

# USER'S NEWS

Published by the NSW Users & AIDS Association

Issue No. 67 Summer 2011



*A Woman's Work Is Never Done...*

*Sometimes it's  
as simple as...*



## TAKING CARE OF YOURSELF FIRST

It's great to be able to help out loved ones and friends – but make sure you protect your own health while you're doing it.

Always make sure you have enough new, sterile equipment.

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# A Celebration

Imagine NUAAs first office, up a steep staircase in a disused strip-club-cum-brothel in Darlinghurst Road. Imagine the first receptionist, Meagan, a hard working and committed trans woman, sexy and throaty, and the first manager, gorgeous and articulate activist Julie Bates. Then imagine NUAAs first customer, a little old lady who had dragged herself all the way up those stairs for that first request: “I saw somewhere you are giving out free knitting needles, may I have some please?” Cue Julie’s compassionate response: “For god’s sake don’t tell her what we really do here, she’ll have a heart attack and fall back down the steps!”

Julie is just one of the women featured in our Inspiring Women section of this edition, along with many other women who have been amazing leaders in the development of the user network we have today. We salute not just users, but our friends from medicine, research, politics, even the religious, who have pulled together to confirm harm reduction and drug use as a human rights issue, lady-style.

The stories, interviews and feature articles in this issue of *User’s News* are in response to a recently commissioned review of the magazine. After getting the opinion of a number of community partners and readers, the reviewers called for a louder voice from the voiceless, greater relevance for users from the many walks of life and drug experiences from which we come. People from other cultures, indigenous backgrounds, gay users, women. This issue is the first since the review. It is devoted to women from all sorts of backgrounds, and we are worth it.

This issue is here to tell you that women who use drugs are amazing, strong, resilient, loving, powerful. I believe that women really deserve this spotlight, without justification, without rancour, in the spirit of inclusion.

It seems that ever since Eve allegedly talked Adam into disobeying God with an apple, everything has been our fault. To win back some moral high ground, we have been trying to be good partners and mothers ever since. We have let ourselves be held to higher standards than men, so we are judged harshly if we don’t keep it togeth-

er, if we have too much fun. We have been complicit in giving up our power and decision-making, always taking the lead from Adam, forevermore penitent.

This exclusion from power means that as users we are often hidden. We are more likely to have a non-using partner than male users, to be the one responsible for keeping the family together (and blamed if we can’t manage that). Women comprise only a third of injecting drug users in NSW and Victoria, and even less in other states (the lowest is a quarter in the Northern Territory) and overseas (less than a tenth in Asia). Yet we are more susceptible to blood borne viruses (BBVs), sexually transmissible infections (STIs) and the many physical and mental illnesses users are prone to. To our credit, women have redressed infection rates through our fantastic peer networks, successfully challenging the old habits of women shooting second and allowing others to dictate unsafe sex. In NSW, the percentage of female prisoners incarcerated for drug related crime is nearly twice that of males. Pregnancy, menstruation, hormonal issues, child rearing and menopause are often harder for us than our mainstream sisters.

An increasing wide body of research focusing on women’s needs means that now everyone knows what we live with every day: health outcomes for women who use drugs regularly are poorer than those of their non-drug using sisters. We are more likely to have sexual and violent abuse in our histories. We have more depression, anxiety, post-traumatic stress; we have attempted suicide and self-harmed more often than non-using women. And the physical consequences of problematic substance use are equivalent in severity to male users, despite fewer years of use and smaller amounts used.

This issue is for women, about women and mostly by women, for these reasons and many more. Mostly it is to celebrate just how bloody fantastic we are to overcome such disadvantage and exclusion and still be around to love hard, work hard, party hard, then get the bread, milk and cat food (on special) and pick up the kids from school. A woman’s work is never done.

*Leah McLeod*

## Russian Protest Dominates World AIDS Day

On December 1, World AIDS Day, drug user organisations around the world united in protest against the Russian government's appalling health and policing policies relating to people who use drugs. The protests, held under the banner of "Shame, Russia, Shame", were co-ordinated by the International Network of People who Use Drugs (INPUD), and led by INPUD member and *Black Poppy* magazine editor Erin O'Mara.\*

Protests occurred outside Russian embassies in New York, Mexico City, Edinburgh, Barcelona, Berlin, Bucharest, London, Paris, Porto, Stockholm, Tblisi and Toronto. Staff and representatives of NUAA joined their colleagues from around Australia to protest outside Canberra's Russian embassy.

Russia's rate of HIV infections is now the fastest growing in the world. As many as 80 per cent of these infections are happening in the community of people who inject drugs. 1.3 million Russian citizens are HIV positive, around 60 per cent of them injecting drug users.

Current projections predict that, unless Russia overhauls its existing health policies, a further five million people in Russia could become infected in the next few years.

"Russia has more heroin users than anywhere in the world," said O'Mara in a press release, "yet they offer no safe alternatives such as methadone or buprenorphine. Corruption has driven the price of heroin above what many Russian users can afford, New home-made concoctions like desomorphine [street name "krokodil"] are gaining ground, with devastating health consequences for the user."

Opiate substitution therapy programs are banned by law in Russia. The Russian government is opposed to evidence-based harm reduction programs such as needle and syringe programs. Only 53 needle exchange programs exist in Russia, to aid an injecting drug-using population of around six million Russian people.

These programs are mainly funded by foreign donors and have no legal protection. 22 programs have shut down after grant funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria was discontinued.

In a paper presented to the United Nations in April 2011, the Andrey Ryklov Foundation, the Eurasian Harm Reduction Network and the Canadian HIV/AIDS Legal Network stated that Russian drug policy violates the UN Convention against Torture.

"To scratch the surface of Russian drug policies, you find some of the most brutalizing policies in the world. Where there should be harm reduction, regulation, treatment and support, there is neglect, abuse, imprisonment, disease and death," O'Mara said.

Amongst the speeches and statements of demands delivered to the embassies was a letter from a Russian drug user activist named Alex, who said "we Russians who use drugs, citizens of the Russian Federation, are deprived of the most important and inalienable human rights: the right to health and the right to life."

Sources: ABC, *idpc.net*,  
*russianembassyprotest.wordpress.com*

## Research Defies "Bad Mother" Stereotype

A new study has found that many mothers with a history of serious drug use are still capable of caring for their children, but that most mothers in the state's methadone programs were not getting the services they needed.

The study, conducted by the National Drug and Alcohol Research Centre, found mental health problems and social isolation are more likely to be factors in the risk of child neglect or abuse than issues of drug use.

"You can't say all drug-using parents are abusive; some are quite together," said study co-author Stephanie Taplin, visiting fellow at NDARC.

"Parental drug use does not automatically put a child at serious risk of harm. It's important to look at the whole picture, including the level of dependence, the type of drug used, and if they use around the children," she said.

According to some women interviewed for the study, Community Services expected total abstinence for them to be able to keep their children or have them returned. ►

\*see page 9

# News

The study also found most women on the methadone program were not getting the mental health services and social support they needed.

Source: *SMH*

## Prison NSP Push Intensifies: ACT Inmate Contracts Hep C

The ACT Government is facing increasing pressure to set up a needle and syringe program in Canberra's only jail after the confirmation that another inmate has contracted hepatitis C. The inmate, who is in detention at the Alexander Maconochie Centre, had previously tested negative to the disease.

A 2011 report by the Public Health Association's Michael Moore recommended that a syringe exchange program be established at the prison to reduce the spread of diseases.

Meanwhile, calls have come for Tasmania's Risdon Prison, outside Hobart, to introduce a needle and syringe program.

University of Tasmania Research Fellow Barbara De Graaff told the Australasian Professional Society on Alcohol and Other Drugs Conference in December that prisoners were at risk of contracting hepatitis by using dirty needles.

A damning report into the prison, tabled by former federal police commissioner Mick Palmer, should be used as a catalyst to consider an NSP, according to Ms De Graaf.

Tasmanian Corrections Minister Nick McKim stated that such a program would not be introduced until programs in other states were up and running and evaluated.

Sources: *ABC, Hobart Mercury*

## Ice on the Rise

A study by the Australian Institute of Criminology states the decline of Ice use since the middle of last decade may be at an end.

The report stated 21 per cent of police detainees in 2011 tested positive to methamphetamine, up from 16 per cent in 2010 and 13 per cent in 2009.

"Self-report data suggests that methamphetamine has become easier to obtain, that more dealers are selling the drug and that the quality is perceived to have improved," the study said.

Researchers interviewed around 4000 detainees held at nine police watchhouses in NSW, Queensland, Victoria, Western Australia, South Australia and the Northern Territory about their use of illegal drugs. The interviews were combined with voluntary urine testing for a range of drugs.

Those interviewed also believed the quality of the drugs on offer was higher, increasing from 18 per cent in 2009 to 26 per cent in 2011.

Source: *AAP*

## ACT to Administer Naloxone to Peers

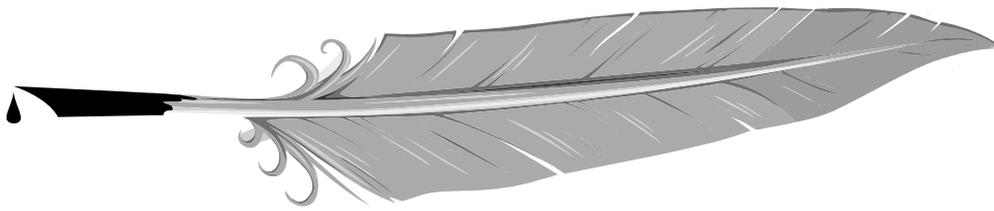
For the first time in Australia, people who inject drugs will be able to be prescribed Naloxone in the ACT. Naloxone, sometimes known as Narcan, is a life-saving opioid antagonist used by paramedics and hospitals to reverse opioid overdose. The new prescription program will also provide training and resources to people who use drugs, their friends and their family.

Since the 1990s, drug user organisations, researchers and public health professionals have called for the widespread availability of this life-saving medication. ACT drug user organisation CAHMA has pushed for this initiative for many years. As part of the ENAACT Committee, a coalition of health professionals, researchers and people who use drugs, CAHMA was a key catalyst in the ACT Government's decision to conduct the two-year trial.

AIVL's Jude Byrne has dismissed fears that Naloxone might lead to a spike in heroin use. "No-one is going to go, 'Oh my God, Naloxone is around, let's use heroin!'"

Sources: *Canberra Times, ABC*

*Ed: This life-saving leap forward is a wonderful win for all users across Australia. I know all our readers join with me to congratulate CAHMA on this major achievement, in particular Nicole Wiggins, whom I salute here as one of harm reduction's inspiring women. The commitment and persistence of Nicole and her team will not only save lives in the ACT. This decision has given us a firm foothold from which to challenge our government here in NSW to follow suit immediately. Naloxone is an effective and safe solution to the devastation and sorrow of losing a life to fatal opiate overdose for users, their families and friends.*



**Thanks for Saying “Thanks”**

I am writing to all of you at NUAA and to all the good people who get this magazine out, to tell you how much it has helped me and how it has saved the lives of many people I've passed its information onto.

If it wasn't for NUAA and the information it has given me, I wouldn't have ever gotten onto the right path and people to fast-track me onto a methadone program. I'm sure I would have been dead if I hadn't picked up your mag.

I am now 51 years old and have been on the program on and off since I was 16 (hard to believe but true).

I first realised I was hooked on heroin when my boyfriend “Jay” was sentenced to Mount Penang Boys' Home. Jay supplied all the money we needed for both our habits by illegal means. Two days after he was sentenced, I was hanging out for the first time. I couldn't cope, I thought I was dying, so I ended up on the steps of Wisteria House Psychiatric Hospital at their Drug and Alcohol clinic. Everywhere you go you have to wait in line for your turn. While waiting I must have read every pamphlet and drug magazine cover to cover, over and over again. I got myself a pen and paper while still waiting and started writing down everything I thought would be useful to me and to my friends.

As I said, I am 51 years old now and NUAA, *User's News* and all the other information from Drug and Alcohol services have given me (and to my surprise my three beautiful adult children, all girls) a wealth of information.

Drug education is very important! As my girls grew and the drugs changed to suit the younger generation, I learned what they might be taking and how it might affect them. I learned how to spot it and how to deal with it. All three girls lived straight lives and now two of my daughters have children of their own.

One daughter leaves a few copies of *User's News* and packets of condoms around the place so her son can at least be knowledgeable, informed and educated if someone offers him a tab, smoke or pill.

Thank you to everyone out there trying to make a difference by educating our young people with the right information.

Parents, talk to your kids. It's never too early or late. It's worked for me, my kids and (hopefully) their kids too. I owe my life and my family to good information.

*Carrie*

**No Regrets on Reducing Harm**

I was overjoyed to see you wanted stories from females who take drugs.

I snorted speed for at least 15 years and only started using a needle at 38 years of age. I have no prejudice on how people use their drugs and have always ensured that my sister and brother, who had heroin habits, always had clean needles after doing a course at ACON on caring for people with AIDS many, many years ago. I was a good customer at the needle exchange for years before I ever needed them. It was only an article in *User's News* that let me know I was breaking the law by getting needles and distributing them to my family and friends. I still do it, will keep on doing it, and do not regret having done it. Although both my sister and brother have hep C, I am clear and have been using needles for 14 years. I believe if my siblings had been better educated to the dangers when they were younger, they might not have contracted hep C, but nothing is certain.

*Sue*

**Letters to the Editor**

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## Opinion

# Women of the World:

AIVL's Ele Morrison talks about women and drug use across Asia

**W**omen who inject drugs. It's a very confronting subject for a lot of people in the world.

Women are supposed to be pure. They look after our children. They uphold the morals in society. While men go out and "experiment" before they grow up, come home and take care of their families – with some occasional straying on the side – women are supposed to be mature and responsible. They don't go to drug dealers and sex workers to get their kicks, they do embroidery and wipe the arses of their ageing parents. So when we talk about women who inject drugs, they're not just people who use drugs, they're bad people, really bad. They're never just experimenting, they've REALLY strayed.

When I travel to different countries and ask about women who use drugs, the only thing I learn about is the attitudes of the people talking to me. The common theme in most of these countries is that no one seems to know much about the women who are using drugs. So really, what we do know is that women are "more hidden" than men.

Are they in hiding or are they kept locked away?

That probably depends on which women you're talking about and where you are. However, all over the world, sometimes in the most surprising places, they are leaving the closet and they are asking for what they need.

Several years ago I was working on a project in Myanmar in a small town near the Chinese border. We were conducting research and asked some of the local men to advertise our research to women who used drugs. They told us there was no way any women would talk to us so we would have to find out what we needed from these men. The men were a mix of users, service providers and health workers. Each one told us something different about women who used drugs.

One said there were quite a lot of women who used drugs in the town, but they were all sex workers, therefore quite wealthy, therefore would not talk to us because they didn't need our services – they could buy anything they needed from their dealers and from pharmacies.

Another man said there were a small number of women using drugs, but they were extremely poor, uneducated and didn't know enough to know they should use services like needle and syringe programs. Yet another said there were no female drug users, and a fourth said there were a few and they got everything they needed from their boyfriends or husbands.

Recently I was back in Myanmar doing some training with the national network of people who use drugs. On the first day, one woman attended the training session. On the second day, she asked her



adapted from an illustration by Glenn Smith

# Unite and Take Over

friend to come and lend some female support. Both were representing their husbands who were in prison at the time. At first, one of the women stated that women need support to access harm reduction services. When the men in the session questioned this, stating that they were very supportive of women, she changed her mind and agreed with the men.

I spoke about the research we were running in this town, and the other trainer talked about her experience of women having little power and support to access services, let alone to be able to work in them.

With just a small amount of information and encouragement, without our trying to push anyone, the Myanmar women changed their minds again, confirming that many women had very little capacity to do the things they needed or wanted to do as drug users, including taking part in the networks of drug users advocating for better services and human rights. The men also changed their minds and committed to supporting these women and others in their communities.

In Nepal and Indonesia there are already harm reduction services specifically set up for women. These services are run by women with a history of drug use. They have been so successful that they are constantly advocating for more. Strong, intelligent and outspoken Nepali women travel the world, speaking out, networking, advocating, getting funding and support, working as equals with their male peers. In a few places women can now access safe, women-only drop-in centres where they receive sexual health services, HIV education and anti-retrovirals, new injecting equipment, counselling, child care, whatever they need. All delivered by their female peers.

There are still many challenges. At a session on women and harm reduction at a small conference in Bangkok in 2010, several women from India, Nepal, Bangladesh and Indonesia spoke about programs they were running for women who use drugs. At the end, a woman wearing

Islamic clothing asked for help. She and her two colleagues were conducting needle and syringe outreach to women in Pakistan, in an area where a woman is not even allowed to leave the house without a male escort. These workers knew there were women in the area who had been introduced to drugs by men in their lives, and were dependent on men for almost everything they had. The workers were unsure how to advertise their outreach services in order to reduce some of this dependence on men, give women more choices over their lives and help them to protect themselves from HIV and blood borne viruses. We had no easy answers for them.

For many women in the world, men hold the power in their lives. Their partners introduce them to drugs but they will be the ones with the dealer's phone number. Men will do the mixing up and give themselves the lion's share even if the woman has been the one to earn the money for it. The men inject first and give their used needle to the woman.

Women are often the first to find out they are HIV positive if they become pregnant, and they are often then blamed for transmitting it to their partner. In some countries, women have no rights to children in divorce cases or may not be able to own property. They can be thrown out of the house with no possessions and no legal rights. Women who use drugs are especially vulnerable to community attitudes, police and partner violence, sexual assault and blood borne viruses.

However, women around the world are also standing up and saying they have had enough. And with knowledge and education, some of their male peers are standing right behind them.

*Ele Morrison*

# Inspiring



## Julie Bates

For thirty years, Julie Bates has worked to improve the legal and human rights of marginalised people, specifically sex workers, injecting drug users and people living with HIV/AIDS. A foundation member of ADIC (the AIDS Drug Information Collective, the predecessor to NUAA), Julie was one of the first and most important workers in Australia's early harm minimisation response to HIV. With her colleagues, she advocated for sensible legislative reforms in respect to drug use and sex work.

She sat on various government committees set up to address legal and health issues around HIV/AIDS while lobbying for funding to support the work of the resurrected Australian Prostitutes' Collective and the AIDS Drug Information Collective (ADIC), the forerunner of NUAA.

When NUAA was established in 1989, she was its first coordinator.

