any new modes of OST must be additions and not replacements to the status quo. We will always welcome another option to the menu of treatment services.

GARY'S STORY WHY IT WORKS FOR ME

I've always been in conflict with myself about my drug use. I like drugs but I hate what comes with it. I hate when I have no food, no cigarettes because I've had a shitty $50 taste. I hate knowing what the result is going to be, but doing it anyway. I really don't like being controlled by my drug use.

I'm 50 now and I've been on and off Opiate Substitution Treatment (OST) 8 times and 2 of those times have been on bupe. This is my 9th attempt. I've always used OST to stop using, then got off it when I felt ready. So far I've ended up using again and had to get back on. But I'll never give up trying.

I put my hand up for the monthly buprenorphine injecting trial because I was over going to the clinic every day. Because my goal is to not use and get off OST so it wasn't a healthy place for me to be every day. There are a lot of people at the clinic who for one reason or another don't want to stop using or are having trouble stopping. They may be just starting out on OST or who have just come out of jail or simply have been on a long time and are comfortable combining their OST and using. So there can be a lot of wheeling and dealing going on - people asking you to score for them or trying to sell pills or whatever. It's in your face.

Apart from the drug use, there's always drama, people pushing in, arguing and so on. All in all, I found it a real drain going there every day. I am so glad I am out of that. There is nothing I miss about the clinic.

Having said that, I did feel a bit lost when I first got on the injections. I would wake up and have nowhere to go. I would be looking for a drink or a pill to fill the gap. Going to the clinic gave me direction in the morning and I have had to find ways to deal with that - other things to do.

Change came to me through caring for my nephew. I started looking after him, dropping him off and picking him up from school for my sister and being involved in my family a lot more. It gave me something to do and was really positive. It's really been wonderful finding new things to get me up in the morning, to get me motivated about my life.

I've also made some decisions about my future and I'm starting a course in March.

The great thing about being away from the clinic environment is that you are not faced with drugs on a daily basis, you are not faced with being a daily drug user. You are just a person. I don't think about drugs at all now.

As far as being on the bupe injections goes, I don't feel anything different. It's exactly the same as being on it every day. It's not like there is anything in your arm that you can feel, it's not an implant. When you get the injection it pinches for a couple of seconds, but there is no pain. It's all very easy.

I've been on the injection trial for nearly a year now. I have two injections left and then I am off the bupe. I really think this will be "it" because I have dealt with the daily thing, I have moved away from being around people who use and I have found new routines, new things to do with my time.

I would absolutely recommend the monthly injections, especially if you want to not use and/or you've got a job or things to do in your day and don't want to be tied to having to pick up a dose every day or even every few days. I don't regret it for a moment.

GET SMART

WHAT IT IS

SMART stands for **Self Management And Recovery Training.**

SMART is a group program designed to assist people who want to change behaviours that are a problem for them. In theory, this could be anything from gambling to shopping or cigarettes to sex, but the majority of attendees come to change the way they use drugs or alcohol. SMART began in the USA and has been in Australia since 2006.

The SMART program is based around weekly attendance at a 90 minute meeting. Discussion is led by a facilitator specially trained in a combination of evidence-based techniques and tools including cognitive behavioural therapy (CBT) and motivational interviewing. A number of rehabs, drug and alcohol services and Aboriginal health services are using the SMART way to help their service users make life changes.

THE PHILOSOPHY

The SMART program doesn't focus on any particular substance, it's about changing your behaviour by looking at underlying issues. Co-ordinator Josette Freeman says "SMART isn't therapy or counselling; it's about finding immediate solutions to immediate problems. By focusing on your strengths, a facilitator helps you to set goals and work through how to reach them."

The SMART catchphrase is: "Come with a purpose, leave with a plan".

HOW IT WORKS

Smart recovery is based on a 4 Point program.
1. Enhancing and maintaining motivation
2. Coping with urges
3. Problem solving
4. Lifestyle balance

Unlike other programs which confront your past, SMART techniques focus on the present. Josette explains: "SMART Recovery is not a lifetime program. It's about learning the tools and skills to live the life you want, and then going out there and applying those things. It's about practicing what you've learnt, trying all the suggestions." Most people attend SMART meetings until they are confident they have learned what they need to reach their goals. However there are no limits to the number of times people can come back if they need more help or if their goals change.

SMART Recovery Australia differs from most programs that use the term "recovery" because it is not abstinence focused. Josette told User's News: "Your plan is whatever you want. Your goal does not have to be abstinence." Non-abstinence goals could include wanting to only use on the weekends; to reduce your alcohol use but not your drug use; or to just change a particular risky way of using. Unlike programs that focus on being completely drug-free, SMART has no issue with your pain medication or substitution therapy like methadone or modafinal. Josette explains further: "Your facilitator may suggest that you work on whatever is causing you most grief however your goals are your choice. Only you decide and only you are accountable. There is no 'clean time', no judgement, no punishment."

WHAT TO EXPECT

There are usually around six participants plus the facilitator at each SMART meeting. The facilitator welcomes and introduces the participants and then ensures the group stays focused so everyone gets what they need out of the session.

There are no labels - no "addict", "alcoholic", "junkie". If participants self-label, that's accepted, but the facilitator doesn't use labels and encourages participants not to apply labels to other people.

There is no religious aspect. If participants want to use a "God" or incorporate things like mindfulness, meditation or yoga that's fine too - but it's not a group thing and it's not part of the SMART way.