Today, Julie heads up Urban Realists, which provides a range of services in respect to the sex industry primarily focusing on planning and occupational health and safety advice and support to industry operators.

**"There but for the grace of the Goddess go I. But there was a little bit of work required to be done on the side!"**



## Ruth Birgin

Ruth is one of those super-smart, high achieving women who is also a great Mum and a supporting and caring friend to her peers. She has worked as a harm reduction specialist for over eighteen years throughout Australia and Asia. As a consultant for the United Nations (UN), WHO, AusAID and various other bodies, she spends a lot of time in Asia working on HIV prevention and harm reduction with injecting drug users and sex workers. She is a long-term technical adviser on the AusAID-funded HIV/AIDS Regional Project, has worked for the World Health Organization Regional Office in New Delhi and developed the WHO Bi-regional Strategy for Harm Reduction. Based in Brisbane, Ruth has stayed active in Australian user groups, and is currently a Director on the Board of the Queensland Injectors Health Network and involved in fighting for a new injecting room in Brisbane. She has also worked extensively with the Australian Drug Law Reform Federation, working with Norm Stamper and Ethan Nadelmann, and presenting to community groups.

**"How easily a government committed to justice could educate the public in the truth about drugs!"**

*The women profiled on these pages represent a fraction of the intelligent, brave and persistent women who have helped everyone who uses drugs to live safer, healthier and prouder lives. If you wish to celebrate the work of a peer or friend who has not been featured here, contact us at [usersnews@nuaa.org.au](mailto:usersnews@nuaa.org.au).*



## Jude Byrne

Jude Byrne was one of Australia's earliest activists for drug users. Strong and powerful, she is responsible for breaking stereotypes and developing policy in the 1980s that saved thousands of lives. A former President of AIVL, currently working for AIVL as a project officer, she holds the important position of Chair of the International Network of People who Use Drugs (INPUD), a global network of people who use drugs (current and former) and demand human rights and dignity for people who use drugs.

Through INPUD, Jude works internationally for the meaningful representation of users, including speaking for users in United Nations forums. If there is an important international conference or meeting about drug use, Jude has attended to speak up for users. Last April, she was honoured for her work by Harm Reduction International (formerly IHRA) with the prestigious International Rolleston Award.

**"Why is it not okay for drug users and drug user organisations to express community pride, positive attitudes to drug use or discuss drug use and pleasure?"**



## Jenny Kelsall

Jenny has worked with injecting drug users for over 20 years and is currently a senior staff member at Harm Reduction Victoria. She has a formidable body of research and advocacy work with those within the using community with the softest voice, including Vietnamese users and prisoners. She worked in the Epidemiology and Social Research Unit and the Centre for Harm Reduction at the Burnet Institute in Melbourne for many years with a focus on injecting drug use and blood borne viruses.

Jenny was part of the multi-discipline research team at Burnet which documented for the first time in Australia the hep C epidemic among people who inject drugs. She is on a number of committees including the board of Hepatitis Victoria. She has worked on a range of peer-based research and education projects across Australia and Asia.

**"Drug users are not the problem but the solution."**

# Women

## Our Peers



### Annie Madden

When Annie Madden went public as a user, it created a massive upheaval in her family, friendships and work life. She weathered this turmoil because she believed passionately in the rights of users to life, health, respect and dignity. She has become an amazing, influential worker for user pride and advancing our rights in health and welfare.

Annie is currently the Executive Officer of the Australian Injecting & Illicit Drug Users League (AIVL), the national peak body representing state and territory drug user organisations and illicit drug users at the national level – and we hope she isn't planning on going anywhere. Before that, she was co-ordinator of NUAA for six years. She has an honours degree in Social and Political Sciences. She is on numerous national, Commonwealth Government and research committees and represents users at conferences around the world. She has been working in the areas of illicit drug use, HIV/AIDS and hepatitis for over 12 years, has been an injecting drug user for over 17 years and has been on methadone for the past decade.

**"Too often, women drug users are spoken for. We need to speak for ourselves so that we can begin to challenge the stereotypes and forge our own identity. We want a full and happy life NOW."**



### Erin O'Mara

Australian-born Erin O'Mara is the editor of *Black Poppy*, a London-published health and lifestyle magazine for people who use drugs. Erin started using drugs at the age of 15, and moved to the UK eight years later. A passionate activist and advocate for the rights of drug users, Erin recently co-ordinated INPUD's global protest against Russia's brutal and draconian drug policies on World AIDS Day. She established *Black Poppy* in 2000, and runs it with a volunteer staff and without government funding.

Energised by the fear she saw in users from stigma and discrimination, she was determined to campaign for the rights of people who inject drugs and to work to foster a sense of community amongst her peers.

**"By choosing drugs, women are going against their socially prescribed role as selfless nurturers. Our behaviour is perceived as selfish, deviant and criminal. But we have the same needs and rights as others to be treated with care, understanding and dignity."**

**"We need to involve users in policy creation. I still see my peers stuck on methadone for ten years, not knowing where they're going. The carrot-and-stick approach doesn't work."**



### Irina Teplinskaya

In the face of astonishing brutality and discrimination from the Russian state, Irina Teplinskaya's courage and determination continues to astonish us. Irina is community relations co-ordinator at the Andrey Rylkov Foundation for Health and Social Justice, Moscow, and a member of the Steering Committee of the Eurasian Harm Reduction Network. She lives in Kaliningrad and is HIV positive.

Irina started using drugs at 14. Before sitting her school exams, she was incarcerated in an asylum to withdraw. The brutal regime of Soviet psychiatric treatments, in her words, "butchered my psyche". She has been imprisoned five times for drug use, once in a gulag in Russia's sub-arctic north west.

In 2010 she filed a complaint with the UN Special Rapporteur on Human Rights against Russia's drug policies, and addressed the UN High Commissioner for Human Rights last April.

Despite her recent arrest on trafficking charges after being apprehended with a single methadone tablet, she refuses to be silenced in her fight against Russia's drug laws.

**"The approach to drug treatment in Russia is based on force, degradation and aggression. Everyone has the right to healthcare without discrimination!"**



### Marion Watson

Articulate and amazing, Canberra Marion Watson has been an influential out-of-the-closet drug user who said things in the early 1980s to support drug users that are hard for us to say even now. Frank and powerful, she helped forge the user organisations we have today.

Marion ran the first non-abstinence-based drug and alcohol service in Australia, based on the philosophy: "drug use is a fact – let's work towards preventing the harms associated with it". After ten years' drug use, Marion stopped for 18 years, long enough to be considered an ex-user.

Not proud of not using as such, Marion became one of the first ex-users to advocate for her peers.

Marion represented Australia at the 1989 World Health Organisation (WHO) international conference on injecting drug users and HIV, and has presented papers across four continents on injecting drug use and HIV prevention in IDU.

She was a founding member of AIVL, established the National Demonstration Model NSP, and has conducted innovative and creative projects to develop communities and enhance the health and well-being of injecting drug users. Marion was awarded the Order of Australia for her services to the Drug and Alcohol sector. She describes herself as an out-there junkie, just waiting for a heroin program. She and Jude Byrne are continuing a friendly argument about who gets on the program first when it's finally established.

**"All services provided to users should be good enough for me, or they are not good enough for any users!"**

## Our Friends

# Inspiring



### Ingrid van Beek

Dr Ingrid van Beek MBBS MBA FAFPHM FACHM MD is a public health and addiction medicine physician who has been the Director of the Kirketon Road Centre (KRC), a primary health care service for “at risk” young people, people who inject drugs and sex workers in Sydney’s Kings Cross, since 1989.

KRC has been recognised by the World Health Organization as a “best practice model” for the prevention and treatment of HIV in these vulnerable populations and has been replicated elsewhere in Australia and in resource poor settings in the Asian region.

Ingrid was also the founding Medical Director of the Sydney Medically Supervised Injecting Centre from 2000 until 2008.

Ingrid became a Member of the Order of Australia in the 2010 Queen’s Birthday Honours List for “service to public health and community medicine through the promotion and provision of primary care for people affected by mental health issues, substance and physical abuse, and HIV/AIDS, and to medical education”.

**“The underlying philosophy that I have is that health is a basic right, regardless of who you are or what you do.”**



### Stella Dalton

The first Australian prescription of methadone was in NSW in 1969 by psychiatrist Dr Stella Dalton, regarded as the pioneer of methadone treatment in Australia. Funding was initially denied but the NSW government agreed to fund methadone after arrest rates for heroin use doubled over 12 months. In 1970, Stella established an in-patient unit in western Sydney to initiate users on methadone. By the early 1970s all states were using methadone treatment to some degree but the path was not smooth. During a methadone log-jam in NSW in 1985-6, Stella took on the system by organising buses, accommodation and referrals for dozens of Sydney users on waiting lists to go to Tweed Heads to get on the more generous Queensland program.

Love it or hate it, methadone has been the key for many opiate users to get a bit of stability to work on their life issues, keep families together, get work and housing, and stay out of prison. It was hard enough to get such a radical treatment introduced; for a woman it must have been nigh-on impossible. Strong, resourceful and motivated, Stella has prescribed in Western Sydney for 42 years and there are many users who owe her much. She was awarded an OA in 2007..

**“I have shown that addicts can be taken off heroin and can lead a normal life in society, reasonably happy and productive.”**



### Kate Dolan

Professor Kate Dolan is a public health researcher at the National Drug and Alcohol Research Centre at UNSW. In 1986, she, along with Alex Wodak, started the first needle and syringe program in Australia. She was a founding member of the Australian Prostitutes’ Collective and the AIDS Drugs Information Collective, Australia’s first drug user organisation. She has carried out work for the World Health Organization, UK’s National Health Service and for the United Nations Office on Drugs and Crime. She is an international expert on prison research and a member of the UNODC’s expert committee on prisons.

In 2003 she established the Program of International Research and Training (PIRT) at NDARC. PIRT aims to build capacity among researchers and clinicians in developing countries. She has conducted over 34 international projects in countries such as Iran, Myanmar, Mongolia and Indonesia. In 2007, she established a Women’s Clinic for female drug users in South Tehran, Iran. Over 80% of the women had no previous treatment for their drug use before coming to the Clinic.

**“After we started the women’s clinic in Tehran, one of our homeless clients said to me, ‘When someone told me about this place I couldn’t believe that such a clinic would exist for someone like me’. It brings tears to my eyes whenever I read this quote out.”**



### Marianne Jauncey

Dr Marianne Jauncey is the Medical Director at the Sydney Medically Supervised Injecting Centre, Australia’s only supervised injecting facility. Marianne is a public health physician and has worked in the drug and alcohol field since the late 1990s. She was a clinician at a primary health care service in Kings Cross when the area had the highest rate of people dying from heroin overdose anywhere in the country. With ample scientific evidence to support supervised injecting facilities, Marianne looks forward to the day when such services are more widely available. As a doctor, as a mother and as a human being, she is passionate about harm reduction because it works.

She feels that workers in the health industry must do more to make sure that a non-judgemental attitude towards consumers is the norm, rather than the exception. She implores everyone in the sector to continue changing the world for the better, one conversation at a time.

**“To me, an inspiring person does more than believe in something good and just, they get off their bum and do something about it. I am inspired by courageous people who are prepared to speak up and act, regardless of the consequences, in order to achieve a shared vision of a safe and just society for all.”**

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# Women

## Our Friends



### Lisa Maher

Lisa Maher is Professor in the Faculty of Medicine at the University of New South Wales in Sydney, Program Head at the Kirby Institute and NHMRC Senior Research Fellow. She has extensive experience in research, program development and service delivery with drug users, sex workers and people living with HIV in North America, South East Asia, Australia and the Pacific. Her research focuses on the prevention of infectious disease in vulnerable populations and she currently leads a randomised controlled trial of hepatitis B vaccine completion in people who inject drugs and a program of hepatitis C vaccine preparedness studies. Lisa's work helped to avert an epidemic of HIV among people who inject drugs.

**"The main thing that drives me is the potential to make a difference. I have never wanted or been able to do the detached, distant observer thing in my research. Working with drug users over the last 25 years, I have had the privilege of bearing witness to some remarkable events and lives. And while I have witnessed suffering, pain and sadness, I have also observed some amazing acts of resilience, humanity and grace and developed relationships that have changed my life."**



### Carol Pedersen

Sr Carol, Sister of Charity at St Vincent's Darlinghurst, is very important to the story of harm reduction in NSW because of her focus on dignity and compassion for drug users, and for starting Gorman House, the first residential detox that focused on harm reduction, personal health and care, instead of pushing an abstinence paradigm like all other services. This was a tremendous breakthrough, giving users some choice in their lives — for the very first time for many.

Carol's insistence that drug users be treated as people first and be afforded all the care of other sectors of the community was a wonderful breakthrough in drug and alcohol services in NSW. The bravery of the Sisters of Charity in the HIV/AIDS story must be acknowledged. They were the only ones willing to nurse HIV patients, they stood behind Alex Wodak in handing out syringes pre-legally and championed the injecting centre. They made some beautiful choices and we thank them. Carol now travels the Australian bush in a caravan giving free homeopathic consultations and medicines.

**"I am no longer directly involved in alcohol and drug work, but my philosophy hasn't changed. Helping the poor, the isolated, the forgotten to take charge of their own health and lives is still the go."**



### Ann Symonds

Ann Symonds was appointed to the NSW Legislative Council as a Labor member in 1982 and immediately began working as an advocate for women and children in prison, the homeless and drug users, including championing harm reduction and drug law reform. She was a founding member of the Australian Parliamentary Group on Drug Law Reform (APGDLR) in 1993, a cross party group of 100 MPs from our State and Commonwealth parliaments. A passionate believer in human rights, especially for the most downtrodden in our community, Ann was an original member of the team that got the first injecting centre operational pre-legally and campaigned tirelessly for NSPs and the heroin trial during two decades of politics. She retired from her seat in 1998 but is still an active advocate of human rights, including holding the vice Chair of the Australian Drug Law Reform Foundation.

**"I want to reduce the damage attendant upon the use of drugs; I do not want women going to jail. Prohibition is not working and we ought to try something else. The messages that we must give to young people in particular are that we care about them, about their health, about their lives and what they are involved in."**



### Carla Treloar

Professor Carla Treloar is Deputy Director and Head of the Hepatitis Research group at the National Centre in HIV Social Research at The University of New South Wales. She is also a member of the NSW Ministerial Advisory Committee on Hepatitis and the Australian Ministerial Advisory Committee on blood borne viruses and STIs and a member of numerous advisory committees for government, health agencies and non-government organisations.

Carla has a background in research that reaches across public health, social and health psychology. Her work covers risk and prevention, chronic illness and treatment and the use of mixed and innovative methods. She is committed to translating research effectively into policy and practice and to ethical and respectful conduct of research in close collaboration with affected communities.

**"In another community magazine, *The Hep Review*, Mick wrote about deciding to go to an NSP for the first time. He wrote, 'I could not accept that a government service was giving out free fits... I remember asking the guy at the counter for two syringes and then waiting for the SWAT team to arrest me.' This to me is how Australia achieved its success in keeping HIV rates so low among people who inject drugs. It was the courage of users to prioritise their health over many other risks."**

## Interview

# Listen to the Singing

An Aboriginal woman finds strength in her culture

*This is an interview with a wonderful Aboriginal woman in her 40s, named DJY. She is beautiful, stylish, intelligent, well-considered, totally savvy. She also wears many years as a long-term heroin and cocaine user, a “gangster” and a prison inmate. She talks about being Aboriginal, using and being a woman.*

**UN:** Tell me a bit about yourself, your family, growing up.

**DJY:** I am part of the stolen generation, but my Mum knew how the system was played against her. After losing four kids – I was her fifth – she was determined not to lose me. So she arranged for me to go with a friend of hers. A good friend but straight, religious. In the 1960s there were good people in the public service who were working against the system – a bit like the French Underground – and they helped.

So I never lost track of my real Mum even though I didn't live with her at first. I was really lucky, I always had that connection, that message stick. The telepathy, the rhythm was always between us. My teachers said because I was Aboriginal I was special but I grew up really mainstream and didn't know any Aboriginal people except my own family. I was a bit of a wild child but I always felt the singing, I always connected with being Aboriginal.

When I was 12 I went back to my real Mum. She was a real gangster, a dealer. She used drugs, she groomed me for that life. She was amazing – couldn't read or write but really savvy. She was active on the land council, involved politically. But she was emotionally unavailable to me. I had to connect in other ways. My brothers were a bit wild. When I was 14, I was assaulted by one of them. I said, that's not on, that's not acceptable. I had to get out. It was all too full on for me, so at 14 I made the decision to hit the street.

I was then adopted by an amazing family, my third Mum, and I had an amazing connection there. They chose me and picked me up. They were very politically active as Aboriginal people. Very strong. You know I can go and put my head in her lap, even today I can do that.

I really missed out on having a Dad, I think. I have always treated men really badly. I find them unstimulating intellectually and I think it's growing up without a Dad. I never tried to connect with my father, but we know each other and he has seen the grandkids and stuff.

**UN:** How long have you been using drugs for and what made you try them?

**DJY:** I started smoking pot at 12 and I just loved it. I just used it in the mainstream, not really with Aboriginal people.

In the Indigenous community, when the elders are in control it's all totally straight. But when it's just young people, there's a total shift in the balance of power. It's a lolly bag!!

**UN:** What do drugs mean in your life? Why do you think you have used them?

**DJY:** For me, I just get caught up in the moment sometimes. I have whole periods when I straighten up. I am on methadone at the moment because I have some serious health stuff going on and it's made life a lot easier to get some space and see what is going on.

We have a ceremony medicine called Black Wattle, it's one of the herbs we have. It opens 25 senses of the brain. A friend gave me half a cone –you smoke it, it would be disrespectful to inject – and you sit back to back. I saw psychedelic stuff that was overwhelming. I saw my ugly drug addiction beast, and I realised that full-on, do-anything-for-drugs beast is a real tarnish of the spirit.

**UN:** Did you go to the bush to straighten up, or did you do it here in the city?

**DJY:** You can get drugs anywhere, so you have to be able to straighten up anywhere – in the city or the bush. My mother used to say, “you can find drugs on any street corner, but you can also find a friend.”

Anyway, I'm awake now, you know, I'm awake.



I have made some stupid decisions. I have a disability that is around decision making, I can't choose. I am a bit dyslexic, stuttered as a child, and it's all around not being able to make decisions.