Discussion only focuses on the 7 days before the meeting and the 7 days following it. Regulars are asked how their last week has been, and what they want to talk about that day. Those who had just experienced a difficult week would be encouraged to look at what interfered with their plan and how they could respond differently next time. New people are asked what brought them to SMART Recovery and what they want to get out of it. By the end of the meeting, everyone has worked out a realistic goal for the following week and has a set of strategies and skills to help them identify and work through triggers that might trip them up.

There is no drug talk at SMART meetings. The discussion is around feelings like anxiety, depression, anger, stress and loneliness and how to deal with them.

SMART Recovery has useful resources and worksheets to support participants but they are not used in the group sessions. They include things like a balance sheet to weigh up the pros and cons of behaviour, a log to note cravings and urges and a tool for setting goals.

WHAT'S THE COST?

Attendance at SMART meetings is free to participants, although they do "pass the hat".

MORE INFO & MEETING SCHEDULES

There are currently 175 meetings nationwide, nearly half of which are in NSW.

Call SMART on 02 9373 5100 during office hours to find out more or ask if there is a meeting near you. Their website www.smartrecoveryaustralia.com.au has a full meetings list and lots of great information like worksheets and research articles. You can also call ADIS on 02 9361 8000 or 1800 422 599 (open all day every day) for meeting details.

GEORGE'S STORY

George has been using SMART for 3 years to help him reach his substance use goals. Many of us stop using illicit drugs only to increase our alcohol use. Others use both illicit drugs and alcohol and would like to deal with them better. SMART focuses on the feelings, not the substance.

Here is George's experience.

I have been struggling with substance use of one sort or another since I was a teenager with ADHD and a skateboard. My use saw me go from a top student with discipline problems to a drop-out with legal problems. I managed to get my drug use down a little, with the support of my girlfriend at the time and an old principal who helped me get into TAFE. But I just swapped substances to alcohol and soon I was having my first drink as early as 6:00 AM then drinking all day.

Then my brother died of an overdose. He was also my best friend and I went through a really hard time. I went overseas on a holiday with one of his close friends to try and get a handle on things. On that trip a series of drunken accidents and fights turned into a major wakeup call. I now knew what was obvious to everybody else but me. My drinking was out of control.

I did want to get a grip on my substance use but I had no idea how to approach the task. I had support from friends and family but not the tools to change my behaviour or my attitude.

I attended an AA meeting but left after 20 minutes as I didn't feel it was right for me nor did I want to abstain totally. A close friend suggested I attend a SMART meeting with him.

I intended to observe only but within 10 minutes I was openly discussing my challenges and the reasons I thought I was in the position I was. By the end of that meeting I had identified some of the causes, triggers and reasons for my substance use. I had also begun to explore some of my attitudes and misguided beliefs.

I find the informal group discussion format of SMART meetings gives me a comfortable place to look at the challenges I face regarding my substance use. I can share my experiences with others going through the same thing and hear their fresh ideas. Their advice has been truly invaluable. I like sharing my successes and struggles with others and enjoy sharing in their journey.

I had the support but not the tools...

I really like the 7 day focus of SMART meetings. By talking through the previous 7 days with the group, I can picture what I need to fix. I can work out how I can improve and plan the next 7 days from a fresh start. It is easy to say 'I am not going to do this' but I have found I just repeat my mistakes if I don't have a plan of action. Each week I refocus on my goals and alter my approach. It's also important for me that I stay accountable when I haven't had the best week. While I never feel judged by the group, I do feel I have let the others down when I let myself down.

I have been attending a weekly SMART meeting for close to three years now. In that time I have changed the way I think about my substance use in a HUGE way.

The change began slowly. I identified my end goal - controlled drinking - then set milestones. I decided on a number of drinks per day that I felt was achievable. I reduced gradually til I met my goal. It took an increasing level of commitment and dedication, but after about a year and a few months I had my first alcohol free day (AFD) in close to 13 years!

Since then I have dramatically changed the way I think, my approach towards activities, my decision making processes and my view towards my friends' alcohol consumption.

It is easy to say 'I am not going to do this' but I just repeat my mistakes if I don't have a plan of action.

I am now in the last year of my first uni degree with a distinction average, I successfully completed Dry July last year and exceeded 35 AFDs. I have a better relationship with my family, especially with my younger sister who worried I would follow my brother to an early grave. I am generally much healthier and happier than I have ever been in my life and I owe a great deal of my success to the SMART meetings.

SMART has enabled me to see that I can 'DO IT'. I truly believe in the SMART meetings and the methods used and whole heartedly recommend SMART to others. It's not over yet but the light at the end of the tunnel has never been closer nor brighter!

DOING IT WITH FAMILY SUPPORT

We know from studies like Rat Park and Jaffe's study of heroin-using soldiers returning from the Vietnam war that environment has an enormous influence on drug using behaviour. Family support has been shown to be very beneficial in helping people who use drugs make changes to their drug use.

In response to losing his son to a heroin overdose, Tony Trimingham formed Family Drug Support (FDS) in 1997 to support families whose children are using illicit drugs. He had a new philosophy out of odds with the "tough love" message of the day that encouraged parents to divorce themselves from their using children. In contrast, Trimingham knew that most parents just wanted a positive relationship with their kids. He believed people could be empowered to lovingly support a family member using drugs while staying centred and that this would put them in a position to contribute significantly if and when that family member chose to make changes to the way they used.

For a person using drugs, the support of their family can make all the difference. Being able to go home can change a life.

Thanks to FDS for allowing us to print stories from Lily and her mum Jenny. You can call FDS on 1300 368 186 or check out their resources at http://www.fds.org.au/.

(You can read more about the US soldiers' experience at: http://www.npr.org/sections/health-shots/2012/01/02/144431794/what-vietnam-taught-us-about-breaking-bad-habits)

THE TWO OF US

JENNY'S STORY

I remember the night in February when my daughter, then aged 24 told me she was injecting heroin. I was overwhelmed by feelings of utter confusion, ignorance, fear of the drug itself and not knowing where and how to seek help. Soon after came anger - anger that she was so stupid as to take heroin, anger that she could steal from the family. I knew she had tried an assortment of drugs since leaving school, but it was hard to pick up on her drug use as she suffered from depression, and so she was never an easy teenager.

I spent a year helping her fight her drug use while she lived at home. It was a year spent with hope that the next detox would work and then it didn't. I was fortunate to link into Family Drug Support and gained much support from this.

I believe that like everything in life (and that includes heroin) timing is important. Both my daughter and I had to reach a stage where living at home was no longer feasible. She then moved to King's Cross in Sydney.

Eventually she realised she had to change direction. This led to her being on the methadone program, which has so far proved successful for her.

LILY'S STORY

Stopping my heroin use is one of the hardest things I've had to do. Without the loving support of my family, I don't think I'd be where I am today.

What a lot of people don't realise is this thing can be so much bigger than you. I would sneak around the house looking for money, feeling physically ill that I had sunk so low. But the craving and cramps would push me and I always knew that after a shot everything would seem better.

For a year I went through the motions of trying to beat using, with many trips to the doctor, psychiatrist and treatment centres. But I don't think I was ready to give up at that stage. For me, the party wasn't over yet.

It wasn't until I found myself living in a motel in Kings Cross, doing sex work that things changed. It was what I needed and wanted to do at the time, but it wasn't how I wanted my life to go, how I saw my life continuing. I realised I wanted something else and I simply couldn't have it with an active dependency. Luckily I could go home again, so I moved back, ready to make some changes this time.

I'm now on the methadone program and that turned out to be the thing that works for me. Things have changed. I have a job, a steady relationship and - more importantly - I'm happy and the future looks bright.

YES, THERE'S A PLACE FOR TEENAGERS WHO USE DRUGS

Older people who use drugs may remember Ted Noffs' Wayside Chapel. One of the first organisations to work with people who used drugs, the Wayside began in an era where many of those working in the field had a religious background and little training or understanding of drug use or people who use drugs. Programs were developed without the benefit of research; stigma and discrimination ran riot; and "tough love" was the order of the day.

Fifty years on, the Noffs Foundation is a very different service provider, reaching out specifically to young people with evidence-based care and harm reduction techniques. We talked to Ted Noffs' grandson Matt about his service and how the Foundation supports young people.

UN: What does the Noffs Foundation offer?

MN: If you are a young person aged 13 to 17 or a family member and you want to find out about our services, call our free numbers 1800 151 045 (NSW/ACT) or 1800 753 300 (QLD) or go to our website https://noffs.org.au/. We run 7 Street Universities around Australia; 2 residential rehabs called PALM (Program for Adolescent Life Management); 2 community based versions called CALM (Continuing Adolescent Life Management); services for homeless young people; social enterprises like Street University Clothing which is run by young people; family support. We have services in Sydney's east and west, Canberra and southern Queensland. Our services are free. There's a short waiting list for the residential rehab but none for the Street Universities.

UN: I'm a teenager, I'm living on the street, using ice, a few pills, whatever I can get. I go to a youth drop in centre and someone there tells me I should talk to Noffs. Why? What can you do for me?

MN: I'd get you started at a Street University; they're pretty special. In fact, Chuck D from Public Enemy called the first one "a work of art."

Here's how it is: You walk in, you hear some young person spitting ridiculously good freestyles in the back corner where there's a mic and speakers. A worker comes up to you and says "hi" and gives you a tour. She shows you the basketball court and then takes you through the studios where you too can record music, dance, relax, grab a bite to eat for free.

Then she says "This place is free but I just need to ask some questions so I can work out if there's anything I can

help you with." At that point we do an assessment and find out if there's issues going on for you like trauma, violence at home, issues with the cops, court and of course, drugs. That's the moment treatment begins which may include a referral to one of our other services.

Young people aren't mandated to come to the Street University but thousands upon thousands turn up because they want to be there. In the clinical world you'd call it a "brief intervention" with trust building over a few months but I call it creating a community.

UN: If a young people says to one of your workers: "The fact is, I like taking drugs and I don't think I want to stop completely ... but I do want a better life", how is that dealt with?

MN: It's not about whether a young person uses drugs or not. We're not about "stopping drug use" - that's unrealistic, it's judgmental and it doesn't work. What does work is this: Understand the needs and wants of a young person and help them build a vision for how their life could be.

If she walks in and says "I'm sick of my ice but I love my weed" then our job isn't to judge. If she walks out and she can get up in the morning and enjoy her life but she still smokes that's a win for her and for us. Our job isn't to create good mortgage paying citizens - it's to support flourishing lives.

Counselling is a part of that support but so is creative expression. Everyone of us does better when we feel like we have a reason to live and every single one of us has different reasons. Treatment isn't a one size fits all. It's about each human being.