When I was young, I was sitting around with gangsters, so it's only natural, knowing all those people, that I'd be a gangster too. I have used some big drugs, thousands of dollars-a-day cocaine habits, and that's the road to madness. I did a lot of crime. But to live with myself, I would try to look in the mirror every night and say I didn't hurt anyone today. If I could do that, I could live with the madness. Now I want to know what is really me and a lot of that is woven into our culture.

*UN: Tell me about what it means to you to be Indigenous, the sorts of feelings the discrimination brings up, the connections you feel you have.*

**DJY:** You gotta take a lot of discrimination tongue-in-cheek. Like taxi drivers. They just don't pick us up. They don't think we'll pay. My boyfriend looks like a bikie and he gets picked up by cabs easier than I do. I just say this about discrimination: don't paint us all the same, that's all.

People wonder: what is that thing about Aboriginal people and the police? Well, it goes way back. The police say,

why did you run? We say, why are you chasing us? The police, the protection board, chasing us. We have been groomed to run right from the beginning. I get a lot of anger spurts about all that, how we have this wonderful connection and singing but we can't help but get caught up in this grooming.

How I feel about being Aboriginal is more of a private thing. It's the singing. It's finding your way home, like a homing pigeon. I think we are on the hardest path to finding humility, but we have the most beautiful thing of all in being Indigenous. Even the hardest parts – the domestic violence, the brawling. Being Aboriginal is a beautiful, wonderful thing. We get lost because we don't listen to the singing. The dreaming of the rainbow serpent that is all about unity.

I think we need to try to understand everyone at their cultural level. We need to pay homage to every walk of life.

I draw a lot of strength from the people in my family. They are really political – land rights and all that. My mother got the first water purifier on Aboriginal land, my real father was an Aboriginal QC, my stepfather is big in media, my great-grandmother got a UN award. But we are not supposed to talk about the past, ►

## Interview

we are supposed to have already put that in our hearts, to have the essence of those before us, and progress that in our culture. That's what is important to me.

*UN: If you could magically change things for Aboriginal people, what would you do?*

**DJY:** I would have spiritual healing camps for everyone to go to. You know when you get kicked and kicked and kicked, kicked in the stomach, in your emotional core, over and over, you are going to stoop. You are going to bend under the pain and weight of that. We really need spiritual healing, some love, to get in touch with the unity, the singing.

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

*UN: If you were Prime Minister and could change something in drug policy, what would you do?*

**DJY:** The whole law. The laws have messed everything up. We get lost in drugs and sometimes we can't make good choices once we start down that path. But the people making the laws are supposed to know better, to be able to make good decisions. I know what our excuse is, but what is theirs? The lawmakers think they are trying to escape anarchy through drug laws, but they are causing anarchy. I have seen that madness.

Now it's all about money. Take ice: it's just about making new, stronger drugs to make more money, to try and outwit the laws and the cops. It all gets stronger and further away from where we should be with it all. Away from the respect, from the times of year we should be giving respect to the earth.

*UN: The drug world is pretty much a man's world. What do you think the hardest thing about being a woman user is?*

**DJY:** The sex industry. Selling your soul. The trouble with sex work, I think, is that it's hard to turn it off. I didn't do that. I was a gangster. I was groomed for war. Women are duped into thinking that the best thing they have to sell is their bodies, but we are so much more.

I've done a lot of jail, 15 years of it. And most women I met in there were in for drugs. Even the ten per cent in for white-collar crime, mostly it's about drugs.

And you know, most of those women had been sexually assaulted at some point. And young. What happens when a little girl's body, not made for sex, is raped, or when any girl or woman is raped? We protect ourselves by separating the spirit from the body. I remember saying to my mother when I was young, "what is this body I'm dragging around? I don't feel a connection to it." She said, "you fool, if your body dies, you die!" And that made me think! But look at these track marks. Is that feeling connected to your body, is that self-love? Of course not.

*UN: Tell me about the best day in your life.*

**DJY:** I've had some wonderful, magical days. A really good one that springs to mind right away was in 2000. I was in jail and Archie Roach came in, but I got to spend some time with his wife, Ruby Hunter. She was just so lovely. I connected with her in such a deep way. I gave her some rhythm sticks to travel round the world with. That was such a fantastic day.

*UN: If you were talking to a young Indigenous girl just starting out in life, what piece of advice might you give her?*

**DJY:** I said it to my daughter. "DON'T PICK UP." I told her she has the DNA from me and her father. The cards are dealt against her with drugs. Just don't go there. And she hasn't. My son uses. I would like to poke him in the eye and say "Wake up!". He is like a mini-me and I love him very much. But I wish he had never started with drugs.

Because my real Mum used, because she was a gangster, I was groomed to use. She glamorised it for me. But I try to de-glamorise it for the young ones. There are young ones up the Cross, they smoke their chuff, they want to use, I say, look at this madness, do you really want all this? You can't want this insanity.

I think I had to use because I had to feel my mother's sadness, but you don't have to do that. Aboriginal people don't have to use to share grief. The sadness can join us in other ways.

*UN: Any messages for anyone else? Do you have a life philosophy to pass on?*

**DJY:** They talk about voices in your head. I call it the Board Room. The misfits are there. And they wanna take you for walks. Don't listen to them. Shut them up. At the back of the room is an old woman or man, trying to hear what is going on, trying to make a difference.

Get in touch with that old one inside and take their advice. They are there and they will connect you with the right way.

I say listen to the singing.

## Take Control

A trip across the Tasman gives one woman a hell of a shock

**I** think being a sex worker is a pretty smart decision, especially if you need to make a lot of money for a drug habit, as I did. I always felt pretty good about my decision to do sex work. I think everyone has a right to intimacy and I have no problems with the clients. But in the sex industry, there are a lot of unscrupulous men working in the sex industry (I have never had a female boss) who are out to exploit our need to make money.

When I first came to Oz from New Zealand in 1986, I was surprised how working in parlours compared to home. I had worked in Auckland parlours from the early 80s and was expecting more of the same when I started working in a nice place in Kings Cross on Bayswater Road. I was in for a shock.

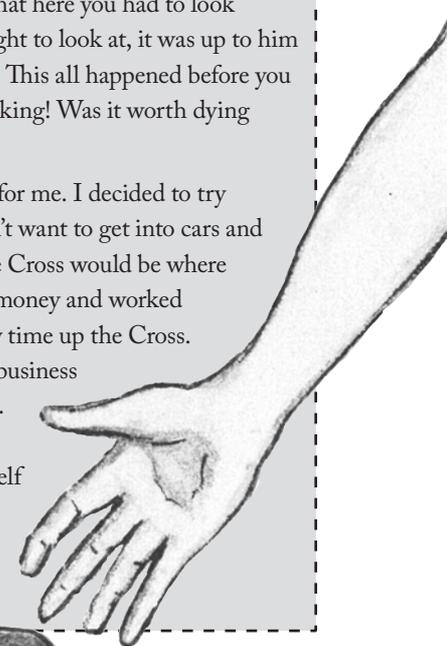
In Auckland the boss got what the client paid for a massage. When the girl got to the room, money was paid separately to the girl for sex. In Sydney, the boss kept half of the money. Half! For what? I couldn't handle that. I also couldn't handle how the girls had to line up in their lingerie like meat for every guy who came in, so he could choose the girl he wanted. Competition like that turns girls bitchy, messes with their self-esteem and creates a power trip that many men held over the girls. I was used to girls taking turns so they weren't competing against each other.

Back home we had proper single massage tables that gave us control, not the huge beds in Sydney that make the exchange too intimate and put the girl less in control. The worst thing though was that the cheapest job cost the punter \$100, of which the boss got \$50. Fifty dollars to take off your clothes and have sex. That's not enough. No way does that respect us or the work we do.

I got the sack after a short while because – can you believe it – I insisted on clients using condoms. It was 1986! AIDS and STIs were rife! In Auckland you got the sack for not using a condom. I was told that here you had to look at his dick and if it was all right to look at, it was up to him whether a condom was used. This all happened before you got the money off him. Shocking! Was it worth dying for his \$50? Far out!

It ended up being a blessing for me. I decided to try working on the street. I didn't want to get into cars and decided the main drag of the Cross would be where I would work. I kept all the money and worked when I wanted. It was a busy time up the Cross. Every girl made money and business was good until the early '90s. I certainly found that taking control and working for myself was the key to a better life.

*Kay*



# Alive and Kicking

Thoughts on being an older woman who injects drugs

**G**etting older isn't all bad. But there certainly is a bunch of things that get harder. And if you are a member of a minority group, such as being an injecting drug user, those things can be harder still!

On top of that, women injecting drug users are more likely to stop using drugs as the years progress than men, so being an older woman who uses certainly makes you feel in the minority.



One of the biggest surprises about being an older user is simply the fact that I am still alive and kicking! Seeing that I am, I plan to remain that way. This means thinking about stuff and planning for the future, something that didn't seem so important until now. The three important areas for me to think about regarding my future are: health, money and what I call "nice stuff to do", which includes family and friends, interests and hobbies.

One thing we all notice as we get older is that we start talking about our health a lot more. This is because it starts becoming a problem. As we get older we simply don't bounce back the way we used to.

For many years I have managed to maintain a lifestyle that has involved both injecting heroin and going to work. It isn't the easiest choice to maintain, as many of you out there will know. But I was on methadone and would use four to five times a week. I would get up in the morning and toddle off to work, often not feeling the best, but certainly able to function on some level and produce some sort of work. As the years went by I found myself catching colds and flu more often. Even though my technique hadn't changed for years, I started contracting injection-related infections like cellulitis (severe inflammation of the skin) and abscesses. I didn't understand what was happening other than my immune system was falling apart. And I didn't want to think about the fact that maybe the years of drug use might be finally catching up with me.

## Veins, Veins, Veins

As an injecting drug user I've certainly given my veins a beating. Like most women, I have small veins that are hard to use. My veins have deteriorated and collapsed with continued use. I have damaged hands with secondary veins popping out everywhere, including my palms, and clusters of spider veins giving my skin a "permanently bruised" look. There comes a point for every drug user when you cannot find a vein, and this can be a devastating realisation. I made a decision fairly early in my drug using career that I would not inject into my groin or neck when the time came, and I have stuck by this choice – though it has been very hard.

I often have to throw in the towel after two hours of trying to inject. This is a miserable situation to be in, leaving me more uptight and upset than before I started.

Anthony Sawrey

I've had an interesting life so far and I plan to continue having one.

At least with heroin I can partly salvage the situation with an intramuscular injection, but as I am also a methadone injector, the only option then is to drink it. At present, I try to use only twice a week as I am currently using a vein that seems to handle that much (and no more). But it is a deep vein, found by accident after the usual digging around, hitting nerves and trying out the occasional artery (I have found that some arteries are difficult to tell apart from veins).

What makes the situation almost unbearable is the fact that my partner (typical male) still has veins! This leads to situations where he uses and I can't. As you can imagine, I am less than happy about it and it causes problems. While I understand that being unable to use due to loss of veins might be called "a blessing in disguise" by some, the fact that I am almost out of veins has been difficult to accept; maybe because the choice has been taken away from me.

### **Pain and Pain Relief**

The fear of dying in pain is huge for many drug users. And this is not because we are all a bunch of wusses. I once watched a friend die in hospital from cancer who didn't receive adequate pain relief. There were nurses who believed that his methadone was part of his pain relief regime. Temporary nurses who didn't understand his medical history withheld pain relief that was written on his charts. Friends would bring in shots of heroin to help him out, then the pain specialist would arrive immediately after he had an illicit shot, say "he's off his head" and refuse to prescribe anything further. Thus the cycle repeated. It was a comedy of errors. Fear of not receiving adequate pain relief looms large in my head, and I have discussed plans with other friends who might find themselves in hospital soon.

### **Ageing illnesses? Junky illnesses? Aarrggghh!**

Fortunately, I don't have hep C, but a friend of mine does and is on methadone and is also going through menopause. She is suffering hot flushes and I often watch her turn bright red and break out in a nasty sweat. Interestingly, sweating and hot flushes are possible side effects of methadone. On top of this, hot flushes and night sweats are listed as chronic hep C symptoms. As most of us are aware, they are also symptoms that you can get when you are hanging out! The moral of this story is that it might take a bit of unravelling to work out what is causing what. I suspect a lot of people go in for self-diagnosis these days, especially via the internet, which can be dangerous. It's best to ask your doctor and just treat the symptom. Does it really matter which one is causing it?

There are lots of things to worry about if you let them. I sometimes worry about money (or a lack thereof) to make sure I am financially secure in my older age. As I said, many of us are very surprised simply to be alive and we have no money for an old age that we weren't expecting or planning for (I worked out my superannuation will last about two years). But there is no point worrying really, and I find that some of the anxiety I had when I was younger is dissipating as I get older.

For all the negatives, there is certainly a sense of having carved a very different path through life compared to the average, non-drug injecting person. I certainly think I have had an interesting life so far and I plan to continue having one. I have given up feeling guilty about having "wasted my life on drugs." One of my favourite sayings is: "It's better to regret something you have done than to regret something you haven't." We all might as well enjoy what's left, have a laugh, and don't take it all too seriously.

*Mo*



# The Space Between Us

Grief and determination in a mother's journey

I lost my 24 year-old son in 1992. He died unnecessarily from an overdose of heroin. What perhaps put me in a different category to most mothers in this predicament is that I believed it was the illegality of the heroin, more than the heroin itself, which took him from us.

An incident which happened a couple of weeks before my son died led me to believe without doubt that our drug laws were unjust. The involvement at that time of law enforcement drove my son away from promising help. Less than two weeks later he died alone with no one to assist him this time.

Like many who get themselves caught up in illicit drug taking, he was not a bad person – he may have done something foolish but he did not deserve to die and we did not deserve to lose him. Yet our legal system labeled him a criminal.

Before my son died I probably thought what the prohibition laws lead me to believe, that heroin is bad and people who use heroin are not much better. But following my son's death I began to inform myself.

I discovered that our drug laws were made more on the grounds of racial prejudice and international pressure than for health reasons – not because the drug was inherently dangerous. In fact if this were so why would governments want to hand its distribution over to crime syndicates?

I learned that before this drug was prohibited in 1954 it had been used successfully for medical purposes, for pain relief during childbirth, for the terminally ill and in cough mixtures.

I learned about the laws and the UN treaties. I learned about the consequences of those treaties and laws, about the crime and corruption, about the stereotyping and marginalisation, about the myths and exaggerations, about the huge multi-billion dollar drug industry and about the paucity of treatments available for users.

I personally believe that it is a good thing for heroin and other illicit drugs to be seen as socially unacceptable recreational drugs. But when this unacceptability goes to such an extent that

it prohibits informed discussion and stifles effective responses to drug issues, when it marginalises a group of people, when it alienates parent from child, when it punishes rather than helps, it cannot be beneficial.

It became clear to me that the user should not be the scapegoat for the huge problems which prohibition had caused.

Over all these years I have not changed my stance. Our drug laws are unjust!

I encourage young people and their families to make sure the stigma and propaganda about drugs and users does not come between them thus destroying that essential family relationship. I am sure my son found it difficult to speak to me about his heroin use because on this issue he would have perceived me as having more faith in the criminal justice system than in him. How wrong he was.

Three years after my son died a group called Families and Friends for Drug Law Reform was formed.

This group has worked tirelessly over these years to raise awareness, to try to limit the shame and stigma often felt by families of users and to encourage governments to look to the evidence and implement drug policies that cause less harm. It also holds an annual remembrance ceremony “for those who lose their lives to illicit drugs”, where families and friends can grieve together amongst those who care and understand.

There have been some advancements over these years but unfortunately not enough. I encourage other parents not to blame themselves or their offspring but to join Families and Friends for Drug Law Reform and help to change the failed policies.

*Marion McConnell*

*Families and Friends for Drug Law Reform*



# Being “Maddie”



How a glamorous alter ego transformed a woman's life

When you write a story about your life, you have to ask yourself at some point who you are and what you are comfortable with. I find it hard to start this story not because I am having trouble deciding what I am comfortable with but because surprisingly I am comfortable! With me!

I am a member of the GLBT community.  
I am a sex worker. I am a user.

As you may gather, this level of self comfort is new. It's an amazing and beautiful thing which may be the result of natural personal evolution – however I suspect it is more likely born from the arrival of “Maddie”. So I will tell you about Maddie and how she has changed, well, everything.

For many years I have had friends who worked in the sex industry; beautiful, strong and independent women who chose this career because of what it could give to them. This is very different to the stories we all hear of women being taken advantage of or being forced into the industry to support a habit – their own or someone else's.

I am not for one moment discounting those stories. For many, that is the reality. For me, however, the sex industry is a place where I have found strength, confidence and the drive to lessen and maybe even stop my use.

Maddie was born late one night when I was sitting with a friend in the industry. My curiosity finally won out. Slightly stoned, it did not seem like such a big deal for me to pose for some photos and put a profile up on a forum. A week passed and nothing happened. I carried on with my normal life. Saying yes to things because I thought that I should. Being in a loving relationship with a beautiful woman who I adore but who no longer finds me physically attractive. Trying to pretend that sex is not important

to me, but quietly wondering what it is about my body that she doesn't like. Using because it seemed to fill a hole. Wishing that I could feel comfortable with who I am as a person.

Skip forward one week: I am in my friend's apartment wearing the most amazing lingerie and the highest heels, waiting for my first client to arrive. I feel like a stupid little girl playing dress-ups. Will he know how nervous I am? Is he going to laugh at me? Does he know how long it has been since someone has touched my skin? I am shaking so hard I am sure that I will fall down.

He looks at me like I am a princess. I feel beautiful, my skin comes alive at being touched. We kiss, we talk, we laugh, we both learn a little from each other.

He thanks me for taking the time to meet with him and apologises if he seemed nervous.

I have been working as a sex worker for four months now. I am very lucky that I have a full-time job outside the sex industry so I can be choosy about which and how many clients I see each week. These interactions that I have with strangers (and increasingly regulars) are the highlight of my week.

Seeing myself through the eyes of others has made me feel beautiful and confident. I value the insights that I get into the minds and lives of the people I spend time with. I am increasingly realising the value of human interaction; it is not just sex but connection that people seek from these moments.

Working as a sex worker has improved my relationship with my partner as I am no longer questioning my self-worth and attractiveness. I am able to love our relationship for what it provides, rather than focussing on what it lacks. It has led to me using less as I feel that emptiness less often and am increasingly feeling the desire to be present in every moment. Since I have met Maddie I feel whole and completely alive.