For a long time the field was split and it was harm reduction vs. abstinence. I think the field has found some peace between the two. We need to work together. The word "treatment" needs to go and should be replaced with something that means "community" or "helping each other."

UN: Do you know what happens to young people after they have been to you?

MN: Over half the young people we see completely stop using drugs. Criminality drops by over 50% and suicidal ideation drops from 1 in 2 to 1 in 10. But that's success for government - that's not how we see success. Let's look at failure. Failure to me is when a kid leaves us and they're still heavily involved with crime and they can't sleep and they hate life. That's pretty rare for us. Overall, success to me is seeing a young person get on with their life and enjoy it whether they continue to use drugs or not.

HERE'S HOW IT IS: YOU WALK IN, YOU HEAR SOME YOUNG PERSON SPITTING RIDICULOUSLY GOOD FREESTYLES IN THE BACK CORNER WHERE THERE'S A MIC AND SPEAKERS...

COUNSELLOR TRY-OUTS

When they are good at their jobs, counsellors can be very useful people for helping you find out what you really want to do about a situation and then supporting you towards making the changes you decide you need to make. This can include cool stuff like challenging unhelpful beliefs, helping you bring out the best in yourself and giving you practical alternatives to try.

Here are some tips if you're shopping for a counsellor

All public drug and alcohol services have counsellors on staff. Call your Local Health District (page 15) or your local hospital's Drug and Alcohol Service to enquire.

If you are on Opiate Substitution Treatment (OST) at a public clinic you can ask to hook up with a counsellor next time you go to get dosed.

There are many private counsellors. One search option is the website for the Australian Psychological Society https://www.psychology.org.au/FindaPsychologist/. Or call them toll-free on 1800 333 497.

Ask your GP for help. Not only might he have a good idea of suitable counsellors in your area, he can write up a Mental Health Treatment Plan so you can get up to 6 visits a year to a clinical psychologist covered by Medicare.

Many work places have Employee Assistance Programs where you can see a counsellor a set number of times - usually 3 a year - paid by your employer. EAP sessions are supposed to be confidential but be careful around drug use at work. A counsellor can report back to your boss if they feel concerned about safety on the job. (More info around this Google "EAP HEALTH NSW")

Ask your friends for recommendations! But remember just because they are a good fit for your friend doesn't necessarily mean they will suit you.

You may need to see a few people to find the right one. Just because one or even two or three don't work doesn't mean all counsellors are hopeless. There really are some fantastic ones out there.

Calling first to suss them out. Ask about their qualifications and experience. You want a qualified clinical psychologist or social worker who has kept up their training.

Don't be railroaded into making an appointment before you are sure. Doing your research on that initial call may save a few bad sessions. If they are not respectful or don't listen to you on that call, you can be sure they won't be hearing you properly later. Ask what sort of theories and therapies they use so you have an idea if they will be a good fit for you. Check against our guide at page 18-19. You can even ask them what they think about things important to you, like "harm reduction".

Some private psychologists want upfront payment and may charge more than the Medicare rebate. Ask about payment when you first ring them so you are clear about it. Some may bulk bill you or waive the gap if you are on a Centrelink benefit or have financial hardship - but they may not offer it. You have to ask them about it.

STUFF TO TRY

Here is one counsellor's list she reckons will give you better mental health, no matter who you are or what is going on for you!

SAVOUR GOOD MOMENTS

TREAT YOURSELF WITH KINDNESS

EMBRACE YOUR MISTAKES, THEY DON'T DEFINE YOU

STEP OUT OF YOUR COMFORT ZONE

SAY "NO" WHEN YOU NEED TO

CONFIDE IN TRUSTWORTHY PEOPLE

APPRECIATE WHAT YOU HAVE

GET OUTSIDE

MAKE REST A PRIORITY

CUT YOURSELF SOME SLACK

PURSUE A HOBBY

MAKE FUN A PRIORITY, TOO

CONNECT WITH THE PEOPLE YOU ARE WITH

BE IN THE MOMENT YOU ARE IN

LAUGH OFTEN

LOOK AROUND YOU AND NOTICE IT ALL

ANTICIPATE JOY

CREATE SOMETHING

WRITE DOWN YOUR SUCCESSES

ASK FOR HELP IF YOU NEED IT

Thanks to Sharon Martin at www.SharonMartinCounselling.com for kindly allowing us to print her very cool list

SO YOU INJECT DRUGS...

Whether you are happy with your use, slowing down or having the occasional one, if you are injecting drugs at all, its important to know how to inject more safely.

NUAA runs great training sessions all around NSW to give you information, tips and techniques for avoiding a blood borne virus and other health risks associated with injecting drug use.

They're called PeerLink and they may be coming near you. Workshops go for 2 days of about 5 hours each and if you attend both days you get a payment of $80, just for coming and learning how to look after you and your mates a bit better.

PeerLink will be in Hunter New England (Moree), Central Coast and South West Sydney in 2017-2018. if you're interested in PeerLink coming to your area, call us – details are provided below - we can try to organise to visit your area with your help.

WHAT IS PEERLINK?

NUAA's Peerlink project is our core peer education program, developed and managed by drug users for drug users. We train people who use drugs in harm reduction skills like avoiding bacterial infections, overdose prevention, preventing the spread of blood borne viruses and accessing the new hep C treatments. People that come to our training then share what they learn with their friends. Together we reduce the harms caused by unsafe drug use and improve access to health care

WHAT IS A PEER?

At NUAA we define a 'peer' as someone who has lived experience of injecting drug use. A peer knows where other people who use drugs are coming from and we understand and respect each other in a way that many service providers can't. To be a part of PeerLink, you need to be a peer. It doesn't matter what you're into ice/meth, heroin, methadone, coke, pills or other drugs.

Peerlink is a great opportunity to share your knowledge and learn some new skills in a supportive, non-judgemental environment where we're all peers.

WHAT IS PEER EDUCATION?

Peer education simply means like-minded people sharing information with each other. As drug users, we already do this, it's how we know where to get a fit, it's how we learned how to mix up a shot, it can also be how we learn to stay safe and look after our mates. Peerlink aims to build on this by providing formal training, information, resources and support.

If you are interested in PeerLink coming to your area, please call Andrew Heslop, PeerLink Officer on **0433 360 768** or free call **1800 644 413.**

We want to hear from you!

EATING HEALTHIER AFTER ICECAPADES!

Partied hearty? Had a bit of an ice/meth binge? Detoxing after a run?

Here are some great tips and recipes to help your body repair. These come from Richard Kennedy, the nutrition specialist at the Bobby Goldsmith Foundation who works to help people living with HIV explore healthier ways to look after their bodies.

Whether you are living with a chronic illness or recovering from a big weekend on meth or detoxing from a longer ice run or none of the above, the recipes are yummy so do yourself a favour!

Rehydrating is Important

Well we all know about the various so called 'Sports Drinks' on the market such as Gatorade but not only are they expensive, they are not natural. Make your own and save a fortune – it's easy and quick and all you need is a couple of bottles with caps from a Dollar shop. Store in the fringe.

• Add ¼ cup sugar and ¼ teaspoon sea salt to ½ cup HOT water.

• Stir until completely dissolved.

• Add ½ cup orange juice and 1 Tablespoon lemon juice to the sugar/salt water.

• Add a few ice cubes to each bottle, pour half of juice mixture into each bottle, then fill the rest of the way with cold water.

Stay away from coffee and tea and caffeine filled drinks. They might give you energy but will only dehydrate you further.

Sugar for Energy

After a binge, your blood sugar levels will be all kinds of fucked up. You may turn to chocolate bars and biscuits which are yummy and give energy - but there isn't much in there that's healthy. 2 Tim Tam biscuits (and who can ever stop at just 2) contains 6 teaspoons of sugar! Sugar can cause the body to go on a roller-coaster ride and causes mood swings. If you must have a sugar treat, go for Dark Chocolate which contains anti-oxidants. It's best to avoid sugar where possible and go for fruit. But under no circumstances drink grapefruit juice on meth - research shows it can cause all sorts of problems in the intestines.

Oral Care

After an ice binge you are often dehydrated and the PH balance of your mouth has changed. So the lining of your mouth may be tender and painful ulcers form pretty easily. That makes some food hard to eat. The answer is soft food. Avoid crunchy and/or salty foods like potato crisps that can irritate and cause further dehydration. Try a couple of slices of soft wholemeal bread instead (crusts off if necessary) with a low fat spread. Other good options are Rice Pudding (recipe below) or even some fruit and custard. Try and stay away from alcohol for a day or too as well as the acid can irritate your mouth.

Prepare in Advance...

Before you party the weekend away try and plan food for coming down, and stock the fridge and pantry. Prepare something that can be frozen such as a Shepherd's Pie or a Baked Risotto or even a Baked Potato and Beans (recipes below) and be quickly heated in the microwave when you are hungry. Small frequent snacks may be easier than eating one large meal.

Taking care of your body should be a regular part of getting high. You will enjoy yourself more if you've eaten properly. It also helps with paranoia and can make the crash a lot easier.

Replenishing lost nutrients and calories

It is easier (and cheaper) for your body to absorb vitamins and nutrients from fresh food rather than from pills and supplements. Your body has a lot of rebuilding to do and many people overlook trying to get back into a normal meal cycle. Try and avoid food with 'empty calories' like soft drinks and sweets that fill you up but have no nutritional value.

Some Foods \ to Stock Up On

Bananas – these restore your potassium levels which become depleted through excess sweat and urination.

Small cans of tuna – good source of protein and Amino Acids. Meth strains the liver and fish helps fortify it and break down the toxins in your body.

Eggs, hard boiled or in an omelette - a good source of Vitamin B12

Yoghurt and 'sharp' cheese such as Cheddar or parmesan.– good for 'gut health'
Roast chicken

Protein or sports bars

Easy Sheperd's Pie

500g Beef or Lamb mince
1 Brown onion, finely chopped
1 Carrot, diced
1 Cup Frozen Peas
1 teaspoon Dried Italian Herbs
2 Dried Bay Leaves
Can of Condensed Tomato Soup (Big Red or Coles Brand)
2 Beef or Lamb Stock cubes
Cup of Water

Topping
4 Potatoes – Skin on and quartered
½ Sweet Potato – peeled and cubed
Butter
100g Parmesan or Cheddar Cheese
2 tablespoons of fresh Chopped Parley

Fry Onion and Carrot in Olive Oil over a medium heat for about 5 mins until soft.
Add the Mince and stir until it has browned and become crumbly.
Season with a little Salt and Pepper and add dried herbs.
Add cup of warm water, crumbled Stock Cubes and Tomato Soup. Add the Bay Leaves and Frozen Peas.
Bring to boil, stirring constantly then once it has come to the boil lower heat to a simmer and stir occasionally for about 20 mins until the sauce has thickened.