So I say thank you to those people who have chosen to spend their time with me. And thank you, Maddie, for making me comfortable.

## Research

# Get on Track with Pap Smears

Embarrassing, uncomfortable? Maybe. Life-saving? Yes!

Pap smear testing assists women to have long and healthy lives. The test can be a little awkward, but we do it because we know that Pap smears identify pre-cancerous cervical changes that, if treated early, won't grow up to become cervical cancer. We do it because we want to be around for our families and friends, to see our kids grow up, to bring our dreams to fruition.

Medical wisdom says we should have our first Pap smear at 20, or two years after first sex, whichever happens later, until we reach 70. Women who haven't had a test in more than four years are defined as under-screened. Any change that is picked up on a Pap smear is best detected early to nip any progression to cancer in the bud. Luckily cervical cancer develops fairly slowly, which is why testing is so successful and why women who have not been tested are in the biggest risk group.

There is some interesting research into Pap smear testing and cervical cancer to find out if women who use drugs are more at risk of cervical cancer than our non-using sisters. The National Drug & Alcohol Research Centre (NDARC) is conducting a large study of women to look at rates of cervical cancer, high-grade epithelial abnormalities (pre-cancer changes) and Pap tests in women with a hospital admission for substance use. The results of this study are not out yet, but will be interesting to keep an eye on.

Another small project was done at a sexual health clinic and found that those women in the sample with drug use histories were more likely to be under-screened, to have a past history of abnormalities from past tests, and to have a higher number of abnormalities showing up in their current test. Of concern was that half of all abnormalities detected in the women with drug use histories

were high-grade squamous intraepithelial lesions (HSIL), the growths that can eventually lead to cervical cancer. The good news is they had a Pap test and were able to get treatment.

Unfortunately though, it seems that women who use drugs might take advice about Pap smears less seriously than we'd like.

Despite this, women who use drugs are not articulated as a specific target group within the NSW Health women's health plan. The women's health plan targets a broad group of women who need better access to health services including women who experience violence, women living in areas of disadvantage and young women to name a few, but research may show us that women with substance use issues need to be a unique focus. Women who inject drugs are targeted by NSW sexual health clinics for blood borne virus and sexually transmissible infection screening, and a Pap smear may also be offered at the clinic visit. There is a need for much more research into screening services for women who use.

It's never too late to get back on track with having regular Pap tests. The test only takes a few minutes and you'll be doing it not just for yourself, but for everyone you love.

For more information about Pap smears, talk to a nurse at the Family Planning Healthline on 1300 658 886 or visit <http://www.csp.nsw.gov.au/> to find a doctor or nurse near you.

*This article includes information from a poster presented at the Australasian Sexual Health Conference. We'd like to thank Donna Tilley from the Sydney Sexual Health Centre for her work in the preparation of this article.*

**Would you like to help with hepatitis C research?  
You can if you have been recently infected with hep C**

## Research Study

Treatment of recently acquired hepatitis C virus infection (ATAHC II)

The Kirby Institute (formerly the National Centre in HIV Epidemiology and Clinical Research) is running a hepatitis C study for patients who have acquired hepatitis C recently (in the last two years).

ATAHC II aims to explore the best treatment strategy for patients with recently acquired hepatitis C infection. You can choose to receive treatment or not if you decide to help.

There are clinics participating in the study in Sydney, Melbourne, Brisbane and Adelaide.



**Contact Barbara Yeung at the Kirby Institute on 02 9385 0879  
or [byeung@kirby.unsw.edu.au](mailto:byeung@kirby.unsw.edu.au) for your nearest site or to find out more about the study.**

This study has been approved by the St Vincent's Hospital Human Research Ethics Committee.



# Q & A Lift-out

Readers ask experts about the things we all need to know

## Dear Doctor

### Open Wide

*After watching an ad on TV about testing for cervical cancer, a girlfriend and I admitted to each other we've both avoided pap smears for nearly ten years. My excuse is that it seems like I'm at the doctor all the time for my methadone and, after I've spent hours in the waiting room, taking the extra time for a pap smear test is just too hard. My friend injects in her groin and really doesn't want her doctor to see that. I know the ads say it's important, but does it really matter? What are the symptoms of cervical cancer? How would you know you had it if you never get tested? JH, Lane Cove.*

Pap smears are a really important test to have. They pick up early changes in your cervix that if left could lead to cancer. If you have an abnormal result, it doesn't mean you've got cancer. It may mean that you need to have pap tests more often or need to be reviewed by a specialist who can easily treat the changes found on the test

so you don't get cancer. While they're not something most women enjoy, the procedure doesn't take long. The problem with cancer of the cervix is that you often don't get symptoms and once you have cancer of the cervix it may be difficult to cure. These days very few women die of cancer of the cervix and this is due to the pap test. I would really encourage your friend to go and get tested. There probably will be discussion with the doctor or nurse taking the test about her groin track marks. We know that groin injecting is risky and that it would be safer for her not to inject there, however it is important to look after other aspects of your health.

### Protecting Baby

*I have hep C and so does my partner. I'm pregnant and worried about the baby being born with it. How do I reduce the chance of my baby getting hep C from me? If my oldest child didn't get it, does that mean that* ▶

The information on the following pages has been provided by qualified professionals and experienced peers. This information is intended as a guide only. Each person's situation is unique; you should therefore always seek one-on-one advice from a qualified professional.



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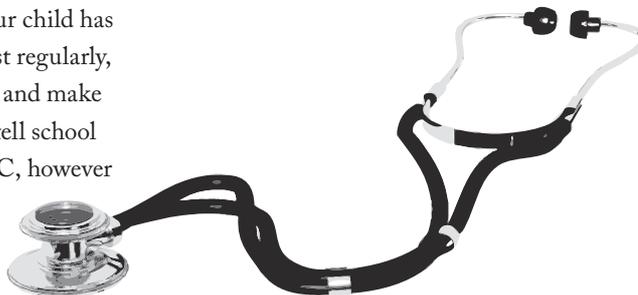
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# Dear Doctor

*this one won't? At what age can I test him and how do I go about it? And if he has it, what does that mean? Can he get treated as a baby? Will he have low energy? Will he need a liver implant? Mum, Peakhurst.*

The risk of your baby getting hep C from you is very small. Out of every 100 babies born to mums with hep C, only about five babies will be born with hep C.

Your baby can be tested from two months of age to see if they have the virus. Most babies and children living with hep C are fit and well, grow normally and have no symptoms. Very few need treatment. If your child has hep C they will need to see a liver specialist regularly, usually every six months, to monitor them and make sure that they are okay. You don't need to tell school or daycare or friends if your child has hep C, however it is important to tell your child's doctor.



## Mouthing Off

*I know a fair bit about HIV, hep C, STIs, but am never really sure what you can actually get or not get from oral sex? Using a condom or dam for oral sex seems dumb and totally unsexy, so I don't want to do it unless I really need to. Jenny, Murwillumbah.*

This is a good question and a common one to get confused about. First of all, you usually can't get hep C from oral sex, as usually no blood is exchanged. HIV is also a very low risk and only potentially in the situation where you're giving someone with HIV oral sex (your mouth on their penis or vagina) and have semen or vaginal secretions in your mouth. Even further, the HIV has only been transmitted when severe breaks in the skin of the mouth or gum infections were present. If someone is giving you oral sex, it is safe for HIV – as you are only in contact with their saliva (spit).

Other STIs can be transmitted through oral sex such as hep B, syphilis and gonorrhoea. If you haven't had vaccinations for hep B, now is a good time to get them!

Syphilis and gonorrhoea often don't have symptoms, so it's worthwhile to get tested if you're not sure – these infections can be cured with antibiotics.

Lastly and most importantly, the biggest risk of STIs with oral sex is with herpes simplex virus type 1 (also known as a cold sore). This infection is common and most people have no symptoms. Many people are also unaware that they can pass on cold sores from their mouth to the genital area through oral sex, even when they have no symptoms.

I would suggest talking to your partners about sexually transmitted infections before you have sex. Use condoms for vaginal and anal sex for any new and casual partners and getting regular STI check-ups at your GP or sexual health clinic. Some people really like using dams and flavoured condoms for oral sex and this does make sex even safer. You and your partner/s need to decide what level of risk you're prepared to take.

## Does It Really Get In?

*I always heard that methadone gets in your bones and wrecks your teeth. Is that true? And if it is, are there things I can do to lessen the damage? Freda, Redfern.*

There is no evidence that methadone gets in your bones. Like any other opioid (heroin, morphine, codeine etc.), it does dry up saliva which is really important for your teeth. As a result it is really important to eat a good diet, limit sugar and sugary drinks, brush and floss your teeth and have get your teeth checked by a dentist regularly. Don't forget the Medicare dental plan that you can get from your doctor that will pay for dental treatment.

A 2007 study of 92 methadone patients in Boston showed low bone density in 35% of the surveyed participants. The study couldn't link cause and effect, so it doesn't represent strong enough evidence to say that opioid substitution therapy was the main factor. More studies need to be done. In the meantime, eat healthily and look after your teeth.

*Dr Hannab, GP, FACHAM*

*Thanks to the Sydney Sexual Health Clinic for their input.*

## Keeping the Family Together

### When DoCS Can Act

*As a using parent, my fear about DoCS is constant, even though I think I am a good Mum. When should I really be worried about DoCS? Under what circumstances can they take my baby from me? Can the police take my baby just if they recognise me as a user? Do I have any right of reply? Nix, Greystanes*

DoCS (now known as Family and Community Services), the child protection arm of the NSW Government, is mainly concerned with children who are at risk of significant harm. Child protection workers are concerned about the safety and well-being of children, not just about whether you are a user. Most often they are concerned about the impact on kids of domestic violence, sexual abuse, parental mental health problems, parental drug use and neglect. When it comes to using, Community Services will be concerned about how this impacts on your parenting skills, including how you meet your child's needs for comfort and affection, as well as how you take care of his or her physical needs.

A trigger for Community Services considering taking your child into care would be if your child's safety is highly at risk because of any of the above or some other threat. If you take good care of your child, if you try

to use when your child is not with you, if you ensure they are well-fed, attend appointments, school or day-care where applicable and are not exposed to sharps or other drug paraphernalia, or people who may cause them harm, then you should be okay.

The police could take your baby if they considered your child was at immediate risk of significant harm. If they recognise you as a user and are concerned, they are more likely to talk with you and they could make a report to Community Services.

For more information on good parenting and resources, visit the Community Services website: [www.community.nsw.gov.au](http://www.community.nsw.gov.au). The Raising Children Network also has stacks of information at [raisingchildren.net.au](http://raisingchildren.net.au) to help you care for your child.

### ...Woulda Baked a Cake

*If DoCS do a home visit, what will they think is important and how should I behave? Connie, Gymea*

If Community Services visit you at home, make sure your home is reasonably clean and hygienic. Workers will want to know your child is safe and well supervised. Make sure you have good routines for your child, such as regular meals, bath time, bedtime and rising time. Community Services will be concerned about your child missing out on necessities if they believe you're spending your money on drugs instead of food and rent.

Community Services suggest you be open about any parenting challenges you may be having. They can access a lot of support services and will be able to put you in touch with the appropriate services.

*Ms X, social worker*



# Miss Justice Writes

## Footling the Bill

*I had a court case scheduled at the Downing Centre a few months ago. The judge didn't get round to my case so I was given a new date. It was a dealing charge, so I had a barrister and a QC there to represent me. They still had to be paid – \$10,000, even though the case wasn't heard – then paid again for the new date. Luckily I was in a position to pay them again for the rescheduled hearing, or else due to the court's scheduling problems I might have been under-represented and ended up in jail. I don't understand how I have to just cop sweet something like that. How can they just say "sorry, we are rescheduling" and cost me that much money? Or my freedom? How can I get back the money that their mistake cost me? It's just so unfair. Outraged, Redfern.*

The situation you describe is unfortunately not uncommon and is incredibly unfair from an everyday point of view. In short, the Court who cancelled the hearing on the day has immunity from any legal action.

The barrister's bill would come under the terms of the costs agreement you signed when they took on your matter. Typically this would involve them being able to recover all or part of their fee for the period "blocked out" for the Court appearance. Where a matter is cancelled by the Court they may only charge for part of the day, but are often able to bill for the amount of time "blocked out", regardless of the cancellation. Often, in such situations, a smaller amount would be charged to the client, but this depends on the barrister's discretion.

The justification goes something like this: to be available exclusively for your matter on the day, barristers must block out their diary and are therefore not available to bill at a similar rate. As the cancellation is not their responsibility, it is "not fair" that they lose income as a result. They will state (probably correctly) you signed a costs agreement, which probably covers such situations.

I am sorry but I doubt that the fees for the cancelled day are recoverable, especially after the matter has been heard and the final result obtained.

In general, the Legal Services Commissioner is responsible for professional regulation and discipline and hears

complaints regarding legal practitioners. If you consider the actions of a barrister practitioner are outside proper conduct you may be able to satisfy yourself as to the possibilities of redress without incurring expense by complaining to the Legal Services Commissioner who will examine and respond to your claim.

## A Note from the Doctor

*I use marijuana for medical reasons. I have arthritis which is very painful, as well as a number of other chronic complaints. Someone told me that the police won't press charges if I carry a letter from my doctor with a list of my complaints and if he writes that I smoke marijuana for pain. Is that true? Terri, Sutherland*

The use of cannabis in any context is illegal in NSW. Although several US states and Canada allow some use of medical cannabis, the NSW Government has not legalised any use, even for medical purposes. The Australian Medical Association (AMA) and the Law Society of New South Wales have called for people with illnesses such as cancer and AIDS to be allowed prescribed cannabis for pain relief, but the State Government has not changed the law.

Regarding a doctor's note: in almost all situations, police have a very wide discretion whether to charge a person. Sometimes the decision depends upon the evidence and likelihood of conviction, but many other factors may affect their decision. It is just possible that a doctor's note, regarding a person's painful illness, could influence them in the exercise of their discretion, but it would almost certainly depend on a range of other factors.

But without a change in legislation authorising cannabis use for medical pain relief, it would be extremely unwise to rely on such a letter to influence police not to charge – even if a doctor wrote one for you.

Where medical evidence may be helpful is when a person has pleaded guilty and faces sentencing. Clear medical evidence of a serious painful condition can sometimes be taken into account as a factor in reducing penalties. This of course happens after the fact, and is not a shield against prosecution.



## A Searching Question

*Do I have to co-operate if a cop asks me questions or wants to search me on the street? Or if a dog sits in front of me?*

*Do I have to let them into my house or search my car or my handbag? What information do I have to give them about myself? What are they allowed to record if they don't find anything on me? CJ, East Sydney*

Police can demand proof of identification, regardless of their suspicions. It's therefore often appropriate to politely give this information regarding your identification. Also, the courts have ruled that if police believe a person is a suspect, they may demand their personal particulars.

If the police believe "on reasonable grounds" that you may be able to assist because you were at or near a place and time an offence is said to have occurred, they can request you to provide your name and address.

In these circumstances it is an offence to refuse.

If you're suspected of an offence you have a right to silence. In all but the most exceptional situations, silence can't be taken as evidence of guilt. Lawyers often observe that police may be unable to prove their case without information they get from people at interviews. For this reason many lawyers advise against giving interviews, or suggest they sit in with the interviewee. Sometimes a person is happy to give an interview (for example when they feel they are not under suspicion) but even then, the usual advice is to consult with a lawyer if possible.

Very often, people who are stressed or frightened may talk a great deal and give a lot of information which may not be helpful. It is a good idea to get advice and support, especially if the situation is new, frightening or confusing. Where police want to tape or video an interview, you should always indicate you want to speak to a lawyer first.

**Stop and Search:** Police may stop and search only if they reasonably suspect a person of having something stolen

(or unlawfully obtained) on them, or if they are in possession of anything used in an indictable offence.

**Sniffer Dogs:** Although a successful challenge was made in respect of a police drug sniffing a person, changes to the law now mean that simply being sniffed by a police drug dog is not a search. Of course, if the dog displays "gotcha" behaviour, that will constitute "reasonable grounds" for a more thorough search.

**Motor Vehicles:** Police may stop and search a motor vehicle if they believe on "reasonable grounds":

1. that it is, or has, been used in the commission of an indictable, or firearms offence;
2. that it contains drugs, or anything used or intended to be used in committing an offence; or
3. that it is a serious risk to public safety and that their search might lessen that risk.

**Search of Home:** To enter without a warrant, police require consent and must give notice of their presence, by knocking or ringing a doorbell, and must identify themselves as police, as well as stating their purpose, which must be a lawful reason for entry.

**Search Warrants:** In most situations to search a home police must have a search warrant which sets out the grounds for believing that there is something stolen or connected with an indictable, firearms, or drug, or child pornography offence, in the home. (If the issuing justice doesn't record the reasons for the warrant it is invalid.)

**Search Warrants on "Drug Premises":** The police have specific powers in respect of "drug premises". An officer of or above the rank of sergeant may apply for a search warrant where they believe on "reasonable grounds" the premises are being used for the manufacture or supply of a prohibited drug. Where the search warrant involves "drug premises" the warrant empowers police to search both the premises and any person found at the premises.

*Miss Justice, lawyer*

**Disclaimer:** This general information is provided in good faith as a guide only. It is not a substitute for obtaining professional legal advice specific to your particular circumstances.

# Shrink Rap



## Chicken and Egg

*My dad died recently. My relationship with him was really complex, mixed up with love and hate and guilt and resentment. I went to see a bereavement counsellor at the hospital he died in. My drug use came up in one of the sessions, and a wall went up between me and the counsellor. She said until I sort my drug use I can't sort any other area of my life or fix up my family issues. I don't believe this, but it's not the first time I've been told it, so I usually hide my use. I broke my rule this time because the issues with Dad are a lot about my drug use and his drinking. My drug use isn't a problem for me, I work and live a pretty normal life. So how do I get help when I need it, when all sorts of professionals seem to think that when you take drugs everything is about that, like it's a root cause of everything? Do I just keep lying about it? Belle, Surry Hills.*

Try not to lie about your drug use: when it comes to your health, honesty really is the best policy. Health workers and counsellors, as in every other profession, come in various guises. It could be that the bereavement counsellor you saw has no experience of drug issues and may be working off outdated, or worse, prejudicial attitudes. The old "Come back when you're motivated" response is no longer acceptable from health care professionals. It's increasingly recognised that problematic drug use is intertwined with psychological, physical and relational problems.