Boil the potatoes for about 10 minutes and then add the Sweet Potato and continue to boil until soft and they can be easily pierced with a fork. Drain potatoes and mash with a fork or masher adding the butter until they are smooth – you shouldn't need milk. Add Parsley and half of the cheese to taste.

Put the mince mixture into a casserole dish (remove the Bay Leaves), and top with the potato mixture.

Boston Baked Beans

1 Brown Onion, finely chopped
2 cloves of Garlic, crushed
2 rashers of streaky Bacon, chopped
1 can Cannelloni beans
1 can Diced Tomato
2 tbsp Brown Sugar
1 cup cold water
1 tbsp wholegrain mustard (optional)
1 tbsp Golden Syrup (optional)

Heat some Olive Oil in a large saucepan over medium heat and add Onion, Bacon and cook until golden brown.
Add Garlic and cook for another 2 minutes.
Add Beans, Tomato, Sugar and Water (and Mustard and Golden Syrup if using)

Bring to boil and then simmer for 20 minutes until thick, or transfer to a casserole dish and bake for 30 mins at 180C.

Bake at 180C for 20 – 25 mins until the topping is brown.

This can be stored in the fridge for up to 2 days or divided into portions and frozen – then microwaved or reheated in a 160C oven.

Quick Baked Potato

Large potato(es)
Olive Oil
Butter, Cheese or Baked Beans

Scrub a large potato to remove soil and prick about 7 or 8 times with a fork.

Microwave on full power for 10 – 12 minutes (15 – 18 mins for 2) – you will be able smell when it has started to cook.

Rub the potato with Olive Oil (and Salt if you like crispy skins) and place on a tray

Bake in a hot oven (200C) for 20 mins.

Spilt open and top with Butter, Cheese or Baked Beans

Oven Baked Chicken and Leek Risotto

Large potato(es)
Olive Oil
Butter, Cheese or Baked Beans

Scrub a large potato to remove soil and prick about 7 or 8 times with a fork.

Microwave on full power for 10 – 12 minutes (15 – 18 mins for 2) – you will be able smell when it has started to cook.

Rub the potato with Olive Oil (and Salt if you like crispy skins) and place on a tray

Bake in a hot oven (200C) for 20 mins.

Spilt open and top with Butter, Cheese or Baked Beans

Avocado Chocolate Mousse

A healthy twist on the classic

1 ripe Avocado
¼ cup Cocoa powder
¼ cup Honey
¼ cup Cream (optional)
1 tsp Vanilla

Whip up all the ingredients with a hand held electric mixer. If you want a lighter flavour, use less Cocoa Powder and more honey / cream.

Keep refrigerated covered with glad wrap.

Cam be served topped with berries – frozen are just as good as fresh and less expensive.

Dope
by Steve Kilby

So i'm riding the train to the vietnamese part of town
and its taking forever
yeah i am riding along
maybe you dont recognise me
i was hurled into this world with enough past life baggage
to check into the white hotel for evermore
how the hell would i know what it was..?
but it was something that was a big hassle
i had no screaming esteem
i could not dig myself at all for sure
as the slow old train wound its way to my destination
my self esteem was not picking up any steam
i sat there attacked from all sides by pain ache despair and anxiety
and thats just the stuff you can give names to…
there are the other formless nameless horrors
bearing down on me and it felt like the whole world
finally we get there and i wander around trying to make eye contact with someone
sometimes the dealers actually greeted ya as you got off the train
today they werent there so i walked through the shops
i make eye contact with a vietnamese guy about the same age as me
ie early forties
he sidles over to me gracefully
what you want ? he smiles
i do only hundreds. this is the best stuff you ever had in your life. i promise you!
i nod my head.
i heard that best stuff line a thousand times before
hissed in swedish
guffawed by an irish guy
sneered to me in cockney english
in matter of fact american
an enthusiastic old mexican guy whose stuff actually had been the best
but i am conflicted because this guy looks like he wouldnt have said it
if he didnt mean it
because yeah
he said it with the pride of merchant who knows he has the best fucking merch
i follow him to a restaurant and he bids me wait and pulls up a table and chair
he disappears out the back into the kitchen
the people in the restaurant all watch me sadly as they eat their noodles and chilli
its seems like an eternity that i sit there
the people go on with their low drone of conversation
i guess they all know why i'm here
eventually he comes out and puts down a little square object on the table
two? i say…
he nods and puts another little package down

i give him 200 bucks and i walk back and get on a train home which is even more agonisingly slow
somehow those 2 little packets sitting in the change pocket in my jeans are keeping the lid on things
i take a bus and eventually i get into my empty and neglected house
where children had once played was now only dust and a sullen darkness
my friends never liked me enough and they were gone
the wives and girlfriends had never loved me enough and they were gone
the music had been too loud and my hearing was gone
the sweets had been too sweet and some of my teeth were gone
the money in the bank had been too easy and now it had mostly gone too
still i didnt care
i had snuck a peak at my packets and i knew i was holding the real deal
after crumbling off a bit and tasting it
yeah there was that familiar old bitter taste
up in my room i got the ritual ready
a silver spoon still with this mornings cotton filter in it
i pulled a needle out of the large family sized pack of needles
gotten from the pharmacy up the snobby road
where the pharmacist had visibly winced as he took my cash
because dope users had all kinds of diseases…
anyway i take out the packet and examine my dope
its in this aluminium wrap and it looks like a small caramel square
it is extremely yellow
the most yellow dope i have ever seen in my life
like yellow ochre i want to say from my paint set as a child
yeah definitely yellow ochre
i take about one third of the block and put it in the spoon
it has the consistency of some soft sweet or something
then i draw up half a needle full of water and squirt it into the spoon
then i pull the plunger out of the needle
and with the small black spongy tip
i mix up the yellow dope into the water
until the solid dope is disappeared into the now thick yellowy water
putting the plunger back into the syringe
i throw a tiny cotton wool ball into the spoon
the cotton wool absorbed most of the mixture and turned yellow
i apply the needle to the cotton wool
and from it i suck up all the yellow solution of dope in the spoon
then i fish around in my arm for a vein
there a still a few ok veins left to hit but its getting trickier and trickier
it takes about 5 or 6 long sweaty minutes
before a small flash of blood appears in the chamber of the needle
i carefully suck up some more blood
which swirls through the yellow dope creating horrifically beautiful shapes
then i push down ever so gently with my thumb as the stuff drains into my vein
a direct injection into my living mainframe
the feeling is overwhelming an exciting rush
it instantly erases every single worry doubt ache cramp nausea anxiety and nightmare
then
you stagger back and sit on the bed

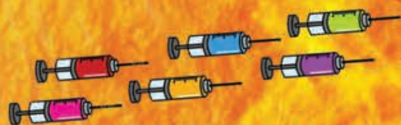
you dont care that youre alone and unshaven and shabby in this dim messy room
you dont care that tomorrow was another day you gotta somehow find another hundred bucks at least
the rush brings the taste of the dope into the back of your throat
its a bitter medicinal taste but now youve grown to love it
you sit there and in the wake of the rush comes the calm
wow! things arent too bad…i guess…are they..?
oh boy youre so serene and wise and detached and beyond it all
the whispering of the empty house silenced
the murmuring of the voices in your head is gone
your dismal room seems cheery and muted
you just sit there happy content warm and comfortable
you just sit there quiet easy nice soothing
everything is just so cool actually
youve scored some nice dope so fuck the bills and the work and the gossip and all the rest
once you were doing ok and now youre plainly not but fuck all that!
who cares about all that stuff anyway?
and then your head starts to slump and your eyes are starting to close
your nodding and then catching yourself you snap out of it
and yeah youre still sitting on the bed in the dim old room
a stupefaction has come down upon you now
you enter these realms of pure fantasy which last for one millisecond only
but during that millisecond in the dope world time is passing at another rate
you keep snapping out of it and blinking your eyes and youre still sitting on the bed
its 630 pm and its raining outside but outside no longer exists for you
your head falls forward again on your chest
and then you nod right out and curl up on the bed
behind your eyes are a million dreams
you seem to walk along this corridor sampling every dream
and every dream is unbelievably fantastic and more real than real
eventually you are dreaming you are this man
and youre married to this beautiful woman
oh boy what a wonderful marriage you have
oh man that woman of your dreams here in your dream and yeah she loves you
well you are a good man and you live your life here in this dream
and you and your wife have one two three handsome sons
and you watch them grow up
and you walk through the snow with them in winter
and through the soft warm sunlight of the dreampt summer
and the boys grow
and your wife loves you
and you fix up your house in the country
hey tho…
maybe its like a hundred years ago or something…
theres even some horses and animals and a war
but you go and fight in the war and you are triumphant and your side always win
when you come home the beautiful wife who youve been married to for like 30 years now
she is still young
the weather is always nice
the daughters in law and grandchildren all love you
everything in your life is happy and righteous and good

friends come over and you sit long into the nights
laughing and eating and drinking and being satisfied
youve been living here in these lovely woods for so long
youve planted all the trees and seen them all grow
you and that lovely wife whose name is always on the tip of your tongue
the fish in the river they are so silvery
the birdsong in the air is glorious
the crowds fluffy on water colour skies and the warming sun
the cooling white moon of the long perfect evenings
the mornings in bed with that gorgeous wonderful obliging wife
man she loves ya all up!
the white sheets the soft eiderdown the moving curtains in the zephyrs of spring
those sweet kisses those lovely sleeps when its all over
yeah you roll out of bed ready for breakfast have a look in the mirror
yeah age has not wearied you brother
you are strong and firm and decent and handsome and popular and kind and good
so many days stretch behind you
so many days stretch away ahead
days full of doing wonderful things
days full of wonder and light and peace and love
the whole world swings through space and the whole universe is in accord
problems you just laugh away
your 3 fine sons and your most gorgeous wife who loves you so much
youve worked so hard for all of this although it seems effortless
on a day like this so perfectly crisp and so immediate and new
if there is a more happy satiated contented man on this earth he would be hard to find
man this goes on for even more years and years and years…
what? click!
suddenly i open your eyes to find its 6.34 on a rainy evening in winter
and im lying on a bed in a cold dim room and theres no one else is home
and theres the needle and theres the spoon and theres the cotton
and a small drop of blood coagulated on my arm
and that whole life i just led is cruelly snatched away
that glorious world where i was a king
and that lovely wife you had and family…
im nothing here just a shabby hopeless dodgy dope fiend and a wretch
bang! its all taken away from ya just like that…
and then just as im thinking about it all i nod off again
and that pleasant memory is nearly almost totally erased
but even through all the next series of dreams
that i will have before the next shot in a few hours time
the incandescent memory of that world burns bright
in some harsh contrast between that world of wonder
and the darkened sad empty dusty rainy evening
which is enveloping us right now
as i lie in the room upstairs in the lonely house
and i start to dream it all again

- for JB

WHERE TO SCORE FITS

SHOOT CLEAN!