You need to find a treatment provider you can trust and feel comfortable with. The ethos of every health professional should be "I'm here to help you, not to judge you".

Though a non-judgemental stance towards drug issues is now much more common, finding a professional you can work with can still occasionally involve trial and error. Embarking on a series of counselling sessions, or linking up with a new GP, is after all, entering into a "relationship". You entrust a stranger with very personal information. Like all relationships, there has to be a reasonable temperament fit, along with a set of attitudes and knowledge most conducive to the healing process.

The importance of accurately disclosing your drug use cannot be over-emphasised. Any drug or medication use can affect our moods, thoughts, behaviours or physical function – indeed most are designed specifically to do so! Glossing over or omitting details of drug use will paint an incomplete picture, which in turn will affect the quality of the treatment you receive.

Being open about your drug use will not only improve the care you receive, but in a small way also helps remove the stigma and fear still sometimes associated with drug users. Don't forget that health professionals learn much from their patients and you're no exception.

*Dr MS, psychiatrist*

## Eat It to Treat It

### Working up an Appetite

*I'm HIV positive and am on retroviral medication. As a result, I've got almost no appetite, and often can't keep food down. Usually a slice of dry toast is the best I can manage. Can you recommend any food or recipes that are super-nutritious and tasty so that I can eat small amounts and still stay healthy? Livvy, Surry Hills*

If you have a poor appetite on a regular basis there are two ways to increase your nutritional intake: by eating more (try to eat something small every 3-4 hours during

the day); and by enriching the foods that you already eat. This will help your body get the nutrients to stay healthy. Skipping meals will generally make your appetite worse. It doesn't necessarily have to be a three-course meal. Even snacks like yoghurt, cheese and crackers, tinned fruit with custard, muesli bars, creamed rice and hard-boiled eggs are nutritious. If you can't eat solid food, try nutritious drinks like milkshakes or fruit smoothies. You can also make the toast that you are already eating more nutritious. Here are some suggestions: have cheese or eggs on toast, or spread margarine or peanut butter.

# The Ecstasy Aunt

## First Time

*My friend is hassling me constantly to help her try her first heroin. I don't want it on my conscience that I helped her open up that can of worms, but I'd rather teach her some "occupational health and safety" than have her end up with butchered veins, hep C or dead from her first shot. What advice can you give me to make this work out?*

*Gina, Marrickville.*

Heroin, like other unregulated street drugs, doesn't come with any product warnings or safe use instructions. It falls to us to explain the risks and how to minimise them.

I suggest you start with your experiences with drugs, good and bad; the different reasons people use; why some people can't stop. Tell her about being ill, having a hangover, what a habit feels like. She needs to know that while she may see you floaty, relaxed and confident when you're stoned, she has no idea what you go through to achieve all that – in terms of health, financial and legal hurdles, the toll of stigma and discrimination.

For nuts and bolts issues, she needs to know about things like not using alone, not drinking alcohol or taking other drugs before heroin, what to do in case of overdose and the risks of not knowing what you're getting – from gyprock to pills to dirty gear – or how strong it is. Caution will keep her alive: trying a little bit first, not being a pig, even if everyone else is behaving reck-

lessly. She needs to work out her own limits and respect them. Strong rules, like not using two days in a row, can be useful. Tell her what's involved with injection – the need to be super-clean to avoid a dirty shot or a blood-borne virus. Smoking, snorting and shelving are a lot safer and can be just as effective, especially for a newbie.

Suggest she have a chat with someone from a needle and syringe program too. At the end of the day, you can't stop her using drugs but you can explain enough that she makes an informed decision.

## It Takes Two, Baby

*My partner of 15 years and I both use although sometimes we wish we didn't use so much, just for the cost. Sometimes one of us will try to take control of the finances and keep a lasso on things, but it's really hard harnessing two appetites. Some days we just have to look at each other and it's on. Other times we argue but it's like we are taking it in turns to be "Level-headed Lydia" and "Tina Temptress". How do we support each other more and undermine each other less? Zellie, Cronulla.*

Anyone in a relationship knows that using together comes with a private language all its own. You know when your partner is feeling "restless" the same way you know your partner wants sex or a foot rub or junk food. That level of communication is a good thing. We know how powerful the combo of drugs and sex is, ►

## Eating for Two

*I've just found out I'm pregnant and got on the methadone at my local clinic. What sort of food should I be eating – and what do I need to stay away from? Sandy, Leichhardt*

Your eating habits may change early on in pregnancy because of morning sickness. It's important to try to maintain a healthy diet by eating a variety of good quality foods like lean meat, reduced-fat dairy, cooked eggs, wholegrain breads and cereals, nuts, pulses, fruits and vegetables. Important nutrients during pregnancy include calcium, iron and folate (for more information see pages 44-45). Good food hygiene, storage and handling are also important because listeria infection can be obtained from eating contaminated food.

LP



# The Ecstasy Aunt

and if you can agree on some ground rules, it can make your partnership stronger. If one person wants to use a lot more than the other you might need to re-evaluate your relationship. After all, drug use is a big commitment, and a mismatch in using appetites can be a serious lifestyle issue.

Decide on the rational amount you can spend each week on drugs once all your bills are paid. Then agree with each other that you won't go over that. You might agree on some exceptions like birthdays, family deaths, or that any extra money that comes in is fair game.

Making pay-day morning a bill-paying fest can work well. Try paying over the phone with a debit card, where the money comes out instantly, or paying at the Post Office in one go. Direct deposit or BPay can also work, as long as the money goes out of your account quickly and doesn't leave you with the options of renegeing. Other great techniques include building credit with your phone or utility company or chemist (if you're on pharmacotherapy) by paying an extra \$20 from time to time even when you don't have a bill due, and buying supermarket or other store gift cards that can't be redeemed for cash.

Some banks offer cards that only let you EFTPOS or buy over the net, but not withdraw cash.

Stuffing up credit will continue to bite you for years, so keep a lid on it if you can. If you are in a financial jam, it's worth seeking advice from an accredited financial counsellor.

Those accredited by the Financial Counsellors Association of NSW are free of charge (call 1300 914 408). They can consolidate your debt and advocate for you. They may not understand why your drug money is sacrosanct and can't be spent on debt relief, but it's better than not being able to answer the phone or the door.

## Time to Go

*My boyfriend of six years gets pretty violent with me. He's even been to jail for it, but I can't seem to get rid of him. I have a housing commission place near all my friends, family and the rest of my life. I changed the locks but he nearly killed me. To leave him, it feels like I have to lose everything. I worry he would even follow me to another city. So I put up with his violence to keep the rest of my life. I used to love him but now I see he doesn't know the first thing about love. How do I cut loose? Pisces, Waterloo*

Talk to an expert about your situation and get some practical help. Call the Domestic Violence Line (1800 656 463). They can help with options and encouragement. For example, Housing will be able to help with reducing your rent while you are living somewhere else for safety reasons. The DV Line can hook you up with a refuge where you can take time out to regain a sense of self, to understand the dynamics of an abusive relationship and to find out new tools to deal with the situation. Or talk to them about Staying Home Leaving Violence, a long-term support program that assists women who choose to stay in their homes through each step of the process.

A lot of us have been in abusive relationships to some extent, and we know it's not black and white. We make lots of excuses for our lovers. We want to make up for their crappy childhoods and lousy past relationships. But it turns to trouble when we act like their happiness is more important than ours and think we are responsible for making their lives work out to their satisfaction.

I urge you to keep fighting for your freedom from violence. Keep going to the police until you get a satisfying outcome. Your partner has been convicted and jailed once and he probably will be again. While he is in prison, you are staying alive. Keep applying for AVOs whether or not he breaks them. Remember, you are not doing this to harm him, but to protect yourself from the harm he is causing you.

If there are other women reading this who are in abusive relationships, I encourage you to call the Domestic Violence Line. There is no pressure to leave your relationship if you don't want to. There are many ways of dealing with this situation and you won't be judged on how you choose to handle it. If you have kids, you need to be a good Mum first, and getting them out of a violent household should be your priority.

Same-sex relationships are not devoid of abuse and violence. ACON's gay and lesbian anti-violence project (free call 1800 063 060) exists to help you with specific issues around your sexuality.

Never believe that you have to live this way. You are a wonderful person and deserve to live with dignity and respect. Fight for your life; persevere to be free.

# Where Is Your Methadone Now?

Keeping your kids safe is just a matter of common sense

I read recently that it is extremely common for people to share medications of all kinds: antibiotics, blood pressure pills, pain pills, sleepers. Parents, apparently, do this the most, giving their kids a range of meds which bear mum or dad's name without so much as a consultation. Although this is a firm no-no from the perspective of medical authorities, our society tolerates a bit of sharing on pragmatic and compassionate grounds.

Parents giving children methadone or buprenorphine is, however, never okay. As a community we users need to look at how and why children are poisoned by methadone and ensure that this never, ever happens again.

The common urban tale is that child methadone fatalities are caused by parents using their dose to settle their child. While this is unlikely to be the main reason for children accessing 'done, some parents may have tried using the drug to settling their child because they were not aware of the risks. Be warned: even a tiny drop of 'done or bupe on the lips of a little child can kill them.

There is plenty of help for parents having trouble coping with a baby or active child. Tresillian (call 02 9787 0855 or 1800 637 357) is a service specifically designed to help settle babies. Parentline (call 1300 1300 52) is anonymous and can give you other contacts for specific problems. You don't have to disclose your drug use: after all it's irrelevant. Lots of parents in all sorts of circumstances need to ask for help with their kids from time to time.

Some parents of sick children have substituted their dose for other medications because they could not afford those medications. 'Done or bupe will not help a sick child; it will only make them sicker and possibly kill them. If your child gets sick when your pockets are empty, hospitals will always provide medication for free if you explain your situation. Kids get seen fairly quickly in emergency departments. Some pharmacies will give you credit for over-the-counter medication for a sick child, especially if they dose you. The best solution is to make

a pay-day purchase of a general analgesic like children's paracetamol or ibuprofen, so that it is always in the house if you need it. Make sure that you store children's medication separately from other medications, so that there is no confusion.

The truth is, methadone poisoning is mostly accidental. And accidents can be avoided with a bit of care.

This means that all of us, whether we are parents or not, must keep our takeaways locked up and separate from other medication, just in case.

I personally don't believe in taking it in secret – we wouldn't hide our insulin or our heart tablets. But we should never offer even a smell of our dose to a child. Reinforce that it tastes really yucky (too true!); that it is a medicine we take for our health, not something pleasurable; and that it will kill them if they try it.

Of course, pharmacotherapy poisoning accidents don't happen as often as kids drowning in backyard pools or being run over in driveways. In fact, they are rare. But methadone-using parents (like other narcotics-using parents) will always attract greater suspicion of foul play or negligence than other parents. And while children drowning never threaten pool installations, each and every child death from 'done or bupe threatens the entire takeaway program for everyone. As unfair as it is, we pharmacotherapy users are judged by a higher standard than other parents.

Accidents occur because of inadequate storage. Full stop. In the United States there have been hundreds of bupe poisoning incidents (although fortunately no deaths) because the health authorities package takeaways in a colourful tube. Left in a handbag or a drawer, kids find them and confuse them with lollies. In Australia recently, a child found a methadone dose while hunting for a drink in a family member's fridge. The relative didn't think they needed to worry about locking up methadone as they didn't live with kids. Sadly, that child died. ►

It seems those child-proof lids aren't enough of a barrier on their own. Another death occurred because someone decanted some "rainy day" methadone into a different bottle then mistook it for kids' paracetamol in the middle of the night. Other accidental poisonings have occurred through curiosity and because kids think they have found something yummy - medications and poisons found under the sink, in the medicine cabinet, in mum's handbag or dad's jacket, even in high cupboards with the help of a chair.

So, now might be time to think about how you store your dose and other drugs, and to invest in some lockable storage. NUAA's manager, Nicky Bath, told me: "We would applaud a health department initiative that gave a lockable container to everyone on takeaways. This would be an effective and efficient way to show their support for a family-friendly program that promotes safety for all." While waiting for the Ministry of Health to take the hint, we did a bit of Googling and found a few funky and functional ideas that don't cost an arm and a leg. Some lockable boxes that could be put to the purpose include ammunition containers (from army disposal shops), cash boxes, jewellery boxes and mini-safes. Whether it's locked with a key, a combination or a clock armed so it only opens at a certain time each day, chances are a locked box is safer than wherever you've got your takeaways stored right now.

If, despite your very best efforts, your child gets into your medication, call 000 immediately or rush them to hospital. And remember, if you've locked up your methadone and secured the key or combination somewhere secret, out of your kid's sight and reach, your conscience is totally clear, so hold your head high. Users make terrific parents, partly because lots of us had awful home lives and know how parents shouldn't behave, but mostly because we are really nice people with a helluva lot of love to give..

*Leah McLeod*

## How long for a Clean Urine?

*Going to rehab any time soon? Most rehabs require you to have no drugs in your system before they'll admit you. Many people choose to go to detox before they go to rehab, but if you're self-detoxing at home before you go to rehab, the following guide could be useful.*

Alcohol	8 – 12 hours
Amphetamines	2 – 4 days
Barbiturates	
(short-acting eg. seconal)	1 day
(long-acting eg. phenobarbital)	2-3 weeks
Benzodiazepines	3 – 7 days
Cannabis first-time users	1 week
long-term users	up to 66 days
Cocaine	2 – 4 days
Codeine	2 – 5 days
Ecstasy (MDMA / MDA)	1 – 3 days
LSD	1 – 4 days
Methadone	3 – 5 days
Opiates (eg. heroin, morphine)	2 – 4 days
PCP	10 – 14 days
Steroids (anabolic) taken orally	14 days
taken other ways	1 month

### Note:

*Cocaine is difficult to detect after 24 hours.*

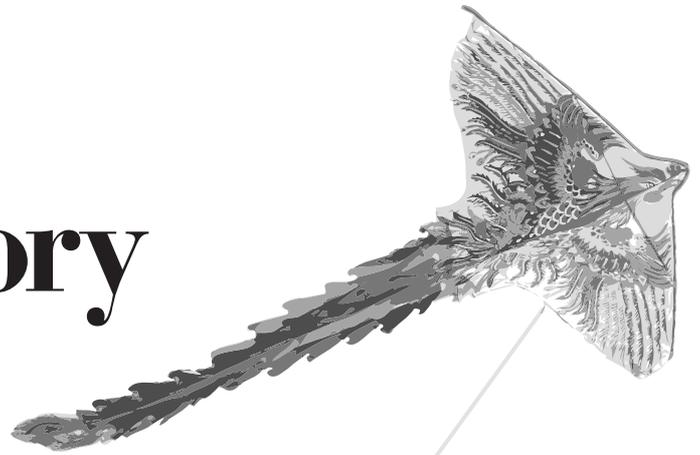
*A special test is needed to detect Ecstasy, as it is not detectable in a standard test.*

*Testing for LSD has to be specially requested.*

*Monoacetyl morphine (confirming heroin use) cannot generally be detected after 24 hours, and it converts to just morphine.*

The information here was drawn from drug-testing labs, medical authorities, and internet reports. It is intended as a general guide only, and cannot be guaranteed for accuracy. The times given refer to the standard urine test – other tests may be more specific and accurate. Detection times will vary depending on the type of test used, amount and frequency of use, metabolism, general health, as well as amount of fluid intake and exercise. Remember, the first urination of the day will contain more metabolites (drug-products detected by the test) than usual.

# Tina's Story



*It is a man's world out there, all right. In the world of drugs, drug policy, treatment and even drug-related literature, women's voices are seldom heard. When they are, it's from the perspective of victim or other degrading position, never as the fully fleshed-out human beings we are.*

*This issue of User's News is written by and for women to validate our experiences and to ensure women are given a voice in talking about their lives and experiences.*

*Migrant woman negotiating a new life in Australia with little or no English have an added burden of making themselves heard, expressing their needs and advocating for themselves on issues that many of us take for granted. Imagine what it would be like not to have the words to express yourself when negotiating to go on pharmacotherapy, a chemist take-away or the prison system and having to rely on others to read and speak for you.*

*Giving voice to Tina, via translation, highlights some of her experiences, frustrations and sorrow – and more importantly her hopes and aspirations for her family's future and her advice to young women who may be starting to use drugs.*

I want my story told.

I was born in town called Rach Gia in Vietnam, two years after the war ended. I am one of seven children – five brothers and a younger sister. It was a very hard life for us. I helped my mother cook and sell food. We lived in a kind of garage made of wood and straw behind somebody else's house beside a lake. We all slept in the same bed and cooked our food outside on a wood fire. We washed ourselves and our clothes in the lake.

At home I was always worrying over things – we had very little money and never had enough to eat. When I was about eight years old my father and brother escaped by sea to Thailand, hoping it was a stepping stone to a better life for us all. He sent money home until he could send for us once they had settled somewhere. But when the agents and government took their share, there was never much left – maybe a fifth of what he sent us.

I went to school for a short time, equivalent to year three in Australia. We were so poor, I couldn't stay at school. I had to help my mother cook noodle dishes and soup to sell on the street. The only reason I can read Vietnamese is that I had to read and write when trading on the street and speaking to customers. It's not like Australia, where children go to school even if the family is poor.

I missed my father so much, I cried for him every night. He wanted to go to America but that scared us. It was a long way by boat. We had heard stories that when at sea, once they had got their money for your passage, smugglers would kill you and throw you overboard, even the little children, and that they would rape all of the women. My father eventually made it to Australia where his relatives sponsored him. When I was 14, we joined my father and older brother here.

I think I was about 17 when I first encountered drugs. My uncle always had money on him and would let us kids have a few dollars. One night I asked him for money and he told me to help myself to his wallet. I went through his pockets and found these funny little yellow and green balloons. I took one. I asked a friend what it was. She said if you smoke it, you feel good, happy and high. She asked me to get more for her. For the next few months, without my uncle missing any – he had so many – I took more of the little balloons and sold them to my friend for \$50 each.

Later on my uncle got me, my little sister and one of my brothers involved in drugs. We all started using and would get very stoned. My father and mother locked me in my room to make me stop but I climbed out ►

## User's Story

the window. My father even shaved my head, thinking that would stop me going out. Of course it didn't. My brother was so stoned one day he fell down and hit his head on a rock, sustaining a brain injury. Today he is like a child and my mother cares for him.