NSP location	Daytime telephone
Albury	6058 1800
Armidale/Inverell	0427 851011
Auburn Community Health	8759 4000
Bankstown	9780 2777
Ballina	6620 6105
Bathurst	6330 5850
Bega	6492 9620
Blacktown	9831 4037
Byron Bay	6639 6635
Camden	4631 4177
Campbelltown	4634 3000
Canterbury (REPIDU)	9718 2636
Caringbah	9522 1046
Coffs Harbour	6641 2480
Cooma	6455 3201
Dubbo	6885 8999
Goulburn S East	4827 3913
Grafton	0417 062 265
Gosford	4320 2753
Hornsby	9477 9530
Ingleburn	8788 4200
Katoomba/Blue Mountains	4782 3913
Kempsey	6562 6022
Kings Cross (KRC)	9360 2766
Kings Cross (Clinic 180)	9357 1299
Lismore	6622 2222
Lismore (shades)	6620 2980
Liverpool	9616 4807
Manly	9977 2666
Moree	6757 0000
Moruya	4474 1561
Mt Druitt	9881 1334
Murwillimbah / Tweed Heads	6670 4900
Marrickville (HMP)	9562 0434
Canterbury (HMP)	9718 2636
Narellan	4640 3500
Narooma	4476 2344
Newcastle	4016 4519
New England Nth	6686 8977
Nimbin	6689 1500
Orange	6392 8600
Parramatta	9687 5326
Penrith/St Marys	4734 3996
Warrawong (Pt Kembla)	4275 1529
Queanbeyan	6298 9233
Redfern (harm minimisation unit	9395 0400
Rosemeadow	4633 4100
St George	9350 2943
St Leonards	9462 9040
Surry Hills (Albion Street)	9332 9600
Surry Hills (ACON)	9206 2052
Surry Hills (NUAA)	8354 7343
Sydney (Sydney Hospital)	9382 7440
Tahmoor	4683 6000
Tamworth	0427 851 011
Taree	6592 9315
Tweed Heads	6670 4900
Wagga	6938 6411
Windsor	4560 5714
Yass	6226 3833
Young	6382 8888

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) 9631 800 or 1800 422 599. ADIS also has a state-wide list of chemists that provide fitpacks.

WHO YA GONNA CALL?

Want peer Info?

Call NUAA on 02 8354 7300 or toll free 1800 644 413 www.nu-aa.org.au

www.usersnews.com.au

Check out the AIVL website www.aivl.org.au

Want equipment?

NSW Health website of NSP outlets, including machines www.health.nsw.gov.au/hepatitis/pages/nsp-outlets.aspx

For chemists go to www.findapharmacy.com.au for an advanced search

Call ADIS on 02 9361 8000 or 1800 422 599

Want services?

Call ADIS on 02 9361 8000 or 1800 422 599

www.yourroom.com.au

Opiate Treatment Line 1800 642 428

Stimulant Treatment Line 02 9361 8088 or 1800 101 188

PEER LINK

DO YOU
INJECT DRUGS?

COME TO NUAA'S SAFER USING
WORKSHOPS

LEARN THE SKILLS YOU NEED TO LOOK AFTER YOURSELF

- PREVENTING, TESTING AND TREATMENT OF BLOOD BORNE VIRUSES – HEP C
- VEIN CARE
- OVERDOSE PREVENTION
- REDUCING BACTERIAL INFECTIONS

FOR USERS BY USERS

WANT TO FIND OUT MORE?

Call NUAA on (02) 8354 7300 or FREECALL number 1800 644 413

NUAA
NSW USERS AND AIDS ASSOCIATION

NUAA is your organisation. We are independent and community based. We aim to advance the health, rights and dignity of people who inject drugs. nuaa.org.au

NUAA
NSW USERS AND AIDS ASSOCIATION

STAND UP AND MAKE A DIFFERENCE!

WHEN YOU BECOME A NUAA MEMBER, OUR WHOLE COMMUNITY BENEFITS!

ALREADY A MEMBER? YOU ARE INVITED TO JOIN MEMBER PLANET!

WHAT IS MEMBER PLANET?

Member Planet is an online tool that will help NUAA members keep in touch. It's how you find out what NUAA is up to, cool events you can attend and info that affects you. Get involved in discussions and surveys and share your news too. You can even update your membership and contact details.

HOW DO I GET ON MEMBER PLANET?

Email us at nuaa@nuaa.org.au or ring Lucy or Lisa on (02) 8354 7300 and we'll send you the link! Click on the link and follow the on-screen instructions to get started.

NOT A MEMBER YET? YOU KNOW YOU WANT TO!

WHY BE A NUAA MEMBER?

Government, media and community organisations listen to NUAA and respect our input! NUAA has been working for nearly 30 years to advance the health and human rights of people who use illicit drugs. You too can have your experience and views heard, get the support of your community and give back a bit too.

HOW CAN I JOIN NUAA?

nuaa.org.au

To join NUAA, you need to complete and sign a membership form. Email nuaa@nuaa.org.au or call us on 02 8354 7300 or 1800 644 413 to get a form! All members (including people in prison) are posted copies of User's News!