One day, two men came to our house looking for my uncle. My father opened the door and said he wasn't at home. Without another word, they took out a gun and shot him several times. My father died instantly. They searched the house and came into my room. They pointed the gun at me and without speaking just fired and fired. I was shot seven times. Most of the bullets landed in my forearms as I put my arms up to protect my face and head. They went to my mother's room next and tried to kill her but the gun jammed. They threw the gun under the house and ran away. My brother took me to hospital. I was bleeding all over the car but somehow I survived. After I recovered I moved to another

state. The men got 12 years' prison each and are both out now. I can never go home again or see my mother or eldest daughter.

When I was 19 I met the father of my first child. We were together for a couple of years and used drugs together. When my daughter was born, I felt I couldn't look after her properly. She went to live with my mother. After having her, I wanted to give up drugs altogether. But friends would come around and pressure me into going out. I couldn't give up and kept on using right up to the time I had my second child. Then I gave up using altogether. To get the money to keep using I had to sell drugs or pinch things or trick people, all sorts of bad things.

I was quite a pretty girl before I was a user, but my body changed. I used to have beautiful breasts but when I started using they became smaller. My neck line became scrawny, my facial appearance was ugly, my arms and legs were wasting away. When I went out looking to score, I was lucky if people came near me.

Because of the way I looked, most people avoided me for fear that I would rob them.

I got caught dealing drugs and was charged with supply. I went to prison for three months.

Inside, I found out I was pregnant with my second child, my first child with my current partner Tommy. Tommy was my only visitor and managed to get drugs inside to me. Once he even threw some balloons over the prison fence. I would then share some of the H in exchange for using someone else's syringe. Every day I was frightened. People stood over



me and I was bashed. One of the other prisoners said if I shared my H with her, she would protect me – but she was the same one who had bashed me in the first place.

The second time I went to prison I'd already had my second child. I was sentenced to another three months. Tommy had to care for our child. Separation from them was very hard for both of us.

Tommy got on methadone so he could look after our child.

When I had my first child I only kept company with bad people, and after my second child came along I had no friends at all. I learned to keep my thoughts and feelings to myself. I was cooped up inside my room thinking crazy things, not talking to anyone or going anywhere. I couldn't speak English and there were very few people I spoke Vietnamese with. I wanted to speak English but I got upset when people couldn't understand me, and there were some who made fun of me when I tried. There were times when I didn't want any friends at all.

If I'd known beforehand what drugs actually were, if I had known the illnesses it would lead to, I would have never have touched it. Not put one foot in it. I would have gone down a different path to a happier way to live life. I wish that the world could return to the time when my father was alive, that my family could be respectable, free of drug use. I miss my father every day.

I've been with Tommy for five years. We have two children. We are both on treatment; I am on methadone and he is on bupe. I rely on him and sometimes the Vietnamese community to help for translation. Sometimes I want to ask questions but can't find the words. I get upset, I feel shy and scared and angry when people don't understand me but I keep trying and my English is getting a bit better.

I want to get off methadone and feel like a normal person. I want to be a part of my children's education, and help them be good students. But to help them read

Bây giờ chúng tôi không hy vọng bất cứ điều gì cho chính mình. Chúng tôi muốn có một tương lai tốt đẹp cho con của chúng tôi.

a book, to write, to do their homework, even to speak in English, for me it's all very hard.

Hopefully my children will not go down the same path as Tommy and me. If my children showed signs of using drugs, I would keep calm. I would slowly explain to them in a good way, not be aggressive with them. If you are too aggressive that could make it worse. Scolding them may drive them down further onto a path of destruction. I would get help for them and keep a closer eye on what they were doing. But I believe they would gradually understand. They will remember what their mother was like when they were little. One day, when they are old enough to understand, both Tommy and I will tell them the truth of all of our lives.

Bad things can happen to you if you step into the drug world. My advice is: think ahead to the consequences of using. There is more bad than good. One per cent is good, you get high, feel good but 99 per cent is bad. It's not worth it.

Tommy and I have a better life now because of treatment and we have each other for support. The kids have changed us in a good way. Without our kids we would probably still be using and in and out of prison. For now we are not hoping anything for ourselves. We just want a good future for our kids.

*Tina*

*Our sincere thanks go to Julie Bates for her work with Tina in helping her tell her story. A version of this story in the original Vietnamese is available to read on our website, [www.nuaa.org.au](http://www.nuaa.org.au).*

# Breaking up the Day

A wild ride comes to a sudden stop

Your stories touched me, so here's mine. I'm a chronic drug user – or I was until I landed myself in jail for the first time in my life, in June. I am a local Ballina/Lismore/Nimbin girl, 29 years young. It's always been my backyard for using. My drug of choice is slow: heroin, morphine.

Occasionally I'd use speed and ice – and, of course, Nimbin's renowned product, cannabis. I've been addicted to the needle for nine years now; since the first time I couldn't get enough. I've spent days and nights getting high, not a day sober unless I was wanting to clean my act up.

The first five years of using were fairly easy to get through, but once I started heroin it became much harder. Just after my 25th birthday I was revived by a driver who saw me asleep at the wheel on the side of the road and called an ambulance. Once I knocked myself out on the gear in my living room with no one home or around for days. I woke up hours later to look out the window and see darkness, a needle barely out of my arm and a bloody lip from hitting the coffee table as I went down. One time I got greedy with a hundred bag and had to be resuscitated by my friends. I remember feeling them pump my chest and give me air, feeling paralysed. The last time I overdosed, I was rushed to the base hospital, fifteen minutes away, by my friends. I woke up



on the emergency table with the doctor about to shock me with a defibrillator after the shots of Narcan. I snapped back into action and grabbed my bag at the end of the bed, rushing out to get a shot of speed to get rid of the headache that Narcan causes.

I've been attacked, held down and robbed, taken out bush to teach me a lesson. I've seen the rich and the poor side of the drug world. I've seen people beaten black and blue, people taken advantage of, used as drug runners, connectors, dealers, underworld sex workers. I've lost my husband, my dog, my son, my house, my car, my friends and my family for my choices and some of them can never be reversed. My arms are scarred in track marks. One has a collapsed vein. I've got to a point where I can use and use and it doesn't do anything. I don't know whether I'll be able to escape the enjoyment of putting a needle in my arm or get a real job and live life as a normal person.

As they say, what goes around comes around. Just 'cause I'm a junkie, it's no one's business but my own. We've all got problems. We all use for a reason. From my experiences, drugs can be very dangerous. But I remember how good it feels and how it can break the day up so it doesn't drag on with nothing to do.

*Rachel*

GO LOCAL

**SHORT STREET SEXUAL HEALTH CLINIC, KOGARAH: 02 9113 2742**  
**UPZONE YOUTH HEALTH CLINIC, HURSTVILLE: 02 9570 9678**  
**SUTHERLAND SEXUAL HEALTH CLINIC, CARINGBAH: 02 9113 2742**

- Anonymous and confidential STI & HIV testing
- Treatment & counselling
- STI & HIV information
- Free condoms & lube
- Interpreters are available on request
- No Medicare Card required
- No referral needed
- Hepatitis A & B vaccinations

SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH

# Friday Night in Darlinghurst

Love, family and a little luck will get you through

It's Friday, 9pm and eerily quiet. Maybe it's got something to do with the fact it hasn't stopped raining since Tuesday. The temperature has dropped and we're dragging out the winter clothes we thought we wouldn't be needing for another 12 months. Where has the year gone? Life is definitely moving faster and most of us could do with a few extra hours in the day (note to Santa!). Dinner is over and thankfully so is the washing up. Both my boys are upstairs and our very energetic nine month-old staffy has finally stopped chewing the carpet, his bed and other assorted items he sneaks when our backs are turned.

The things I value today are a long way from my days as one of Sydney's first punks. It's about being a caring person. Doing a good job with my kids. I always get up at seven, get my younger son's breakfast, make his lunch and send him off to school with a kiss and a wave – under much protest these days, I might add. He is 15 and can do it all himself but old habits die hard! I just want him to know I care.

My elder son who is almost 21 has just been laid off for the third time. He is an apprentice cabinet maker but at this rate it's going to be a very long apprenticeship. He's a great kid and I feel bad for him.

I am lucky I have them in my life. I am lucky, full stop! I realised how lucky when I had a health scare a few months ago. I woke up one Saturday with the worst pain in my chest. It felt like a heart attack – on the wrong side, I joked. I thought I had pulled a muscle in my chest.

I could barely stand up, so I went back to bed, leaving my sons a note to feed the dog and take him out. Later that day,

my doctor called in, gave me some painkillers and told me to go to the hospital if I wasn't better tomorrow. Of course I didn't. It became progressively worse. It took two weeks before I asked the kids to ring their Dad. I was worried they weren't eating properly. Lucky again – he had only just re-established contact after about two years. He called an ambulance and I ended up in hospital for a week with pneumonia.

I was also battling a habit. This was one of the reasons I was reluctant to go to hospital. We've all been there – one mention of addiction and you get a paracetamol, labelled a whinger and “see you later.” I really didn't think it would even be worthwhile showing up.

But the hospital took really good care of me. Somehow I got through the break, my boys were okay. The older one even ended up working for a week out of Sydney and could take the puppy with him. I talked to the doctors about my using and met an amazing doctor/nurse team to whom I owe a debt of gratitude. I had been on metha-

done years ago, but made the decision this time to try buprenorphine and it has given me choice again.

I had let myself get isolated in my using. I needed a breather, a chance to choose to join in with life again.

It still amazes me that Darlinghurst hasn't changed all that much in the last 20 years, but the system is so much better. Back at a clinic here, picking up my daily dose, I see a few of the people I knew back then. I am glad they are still going. An old friend said the other day “It's better than the other option” and she was spot on.

*Lisa*



# Itchy Fingers

An introduction to drug user information on the world wide web

The internet is a font of amazing knowledge that was made for drug users. It's a discreet world where information can be accessed anonymously, on any topic, at any time, much of it for free. The info is available instantly and saves forests of paper.

You don't even need to own a computer or have a web account. You can access the net for free at your local public library, or for around \$2 for two hours' use at dozens of cafés and shopping centres. Many community centres and public libraries hold free courses on how to get online and how to perform information searches using "engines" or directories like Google, MSN and Yahoo. Google Scholar lists research articles from academic journals.

There is a wealth of information for users. Find out what's happening with drug law reform, medical cannabis, HIV rates for injecting users, symptoms and treatment for diabetes or menopause, overdose prevention, if driving on methadone is a DUI offence, whether you can take physeptone into Brazil or drugs out of Afghanistan.

You can also join online communities to get support and share information and experiences. Connect with other users, persons with HIV, hep C or living with pain, mums, carers, or trans-gender people. You don't need to be alone. You can even use an alias.

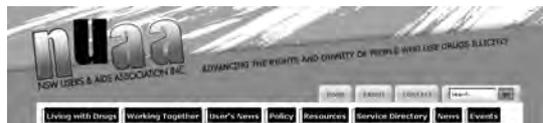
A word of warning: there is a lot of good information and on-the-level people on the web, but there are plenty of crackpots and anti-drug crusaders too. Stay alert – be questioning, skeptical, even cynical. Cross-check what you discover – suss out the authors' qualifications, conflicts of interest and their angles or bias. Wikipedia entries can be useful, but remember that anyone can edit them.

The "harm reduction" entry is particularly dodgy. Anyone can have a website and all information is treated equally by search engines.

The sites listed here are just the beginning. Each site has plenty of links to other sites, so you can start here and go wherever you want them to take you.

You deserve to be highly informed and well connected and to have a voice in this digital community.

So indulge those itchy fingers and join the World Wide Web. See you online!



[www.nuaa.org.au](http://www.nuaa.org.au)

We update important events and news for people who inject drugs. Our service directory has a much bigger list of NSPs, drug treatment services and other services than we can fit in *User's News*. The advocacy and peer participation services we offer are covered in detail.



[www.aivl.org.au](http://www.aivl.org.au)

The Australian Injecting and Illicit Drug Users League is the national peak organisation that represents all of Australia's state and territory drug user organisations, including NUA.

If you're moving or travelling interstate, AIVL is your first stop for information on dosing and user services. AIVL has just launched an online national NSP and legal guide, so check it out.

The AIVL site has a heap of great information for people who use drugs. AIVL's fantastic *Handy Hints* guide is online, as are a lot of other harm reduction guides.



[www.ihra.net](http://www.ihra.net)

Harm Reduction International (formerly the International Harm Reduction Association) promotes evidence-based public health policy world-wide. It contains publications, news, interactive maps and other documentation on human rights issues, drug policies and conferences.



[www.inpud.net](http://www.inpud.net)

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation working for the health and rights of users.

INPUD represents users at the United Nations and other international bodies, works with organisations undertaking development work, and advocates for the rights of users worldwide.



[www.hep.org.au](http://www.hep.org.au)

This is Hepatitis NSW's informative site, with loads of important and well-researched information on hepatitis B and C, online support and videos.

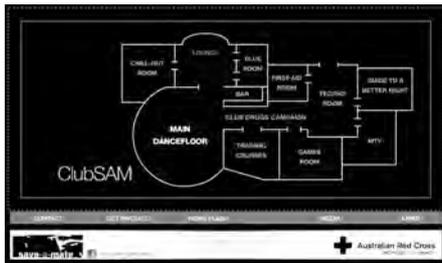


[www.positivelife.org.au](http://www.positivelife.org.au)

Positive Life NSW is a non-profit community organisation run by and for people living with and affected by HIV. Formed in 1988 at the height of Australia's HIV crisis, the organisation continues to support, inform and advocate for people living with the virus. The site offers health facts, referral information for doctors, peer support and a range of other services.



[blackpoppymag.wordpress.com](http://blackpoppymag.wordpress.com)  
 The UK's non-profit, user-run magazine for people who use drugs has a new website address, although the old site ([blackpoppy.org.uk](http://blackpoppy.org.uk)) still has subscription and other info.



[www.saveamate.org.au](http://www.saveamate.org.au)  
 Save-a-Mate is a program run by and for young people, promoting health strategies through education about drug and alcohol issues and mental health. Set out like a club, it has features on music festivals, first aid tips and information about drugs and mental health.

## The Shopfront

YOUTH LEGAL CENTRE

[www.theshopfront.org](http://www.theshopfront.org)  
 The Shopfront Youth Legal Centre is a free legal service for people under 25 in Sydney who are experiencing homelessness and disadvantage. Run by Mission Australia, the Salvation Army and Freehills law firm, the Shopfront offers support for young people dealing with criminal charges, fines, domestic and other violence, social security issues, debt and other legal issues in NSW. The site has lots of fact sheets and useful information.



[hempembassy.net](http://hempembassy.net)  
 Australia's own Hemp Embassy, the Nimbin-based cannabis advocacy body, has worked since 1988 to lobby for the legalisation of marijuana for medical and other purposes. The embassy organises Nimbin's annual MardiGrass parade, the details of which can be found on the website, along with forums, articles and merchandise. Guaranteed not to harsh your mellow.



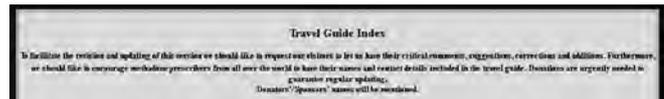
[www.release.org.uk](http://www.release.org.uk)  
 Formed in 1967, Release is the UK's oldest user advocacy organisation. Release offers free legal and medical advice to drug users in the UK. Release also campaigns to change British legislation and policy around illicit drugs. Release was responsible for the recent "Nice People Take Drugs" campaign, notable for its ads on London buses (until their ban). Release offers a range of merchandise for online sale, including its famous playing cards, featuring a range of international politicians (including some familiar faces) who have stated they have used illicit drugs. A deck will set you back around \$11, including postage.



[www.domesticviolence.nsw.gov.au](http://www.domesticviolence.nsw.gov.au)  
 This is a NSW Government site that offers important advice to people experiencing domestic violence. It offers thorough and useful advice for people in a variety specific cultural and gender-oriented situations who may be experiencing domestic violence.



[theaustralianheroinidiaries.blogspot.com](http://theaustralianheroinidiaries.blogspot.com)  
 Terry Wright ceased new entries of his famous blog last August, but the site is a fascinating and sometimes harrowing diary of a recovering heroin user. Lots of information plus some very frank explorations of life with the needle.



[www.indro-online.de/travel.htm](http://www.indro-online.de/travel.htm)  
 INDRO is a German non-profit harm reduction advocacy organisation. The link above lists travel guidelines for people wanting to access methadone treatment when travelling overseas. The guide includes useful information about methadone access in 194 countries. An essential guide for the 'done-ing jet-setter.

# The Two of Us:

Two women describe the love and friendship

## Juliette:

After living in Florence for a year I was sad, lost and alone. Florence felt like the drug capital of Italy and I had to leave. My dad had passed away and I was also grieving the loss of friendship of my very best friend.

Going back to London was very welcome relief, especially as I returned to the same council community house I had left. The house was full of Aussies, apart from a very young, very talented sax player and a Chelsea skirt-chasing painter.

Drinking at the pub was a popular household pastime and joining us one afternoon were two friends who had arrived from Spain: Josephine and her friend Fiona. Having had a HUGE weight blowout, I thought that they were the tiniest women. Well, they may have been tiny in weight but, as I discovered, certainly not in spirit.

Sharing was a given: money, support, emotions – even our drugs, which were so cheap at the time that no one went without. Josephine moved into my room, along with a few other people. It was fun, it was a time of great bands, great cinema and lots of other things. We all felt invincible.

In the end it was time to leave. I had been an illegal for long enough. Travelling on a false ID around Europe loses its shine after a while!

We both returned to Australia at different times. After a few years, I encouraged Josephine to come down to Sydney only to do a geographical, leaving for Captain's Flat. I left Josephine to mind my house, which included a rather crazy French tenant. It took me less than a day to discover that the outskirts of Canberra weren't really for me. I came scuttling back to find the Frenchman was gone! A cat (Puss, later known as Wuss) and an eclectic bunch of people had moved in. Life was mad but exciting, filled with live music at the infamous Trade Union Club and the Taxi Club.

I sometimes forgot in the midst of my drugged-out haze that some of my activities were against the law. Then BANG. My life took a different turn and my biggest fear was realised: eighteen months at Her Majesty's Pleasure (later reduced to six).

There I was, frightened, the whole emotional rollercoaster. My survival depended on the support of Josephine

and her family. When her dad visited from Brisbane, he was subjected to a full body search. It was an affront, but he persevered.

Her mum sent cards and letters to me and lit candles for me at mass. I felt loved and cared for. Why I was inside wasn't spoken about. No judgements were made. My favourite magazine, *Vanity Fair*, and books arrived regularly. They and the weekly visits held it all together for me. Josephine quickly learned the rules. She once bought me new undies and thought she'd wash them. The vision of an officer sniffing my new undies at the front gate has gone down in history!

Before my sojourn in jail, we both went on methadone. It certainly made things more manageable. I decided to come off'done when I was in jail as it was the only way I could be transferred to minimum security. When I came out I went back on a really small dose, which makes it a lot less scary in terms of coming off.

I knew for ages that I had hep C. But I only started thinking about treatment five years ago, when I started having nose bleeds and feeling a bit unwell. I don't know if it was related but at least it made me start treatment. For the first six weeks I responded well, until I started getting neutropenia (low white blood cells). I was so exhausted, I could hardly move. I came off the interferon and ribavirin for a few weeks.

I cleared the virus, but I've had massive bleeds and have been hospitalised many times since for transfusions and iron. Josephine has spent half her life waiting in casualty and visiting me in hospital wards. It scared her as much as me. No one seemed to know what was happening. Now I have had my varices in my oesophagus banded. So far, so good.

Over the nearly thirty years that I have known Josephine it has certainly been an adventurous ride. I am part of her family. Whilst we're not in a "relationship" *per se*, she is my significant other. We still share our money and most of our lives. Hopefully there will be more adventures along the way.



Glenn Smith



# Juliette and Josephine

User's  
Story

that have sustained them for nearly thirty years

## Josephine:

I met Juliette in London during the 1980s. I had a few friends living in London and my girlfriend and I decided we would get away from our life in Brisbane and travel abroad for a year. We arrived at a huge house in London's inner north, dossing on the lounge room floor. We then hitched around the south of England in mid-winter, spending many hours in a godforsaken place called Bodley Moor awaiting a lift. People thought we were slightly mad. Who else but Australians would hitchhike around these parts in mid-winter?

We returned from our adventures to find a woman had been given the room we coveted. She seemed a bit posh; she had a bit of an English accent, but was apparently from New Zealand! She had been living in Italy for a year, working in a friend's restaurant in the middle of what sounded like the Florence underworld.

Juliette was minimalist. She had exactly four outfits. All her clothes were white with a bit of black thrown in. She had big hair! (It was the '80s, after all). She appeared a bit reserved but had faced lots of adversity and was very resilient. She travelled alone a lot. And she was very generous. At one stage my girlfriend and I, my sister and her partner were all sleeping in her huge room!

It took Juliette a while to realise that I was in a relationship with a woman but when the penny dropped she was genuinely interested. She had left home early after her mum died and was a mixture of worldly-wise and naïve. There is still something of this mixture in Juliette.

She worked hard to save her money so she could travel and enjoy life. She left early in the morning to work as a maid in a huge London hotel. As soon as the door closed, I'd

jump into her lovely warm single bed before anyone else could and stay there, usually until just before she got home! My girlfriend and I eventually moved out but we stayed in touch with everyone. I eventually left England after a rather traumatic relationship breakup and Juliette was amazingly supportive. I have fond but sad memories of the farewells at the airport – not knowing when I would see Juliette and my other friends again.

I came back to Australia to a new sister and brother. I had plenty to keep me occupied and re-started my life in Brisbane with old friends and a new relationship. Juliette and I stayed in contact.

Over the years we visited each other in Brisbane and Sydney. After another emotionally exhausting trip overseas, I stayed with her for a while. I slowly grew to love Sydney and its attractions and in the late '80s I returned to study and moved here permanently. Juliette decided to move to the ACT to Captain's Flat – I'm still not sure why – and she left me with a wayward roommate at her Sydney rental. She returned very quickly and we've shared a house ever since.

She is part of my large extended family. My relatives count her as a family member – along with Puss and Patsy the dog. It took a while for some people to understand that we were not actually in a "relationship". It's interesting how people like to label who or what you are. I'd start a new job and people would ask the usual things: partners? Sexuality? I define myself as "gay" and Juliette as "straight", but only others were concerned about these definitions.

Juliette is a significant other in my life. We have a commitment to each other. We've shared our lives and money (and drugs, back in the day) for over 15 years. We rarely argue about money, even though one of us always earns more than the other. Sometimes we act like an old married couple, much to the amusement and annoyance of friends.

It's ironic; I've never really been the type of person who moves in with people I have a relationship with. I like my space, my freedom, my own room. Relationships that involve partners moving in are unlikely, but if it happens, they'll have to put up with my friendship with Juliette.



# If You Know, You Know

Forging your own identity can be the biggest struggle of your life – but it's worth it

I was kicked out of home at 11 because of my gender status. I am inter-sex so it was an issue right from the start.

I grew up in Sydney with my mother and stepfather. He had a strict philosophy: boys were boys and girls were girls. When I was six he put me into a bag and kicked me around like a ball, all to try and make me a man. I was beaten over and over. Finally at 11 I took a shovel to him. He gave my mother an ultimatum: him or me. She didn't want to be alone, so she chose him and sent me to my real father. My stepmother kicked me out for being too much trouble and I ended up in a refuge at 12. That refuge shut down so I was sent to another one, shunted around.

At 13 I was sent to a juvenile correctional facility. I was bashed there and abused by a pedophile.

On the streets, you just keep your head down to avoid hassles. I hid for a long time. I used a shit load. Coke, heroin, pills, anything. Lots and lots of it. At 17 I re-connected with a girl I had met on the street at 13. She became pregnant, but six months into term she killed herself. She hanged herself. I was so unhappy.

At 21 I transitioned. I just thought, I can't live like this. Either I was gonna transition or I was gonna kill myself. I thought, let's try happiness and see what that is like.

I couldn't have transitioned without methadone. Methadone really helped me get my shit in order. I stabilised for the first time in my life. I had been in and out of detoxes and rehabs trying to get a handle on things, but going on methadone was a really good decision. It gave me a real breather to think about things.

The 'done helped me look at why I was using. And I realised it was because I was not dealing with the gender issue. So I did some research, got on hormones, did laser treatment, speech therapy, the whole thing.

At that time I stupidly moved into a male refuge, and they were like, "how moody are you, what's going on?" But then I met a girl online who told me about the Gender Centre. Through them I got some housing and eventually my own place. I have a two-bedroom

apartment in the inner west and it's awesome, so awesome. My first home ever at 21!

Then reality hit. Money. I'd been dealing, but I realised I couldn't anymore. I knew I could get bashed and robbed. I didn't have that male power any more.

I went for 128 job interviews. I got turned down each time. Then I went to a brothel and straight away they said, "so do you want to start today?" What am I going to do? Supporting yourself is one of the harsh realities of transitioning. People won't hire you because of the gender stuff.

I hated doing sex work and I hated the brothel where I worked. It was a hard place, a trans brothel, just too chaotic. I needed more stability, so I started working privately and have been doing that for the best part of a year. The smartest decision I ever made. I have a good work ethic, I pick who I want and when I want. It's empowering. I may not enjoy the work, but it's on my terms.

If I could really do anything, I would do outreach, youth work, which I did a bit of before I transitioned. After transitioning, no-one would hire me. (They never said it was a gender issue – but they *did*, if you know what I mean.) I would also really like to advocate for the trans community and for the using community.

There are a lot of issues for users. Pain management for people on methadone is really important. Methadone is not about pain – it's about drug therapy. We are all different when it comes to pain tolerance. When we go on methadone, we are already on less drugs than we are used to. Just increasing our methadone is not dealing with the pain. We still take painkillers for headaches and stuff.

I went to five different doctors recently for tooth pain. Only one doctor, my prescriber at my methadone clinic, would help me. She said "I can't have you taking 24 ibuprofen a day for pain, I need to fix that for you." None of those other doctors was willing to listen to me. They all just passed the buck.

There are many issues for trans-gender people too. I had to go up on my methadone dose to 200mg because



of the hormones. What is the reason for that? What is the interaction between different hormones and methadone? No-one seems to know. We need more research.

Trans-gender people are at greater risk of homelessness and at greater risk of using drugs. You'd think someone would want to know how to support us, keep us off the street in the first place and off drugs? But we're marginalised, and too small a population. "Don't worry about them, there's not enough of them to worry about, it's not worth doing the research so we'll just ignore it."

If I could change just one thing for trans-gender people, it would be greater social rights. It's not acceptable to mock trans-gender people. People think it's your choice, so just cop it. Well, I'm inter-sex. I didn't have a choice, but that's not the point. You're made to feel you have to justify being a trans woman, you have to prove you're not a freak.

I had a lot of trouble with staff at my methadone clinic at first. I know it was tricky, because I was transitioning, so they knew me before. But they also knew I had made

a powerful decision that I expected them to respect. I've been called "he" a lot. Once, when I was in the waiting room, a worker said "Whatever that is, will I let it in?" Not one other worker stood up for me or asked if I'd like to make a complaint. It's not like I was the first trans woman in the place. I made a big fuss about it, and I insisted they all get gender training.

You know, I just want a nice, normal life, a job, some decent people in my life, some decent friends to hang out with, less stress in my life.

Eventually I'll get off the 'done, though that really scares me, especially with the hormone thing. I burn through my methadone at a quicker rate because of them, so I worry about withdrawal. I'm not sure about my drug use in the future. Right now, it's a truce. But I don't know if it's such a bad thing to use drugs recreationally. We get used to seeing it represented as a bad thing for so long, but sometimes you just need some stress relief. You get this voice in your head that drug use is wrong, but that's programming.

If I was talking to the child I was at six, I'd say: if you know, you know. You can't hide it from yourself. Accept it. It takes time. Research your facts and make sure you know what it's all about. You need a financial plan, a plan of attack. You need to survive. If you have no qualifications, you just have to do sex work, and you need to be really strong to do that. But do whatever it takes.

My rule to live by is this: don't make the same mistake twice. People laugh at me when I say that. A friend once said "My whole life has been about making the same mistakes over and over!" But maybe that's not a mistake. Maybe that's just you. Others might see it as a mistake, but for you it can be the right thing. You define what is right. Sometimes you have to decide, "I'm never feeling like this again." You have to be proactive, you can't whinge and expect others to do it for you. My biggest learning curves have been when there is no-one there to catch me, and I've said "never again. This is gonna be different, as of now."

*Alicia*

# What Next?

There's more than one lesson to be learned in this class

We all know how many people end up struggling with drug and alcohol use. And we all know a fair bit about where that can sometimes lead – death, jail and drug rehabilitation.

But what happens after rehab? What is it like to negotiate a world you took a ten-year hiatus from? The straight world, the world you've spent most of your adult life trying to avoid, can pose some pretty tricky challenges for the ex-user. I know – I've been struggling with these challenges for the past six years.

My life was never supposed to take such a drastic detour into drug and alcohol use. I was raised by solid parents. I had a younger sibling, two dogs, three fish. But the stereotypical saga of "angry adolescent misfit meets chemical escape" played out in my life just as fully as it has in so many others.

At 27 I found myself completing an 18-month rehab stint. Plan B in my head at that time was suicide. I had even cooked up a batch of liquid nicotine with which I intended to end my life if rehab didn't work. I'd like to take a moment here to thank the god I don't believe in for the fact that rehab did work.

My story starts at 27. I haven't had a job in six years. Before I entered rehab, I thought of myself as something of a "freelance artist"; now sober, sifting through my vast array of disastrous canvases, I realise for the first time that I am not.

I initially take took solace working for my family's plumbing business; partially as no one else would hire me. I do my best to sell toilets and towel rails. Every night I go home with a raging headache and the knowledge that I have to find myself something challenging to do soon, or face the real possibility of slipping back into drug use. At 28 I'm still lost. And frustrated.

Scared I've wasted the best years of my life (which I had), and that I would amount to nothing (which I was determined not to let happen), I set my sights on the most challenging path I can think of. I decide to become a doctor. A goal so lofty, I'm totally scared I'll never be able to achieve it.

I spend time finding out what needs to be done – a special annual test, the UMAT, must be sat. I book myself in, pay the fee, order the study materials and give it my all. On the day of testing, however, I arrive to find that without current photo ID, I can't be admitted. My driver's licence is nothing but a distant memory. Another year goes by.

The next year, I'm back. Photo ID in hand, I find myself adrift amongst hundreds of 17 year-olds speaking a multitude of different languages; all there with the same dream in mind.

I doubt any of these 17 year-olds would think it was fun to try and make themselves sick, risking their lives for the chance to escape themselves. I imagine their future selves: successful, with cars and houses and spouses and share portfolios. Not living in a spare room at their father's house with a son, no partner, no money and no car. With tears in my eyes, I find myself a desk and wonder if this is even worth it. Two months later the results arrive in the post. I get 99 for the understanding people section, but only 27 for rational thinking. Hmm, somehow that should have been expected! Not good enough for direct entry to medicine.

Refusing to be deterred, I decide it's time for a new Plan B – a science degree! The favourite back door for those who want to do medicine but miss out in the first round. (I smile when I see a GP's or dentist's business card that reads BSc before their medical qualification; I now know what that probably means.) I scour the UAC handbook for interesting science degrees and apply for them all. I'm elated to receive my letter of offer, feeling like I have really made it. First day of university, and I'm alone amidst the noise of 300 chatting, flirting, screaming 18 year-olds. I'm 29, overweight, a smoker and totally out of my depth; I'm amazed that no one seems to notice the 11 year age gap, asking me questions like "what high school did you go to?"

The lecture begins and my stress level rises. Why have I chosen a degree with prerequisites I don't possess? Am I insane?! The negative voice inside my head that has



had free reign for far too long taunts me daily.

I eat lunch alone in the toilets, crying silently to myself.

The first six months of university are a nightmare. I only attend two exams out of four, and end up with two “absent fails”. Another person might’ve given up, but then another person would’ve given up on rehab.

I decide to go back and see my counsellor, who challenges me to perform an experiment: “Seeing as you’re aiming to become a scientist, why don’t you find out if positive self-talk changes your results?”. That next semester I tell myself “I can do this,” “I am just as good as anyone else,” “just because I spent the past decade making terrible decisions for myself, it doesn’t mean I can’t change”.

The result was distinctions.

The next year I only improve, achieving high distinctions. I become for my ability not only to learn the material, but to teach it to my fellow classmates, some of whom become friends.

In March 2010, I’m invited to the 21st birthday a classmate. I’m so nervous. Will there be alcohol there? Will there be pot there? Am I expected to bring any of these things? What do I DO?! As it turns out, my friend Sarah drives there – as do I – and she is in no mood to drink. I stick with her and together we make it through the night. Sarah is the type of girl who likes to drink excessively on weekends, but doesn’t drink through the week. She suffered the loss of both parents as a young child, and it astounds me that she has never been caught up with drugs.

Sarah is the first person I reveal my past to. She responds with initial silence; followed by the quiet admission that she is a virgin. This almost makes me cry. To think that someone from a world so different to mine would be so kind as to wrack her brain for a secret as intimate as the

one I just revealed, and then entrust me with it. Later in my uni journey I also tell a very different girl about my past; that turns out to be a huge mistake.

I graduate from my degree with a grade point average high enough to be accepted into honours under the supervisor of my choice. However, the first six months of that degree unfortunately see me unravelling. The pressures of caring for my child, struggling to earn an income, trying to conduct research and writing a literature review prove too much. I crack. On the day of the review submission I find myself crying by the staff printer as my sub-standard work is printed. This is witnessed by several lecturers. Unfortunately, one of these lecturers has the other girl I revealed my past to as an honours student. Shocked by my appearance, he talks to her about me. She reveals everything I never should have told her. This results in a visit to my supervisor, where this other lecturer – who had formerly touted my praises – advises my supervisor to dispose of me, referring to me a “piece of shit”. To her credit, she responds by telling him to get the hell out of her office.

I respond by deferring my post-graduate degree and finding a counselling service on campus. They’re surprised to receive an “alumnus” seeking their services. They say this has never happened before. That’s sad; I’m sure there have been previous “alumni” who required their services.

I guess what I’ve learned from the past six years is to be more guarded about my past; it can alter people’s opinions of me. Most people don’t possess the life experience to be able to put a past like mine in perspective. Many cannot separate their judgements from the reality of who I am. I have also learned to never be afraid to ask for help; and above all, to dream as big as I can imagine.

*Octavia Powell*

# The ABC's of Women's Nutrition

## Easy ways to eat right and feel your best

Women should enjoy a wide variety of healthy foods each day – as should everyone. But what parts of a healthy diet have special importance for women? Women have special nutritional needs that change during each stage of their lives, especially during pregnancy, breastfeeding and menopause. Understanding what you should eat for optimum health will keep you healthy. Here's a quick run-down on women and nutrition.

### Are you getting enough iron?

While men need around 8mg of iron each day, women need up to 18mg (27mg if pregnant), mainly to make up for iron loss during menstruation. Having low iron can lead to anaemia. Iron deficiency can leave you tired, with poor concentration. In pregnant women, it will have a negative impact to their baby's growth.

To prevent anaemia, it's important to eat a well-balanced diet that includes iron-rich foods like meat, wholegrain breads and cereals, nuts, dried beans, lentils and leafy greens. Meats are the best source of iron. The redder the meat, the higher it is in iron. But remember that plant-based sources of iron are more easily absorbed when eaten with food rich in vitamin C. Tea, coffee and cola drinks can block plant iron being taken up by the body – it's best to have these drinks between meals. Add tomato to your lentil soup or eat fortified cereals with strawberry on top and drink orange juice instead of tea.

### Calcium: an important mineral for women

For healthy bones and teeth, women need to eat a variety of calcium-rich foods every day. Calcium needs increase during pregnancy, breastfeeding and teenage years.

It's also more important for women after menopause.

If you don't get enough calcium in your diet then you may be at increased risk of developing osteoporosis, a condition in which your bones lose calcium and break easily. Dairy foods are good source of calcium.

It's recommended that Australians consume 2-3 serves of dairy every day. A serve of dairy equals:

- 250ml low fat milk;
- 200g tub of yoghurt;

- 2 slices of cheese; or
- 250ml of custard.

Don't like dairy? Try fish with edible bones like sardines, calcium-fortified soy milk or breakfast cereals.

### Folate

Folate, a B-group vitamin, is another must-have nutrient for woman of childbearing age. Folate is essential for unborn babies' growth and nervous system development. If you're planning a pregnancy or are in the first three months of pregnancy, be sure to consume adequate amounts of folate daily (400 micrograms) to decrease risk of birth defects.

Leafy greens, fruits (such as strawberries, bananas and oranges), pulses and nuts naturally contain folate. In addition, there are many folic acid-fortified foods like cereal and some fruit juices. Always look for the words "high in folate" on the packaging as not all cereals and juices are fortified. All wheat flour used for bread making in Australia (except flour used in organic bread) must now contain folic acid. Three slices of fortified bread (100g) will provide around 120 micrograms of folic acid.

### Healthy weight for women

Having a healthy weight helps you stay healthy so you can live life to the full and reduce the risks of ill health. If you're overweight or underweight, your body probably isn't getting proper nutrition. If you're planning to become pregnant, now is the best time to try to achieve a healthy weight band so that you can increase your chances both of conception and a healthy pregnancy. Research has shown a tendency for female who use drugs to have lower weight. If you have difficulty keeping weight on, you can make an appointment to see a dietitian to help you reach your ideal weight.

The following recipes are simple and nutritious and can help you feel your best – today and every day. As summer temperatures rise, so does the risk of food poisoning. Just to remember to always practice food safety.

*Lia Purnomo*



### Tropical Fruit Blast

This drink is great for a hot summer day and a great source of calcium.

Serving size: 2

Preparation time: 5 minutes

Ingredients:

250 ml (1 cup) tropical fruit juice

200 g carton low-fat mango and peach yogurt

1 large ripe banana

4 ice cubes (crushed)

What you need:

Blender

Tall glass

What to do:

1. Combine all the ingredients and blend until smooth
2. Pour into a glass with ice and serve



### Lamb and spinach salad

There are many ways to boost your iron intake.

Since red meat is one of the best sources of iron, here is an easy salad which contains both lamb and spinach (plant-based source of iron) to give you a healthy iron hit.

Serving size: 4-6

Preparation time: 10 minutes

Cooking time: 15 minutes

Ingredients:

500 g baby potatoes

spray of canola or olive oil

300g trim lamb fillet

125g English spinach leaves

250g punnet cherry tomatoes, halved

1 small red onion, cut into thin wedges

2 tbsp lemon juice

freshly ground black pepper, to taste

What you need:

Chopping board

Knife

Plate

Aluminum foil

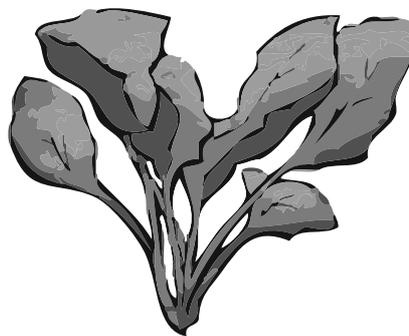
Frying pan

Large saucepan

What to do:

Cook the potatoes in a large pan of boiling water for 10–15 minutes or until tender, but do not overcook. Drain well, cool until just warm and then cut in half. Meanwhile, spray a nonstick frying pan with oil and heat. Add the lamb fillet and cook for 5 minutes on each side. Transfer to a plate, cover loosely with foil and set aside for 5 minutes, then cut into thin slices. Toss the spinach leaves, tomatoes, onion and warm potatoes with the lemon juice. Arrange on serving plates, and top with the sliced lamb. Season to taste, and serve.

**Hint:** English spinach leaves are available loose from most greengrocers and supermarkets. Wash and dry well before use. You can also use rocket, or combine rocket and spinach, for a spicier flavour.



*Recipe courtesy of the Australian Institute of Sport and Nestlé Australia Ltd. Survival for the Fittest, Murdoch Magazines, 1999*

## Resources

### Help Lines

**ACON – AIDS Council of NSW**  
1800 063 060  
Sydney callers: 9206 2000  
Health promotion. Based in the gay, lesbian, bisexual and transgender communities with a focus on HIV/AIDS.  
Mon–Fri 10 am–6 pm

**ADIS – Alcohol & Drug Information Service**  
1800 422 599  
Sydney callers: 9361 8000  
General drug & alcohol advice, referrals & info. NSP locations and services etc. 24 hrs

**CreditLine**  
1800 808 488  
Financial advice and referral.

**NSW Hepatitis Helpline**  
1800 803 990  
[www.hep.org.au](http://www.hep.org.au)  
Mon–Fri 9am–5pm  
Info, support and referral to anyone affected. Call-backs and messages offered outside hours. Email questions answered.

**HIV/AIDS Infoline**  
1800 451 600  
Sydney callers: 9332 9700  
Mon–Fri 8am–6.30pm

**Homeless Persons Info Centre**  
(02) 9265 9081 or (02) 9265 9087  
Phone info & referral service for homeless or at-risk people.  
Mon–Fri 9am–5pm

**Karitane Careline**  
1300 227 464  
Sydney callers: 9794 2300  
Parents info & counseling  
Mon–Fri  
[www.karitane.com.au](http://www.karitane.com.au)

**Lifeline**

13 11 14  
Counseling & info on social support options. 24 hrs.

**MACS – Methadone Advice & Conciliation Service**  
1800 642 428  
Info, advice & referrals for people with concerns about methadone treatment. List of prescribers.  
Mon–Fri 9.30am–5pm

**Multicultural HIV/AIDS & Hepatitis C Service**  
1800 108 098  
Sydney callers: 9515 5030  
Support & advocacy for people of non English speaking background living with HIV/AIDS, using bilingual/bicultural co-workers.

**NSW Prisons HepC Helpline**  
Free call from inmate phone for info & support. Enter MIN number and PIN, press 2 for Common List Calls, then press 3 to connect.  
Mon–Fri 9am–5pm

**St. Vincent De Paul Society**  
Head Office: 9560 8666  
Accommodation, financial assistance, family support, food & clothing.  
Mon–Fri 9am–5pm

**Salvo Care Line**  
1300 363 622  
Sydney callers: 9331 6000  
Welfare & counselling. 24hrs

**SWOP – Sex Workers Outreach Project**  
1800 622 902  
Sydney callers: 9206 2166  
Health, legal, employment, safety, counseling & education for people working in the sex industry.

### Self-help & Complaints

**NA – Narcotics Anonymous**  
(02) 9519 6200  
Peer support for those seeking a drug-free lifestyle.  
24 hr number statewide.

**CMA – Crystal Meth Anonymous**  
0439 714 143  
Regular meetings around Sydney. Call for times and locations.  
[www.crystalmeth.org.au](http://www.crystalmeth.org.au)

**SMART Recovery – Self-Management & Recovery Therapy**  
(02) 9361 8020  
Self-help group working with cognitive behavioural therapy.

**Family Drug Support Hotline**  
1300 368 186  
Support for families of people with dependency. 24 hours

**NAR-ANON**  
(02) 8004 1214  
Support group for people affected by another's drug use. 24 hours

**Women's Information & Referral Service**  
1800 817 227

**Anti-Discrimination Board of NSW**  
1800 670 812  
Sydney callers: 9268 5555  
Mon–Fri 9am–5pm

**Health Care Complaints Commission**  
1800 043 159  
Discrimination, privacy & breaches of confidentiality in the health sector.

**NSW Ombudsman**  
1800 451 524  
Sydney callers: 9286 1000  
Investigates complaints against the decisions and actions of local government and NSW police.

**Aboriginal Medical**

### Legal Services

**CRC – Court Support Scheme**  
(02) 9288 8700  
Available to assist people through the court process.

**Disability Discrimination Legal Centre**  
(02) 9310 7722  
Provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.

**HIV/AIDS Legal Centre**  
(02) 9206 2060  
Provides free legal advice to people living with or affected by HIV/AIDS.

**Legal Aid Youth Hotline**  
1800 10 18 10  
For under 18s. Criminal matters only. Open 9am – midnight on weekdays, 24 hours on weekends

**Legal Aid Commission**  
(02) 9219 5000  
May be able to provide free legal advice and representation. The Legal Aid Central office can also put you in contact with local branches.

**The Shopfront Youth Legal Centre**  
(02) 9322 4808  
Legal service for homeless and disadvantaged people under 25.

**ASK! – Advice Service Knowledge**  
(02) 8383 6629

A free fortnightly legal service for Youth, run by the Ted Noffs Foundation (Randwick & South Sydney) in Partnership with TNF & Mallesons and Stephen Jaques Lawyers.

**The Buttery, Bangalow**  
Ph: (02) 6687 1111

# Medical Services

**Service, Redfern**  
(02) 9319 5823

**Albion Street Centre, Surry Hills**

1800 451 600 or (02) 9332 9600  
Free testing for HIV / hep C & other. Medical care, nutritional info and psychological support for people living with HIV & hep C.

**Haymarket Foundation Clinic, Darlinghurst**  
(02) 9331 1969

Walk-in homeless clinic at 165B Palmer St Darlinghurst. No Medicare card required.

**Mission Australia, Surry Hills**  
(02) 9356 0600

Dentist, optometrist, chiropractor, mental health. Medicare card and income statement required.

**KRC – Kirketon Road Centre, Kings Cross**  
(02) 9360 2766

For 'at risk' youth, sex workers, transgender and injecting drug users. Medical, counseling and social welfare service. Methadone & NSP from K1. No Medicare required.

**MSIC – Medically Supervised Injecting Centre, Kings Cross**  
(02) 9360 1191

A safe supervised place to inject. 66 Darlinghurst Road, Kings Cross opposite train station.

**South Court, Penrith**  
1800 354 589

Medical service, sexual health & nurses. Vaccinations, blood screens, safe injecting & general vein care. No Medicare required.

**Youthblock, Camperdown**  
(02) 9114 4100

12 – 24 years. Medical and dental available. No Medicare required.

**Detour House, Glebe**  
Ph: (02) 9660 4137

For women only. AoD service, crisis accommodation.

**Fairfield Drug Health Service, Prairiewood**  
Ph: (02) 9616 8800

**Gorman House Detox, Darlinghurst**  
Ph: (02) 9361 8080 / (02) 9361 8082

**Hadleigh Lodge, Leura**  
Ph: (02) 4782 7392

**Inpatient Treatment Unit, Ward 64, Concord Hospital**  
Ph: (02) 9767 8600

**Jarrah House, Maroubra for women and children**  
Ph: (02) 9661 6555

**Kathleen York House, Glebe for women with children**  
Ph: (02) 9660 5818

**Kedesh House Rehabilitation Service, Berkeley**  
Ph: (02) 4271 2606

**Kedesh Phoenix Rehabilitation Unit, Manly**  
Ph: (02) 4222 1800

**Lakeview Non-Medical Detox Unit, Belmont**  
Ph: 4923 2060 or 1800 422 599

**Lorna House, Wallsend**  
Ph: (02) 4921 1825  
Appointment required

**Langton Centre, Surry Hills**  
(Outpatient Service)

via Sydney Hospital selective process only)  
Ph: (02) 9332 8777

**Lyndon Withdrawal Unit, Orange**  
Ph: (02) 6362 5444

**Miracle Haven Bridge Program, Morriset**  
Ph: (02) 4973 1495 / (02) 4973 1644

**Nepean Hospital, Penrith**  
Ph: (02) 4734 1333

**O'Connor House, Wagga Wagga**  
Ph: (02) 6925 4744  
Emergencies only: 1800 800 944

**Odyssey House, Eagle Vale**  
Ph: (02) 9820 9999

**Odyssey House, Minto Referral: (02) 9603 2157**

**Orana Outpatient Withdrawal Management Service, Wollongong**  
Ph: (02) 4254 2700

**Phoebe House, Arncliffe**  
Ph: (02) 9005 1570  
Maintenance for women with children under 5 years

**Riverlands Drug & Alcohol Centre, Lismore**  
Ph: (02) 6620 7608

**Royal North Shore Hospital NSP and Clinic St Leonards**  
Ph: (02) 9462 9040

**St George Opioid Treatment Service, Kogarah**  
Ph: (02) 9113 2055

**St. John of God, Burwood**  
Ph: (02) 9715 9200 or 1300 656 273

**St. John of God, North Richmond**  
Ph.: (02) 4570 6100 or 1800 808 339

**The Salvation Army Bridge Program, Nowra**  
Ph: (02) 4422 4604 or 1300 363 622

**South Pacific Private Hospital, Curl Curl**  
Ph: (02) 9905 3667

**The Ted Noffs Foundation, Randwick**  
Ph: (02) 9305 6600 or 1800 151 045

**The Ted Noffs Foundation, ACT**  
Ph: (02) 6123 2400

**WHOS – We Help Ourselves**  
Ph: (02) 8572 7444

**William Booth Institute, Surry Hills**  
Ph: (02) 9212 2322

**Wollongong Crisis Centre, Berkeley**  
Ph: (02) 4272 3000

**Ward 65, Concord Hospital**  
Ph: (02) 9767 8640

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

## *Where to Get Fits*

NSP Location	Daytime No	Alternative No
Albury	02 – 6058 1800	
Auburn Community Health	02 – 8759 4000	0408 4445 753
Bankstown	02 – 9780 2777	
Ballina	02 – 6686 8977	0428 406 829
Bathurst	02 – 6330 5850	
Bega	02 – 6492 9620	02 – 6492 9125
Blacktown	02 – 9831 4037	1800 255 244
Bowral	02 – 4861 0282	
Byron Bay	02 – 6639 6635	
Camden	02 – 4634 3000	
Campbelltown MMU	02 – 4634 3000	
Canterbury (REPIDU)	02 – 9718 2636	
Caringbah	02 – 9522 1039	0411 404 907
Coffs Harbour	02 – 6656 7934	0408 661 723
Cooma	02 – 6455 3201	
Dubbo	02 – 6885 8999	
Goulburn S.East	02 – 4827 3913	02 4827 3111
Grafton	02 – 6640 2229	
Gosford Hospital	02 – 4320 2753	
Hornsby	02 – 9977 2666	0411 166 671
Ingleburn	02 – 8788 4200	
Katoomba / Blue Mountains	02 – 4782 2133	
Kempsey	02 – 6562 6066	
Kings Cross KRC	02 – 9360 2766	02 – 9357 1299
Lismore	02 – 6622 2222	0417 062 265
Lismore – Shades	02 – 6620 2980	
Liverpool	02 – 9616 4807	
Long Jetty	02 – 4336 7725	
Manly / Northern Beaches	02 – 9977 2666	0412 266 226
Merrylands	02 – 9682 9801	
Moree	02 – 6757 0000	02 – 6757 0222
Moruya	02 – 4474 1561	
Mt Druitt	02 – 9881 1334	
Murwillimbah / Tweed Valley	02 – 6670 9400	0417 062 265

NSP Location	Daytime No	Alternative No
Narellan	02 – 4640 3500	
Narooma	02 – 4476 2344	
Newcastle / Hunter	02 – 4016 4519	0438 928 719
New England North Regional Area (referral service)	0427 851 011	
Nimbin	02 – 6689 1500	
Nowra	02 – 4421 3111	
Orange	02 – 6392 8600	
Parramatta	02 – 9687 5326	
Penrith / St Marys	02 – 4734 3996	
Port Kembla	02 – 4275 1529	0411 408 726
Port Macquarie	02 – 6588 2750	
Queanbeyan	02 – 6298 9233	
Redfern Harm Minimisation Unit	02 – 9395 0400	
Rosemeadow	02 – 4633 4100	
St George	02 – 9113 2943	0412 479 201
St Leonards - Royal Nth Shore	02 – 9462 9040	
Surry Hills - Albion St Centre	02 – 9332 9600	
Surry Hills - ACON	02 – 9206 2052	
Surry Hills - NUAA	02 – 8354 7300	
Sydney CBD	02 – 9382 7440	
Tahmoor (Wollondilly)	02 – 4683 6000	
Tamworth	02 – 6764 8080	0427 851 011
Taree	02 – 6592 9315	
Tumut	02 – 6947 0904	
Tweed Heads	07 – 5506 7556	
Wagga	02 – 6938 6411	
Windsor	02 – 4560 5714	
Woy Woy Hospital	02 – 4344 8472	
Wyong Hospital	02 – 4394 8472	
Wyong Community Centre	02 – 4356 9370	
Yass	02 – 6226 3833	1800 809 423
Young	02 – 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 – 9361 8000 or 1800 422 599. ADIS also has a state-wide list of chemists that provide fitpacks.



## EMILY & SAM'S STORY

Emily and Sam didn't start using together. For both that happened years earlier. But their heroin use was the reason for their paths crossing a few years back when they were involved in the same research study. The support they've given each other ever since, both in treatment and in life, has changed everything.

**"I guess it started with Sam helping me,"** remembers Emily of a time when she was suffering through the after-effects of an unsuccessful treatment. **"I was pretty sick and messed up. We were in regular contact through that, just as friends."**

But over time their relationship blossomed. **"We got married last year,"** Sam says smiling, **"And our first child is due in three months."** In what can be a daunting time for any young couple, Sam and Emily are full of optimism, built around the stability of a strong relationship and their successful treatment programs.

Neither is in any doubt of the other's influence. Deep and unconditional support has made all the difference. **"We've both had less understanding partners in the past,"** says Emily. **"It's good to be around someone who doesn't discriminate against you."** Sam agrees and adds, **"In the past, drugs were a sore point, something you just didn't talk about or deal with. We're open about the way we feel, it's a lot less complicated."**

Clearly, their relationship isn't without its challenges. **"You have to be careful not to be competitive in your treatment,"** Emily warns. **"But for us there's no pressure, to come off or reduce or anything like that. We understand each other... we're in a similar place."**

Everyone's story is different. To know more about opiate dependency treatment options ask your healthcare provider for an Options Pack or visit [www.mytreatmentmychoice.com.au](http://www.mytreatmentmychoice.com.au)



PO Box 1069 Surry Hills NSW 2010 Australia  
345 Crown Street Surry Hills NSW 2010  
† 02 8354 7300 or 1800 644 413 f 02 8354 7350  
e [nuaa@nuaa.org.au](mailto:nuaa@nuaa.org.au) w [www.nuaa.org.au](http://www.nuaa.org.au)

Monday - Friday 10:00 am - 5:30 pm  
except Wednesday 2:00 - 5:30 pm

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

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

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

- I am already a member of NUAA / on the mailing list, but am updating my details.
- I want to be a member of NUAA.  
I support NUAA's aims and objectives.
- I do not want to be a member of NUAA. I want to receive *User's News* only.

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

Name: .....

Address:.....

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

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

Email:.....

**Mail Preferences:**

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

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

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

**Personal Information Statement:**

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